Scheduled Maintenance Work Order



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Format Ref: - QMS/TSD-022 Rev.01

Schedule Month Completed Date Clinic Code Distict WO Assigned to Purchase BER Proposed Novel Novel KUCH Foste
pleted Date C Code C Code SWK273 St Purchase Purchase BER Proposed November 2018 November 2018

For Internal Use

First Verification

QMS Circle Incharge

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MEET Planned Preventive Maintenance Checklist
Sterlizing units, Steam
BE CODE: 13-746

CHECKLIST NO:CL-148-000 REV.001

PART 1 ASSET DETAILS

FREQUENCY MANUFACTURER WORK ORDER NO PART 2 SPECIAL PRECAUTION ¥ • E amd 3 MONTHLY () GENERAL 44866 Eschman 6 MONTHLY (🗸) 12 MONTHLY (PPM HOURS ► 1 HOUR MODEL ASSET NO ₹ suk001374 GENERAL SES 2000

If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.

Wear appropriate Personnel Protection Equipment (PPE) during work.

Wear grounded electrostatic wristband when handling PCB or electronic components

Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.

Make sure the test equipment used are duly calibrated.

³PLICABLE ustify in Part 8	 For all Parts, NA is defined as NOT APPLICABLE if you have ticked 'NOT DONE', then justify in Part 8 	<u> </u>	() ()	Check/ clean solenoids	ა 0
	Notes:	<u>)</u>		Check / replace gasket ***	2 10
	Lubricate all moving parts) () 4	(/)()	Clean exterior and interior of the equipment	
NOT DONE NA		NA	DONE DONE		
				Tick ($\sqrt{\ }$) where appropriate	Tick (1
			SKS	5 PREVENTIVE WAINTENANCE TASKS	PART 5
	18 Replace Bacteria/Air Sterilization Filter	()	() ()	Chamber - verify physical integrity (scalling, rusting, pitting or impurities)	9 0
		() 17		Heater - verify physical Integrity	о Т
	6 Check demineralisation and sensor (if available)	() 16	() ()	Check fuse, circuit breaker	7 0
	15 Check label		$\hat{\mathcal{L}}$	Indicators/ Displays - verify proper Illumination and operation	6
	14 Check drain valve -Physical integrity	<u> </u>	$\frac{1}{2}$	Controls/Switches - verify proper operation of controls	σ 9 C
	13 Check water tank leak	<u> </u>	$\frac{1}{2}$	Fittings/ Connectors - check all fittings/connectors	4 m æ
	12 Door gasket Verify physical integrity		\sim	Strain Relief - verify physical integrity at both ends of line cord	ω
	11 Door lock - Verify physical integrity	()	$\frac{1}{2}$	Power Cord - verify proper insulation and integrity	22
	 Over pressure cut of valve - Verify physical integrity 	<u> </u>		Chassis - verify physical integrity, cleanliness and condition	7
PASS FAIL NA		NA .	PASS FAIL	Tick (\forall) where appropriate	Tick (
				PART4 QUALITATIVE TASKS	P _A
		E R	DIGITAL PRESSURE METER	DIGI	!
		METER	DIGITAL TEMPERATURE METER	DIGI	
CALIBRATION DUE ON	SERIAL NO	DESCRIPTION	DESC	IO ASSET NO	N O
				Tick (V) where appropriate	Tick (
		3		PART 3 TEST APPARATUS	PAR



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Steritzing units, Steam
BE CODE: 13-746

CHECKLIST NO:CL-148-000 REV.001

WORK Order No

4	PART 6 SERVICE CHECKLIST															nece
No	No Description	Checked	Service/ Clean	ž	Replaced		Not Applicable	§.	Description	Checked	Service/ Clean		Replaced	81	Not Applicable	Out
<u> </u>	Fuses	\mathcal{S}	\cup	~	· ·)	^	16	Discharge Valve	Ŝ	_	~	<u> </u>	: ~	•	
N	Main Control Board	$\tilde{\zeta}$	_	~	()	$\overline{}$	^	17	Infill Valve	\mathcal{L}	Ų	_	<u> </u>	~	_	
ო	Control Board	Ŝ	~	^	(<u> </u>	^		Heating Element	S	~	~	<u> </u>	~	^	
4	Fan Running Rear & Side	\mathcal{L}	J	~	())	^	Φ	Heat Exchanger/Cooling system (if applicable)	3	_	_	<u> </u>	<u> </u>	^	
ıc	Water Resevoir Float Switch/Water Level Sensor	\mathcal{C})	~	())	^	8	Vacuum Pump	<u> </u>	_	_	<u> </u>	ت	\hat{S}	
Φ	Water Resevoir	(\mathcal{L})	J	~	())	_	21	Door Gasket	Ŝ	Ų	_	<u> </u>	~	^	
7	Electric Door Lack	\mathcal{C}	_	_	())	^	22	Chamber Guard Seal (if applicable)	Ŝ	_	_	^ _	>	^	
ထ	Pressure Door Lock	()	~	_	~)	^	23	Solid State Relay	Ŝ	~	_	()	~	~	
o,	Discharge Door Lock	$\hat{\zeta}$	_	_	<u> </u>	_	^	24	Thermostat Assembly	Ŝ	_	_	()	~	~	
9	Pressure Transducer	\mathcal{L}	~	_	(<u> </u>		25	Temperature Sensor	$\tilde{\mathcal{E}}$	_	~	<u> </u>	<u> </u>	^	
	Pressure Gauge	\mathcal{C}	_	~	· ·	•	_	56	Thermal Printer (if applicable)	\mathcal{S}	_	_	<u> </u>	~	^	
12	Safety Valve	\mathcal{C})	_	<u> </u>	_	^	27	Vacuum Pump (if applicable)	\hat{S}	_	~	()	_	_	
13	13 Air Valve/Steam Solenoid Valve	$\hat{\zeta}$)	_	<u> </u>	`	^	78	Filters / strainer	(_	_	()	_	_	
4	14 Air Valve/Steam Solenoid Valve	$\hat{\zeta}$	>	~	()	_	_									
5	15 Air Valve/Steam Solenoid Valve	\mathcal{O}	~	_	()	_										

Part (f Technician Remarks

done. agood, pour - Functioning

		KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist Sterlizing units, Steam	IAN KE	ESIHA tive Maint units, St	TAN MA enance Chec eam	LAYSIA		CHECKLIST NO:CL-148-000 REV.001
WORK O	WORK ORDER NO ▶		5	00 10-140				
PART 8 Tick (√) 11	PART 8 QUANTITATIVE That (\forall) where appropriate	PART 8 ÖÜJANHHATIVE:TASKS. Tick (√) where appropriate						
No		Description	Units /	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL NA
	Temperature reading	ing				134-137 121-124	Š	() ()
2	Pressure reading		bar			2,03-2.32 1.03-1.23	3	() ()
ယ	Electrical Supply Voltage	Voltage	<		refer to EST	Refer to nameplate	3	() ()
4	Electrical Power		٧		refer to EST	Refer to nameplate	Ŝ	() ()
U NAU								
ELECTRIO	ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 60801)	T, (attach report)						
,		PASS FAIL	<u> </u>					
PART 10	PART 10 NOTES							
	- 90 -	n done.						
,								
		CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONING		NOT FUNCTIONING	୍ଷିତ ।
WOR	WORK ORDER NO .						NEXT PPM DATE	05/2019
PPM has b	een performed in a	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.	s functionir	ng to the ir	tended purp	ose.		
COMPLETED BY:		FOSTER ANAK ENGKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK						
DATE:	14/11/18	15						

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		The state of the s

Scheduled Maintenance Work Order



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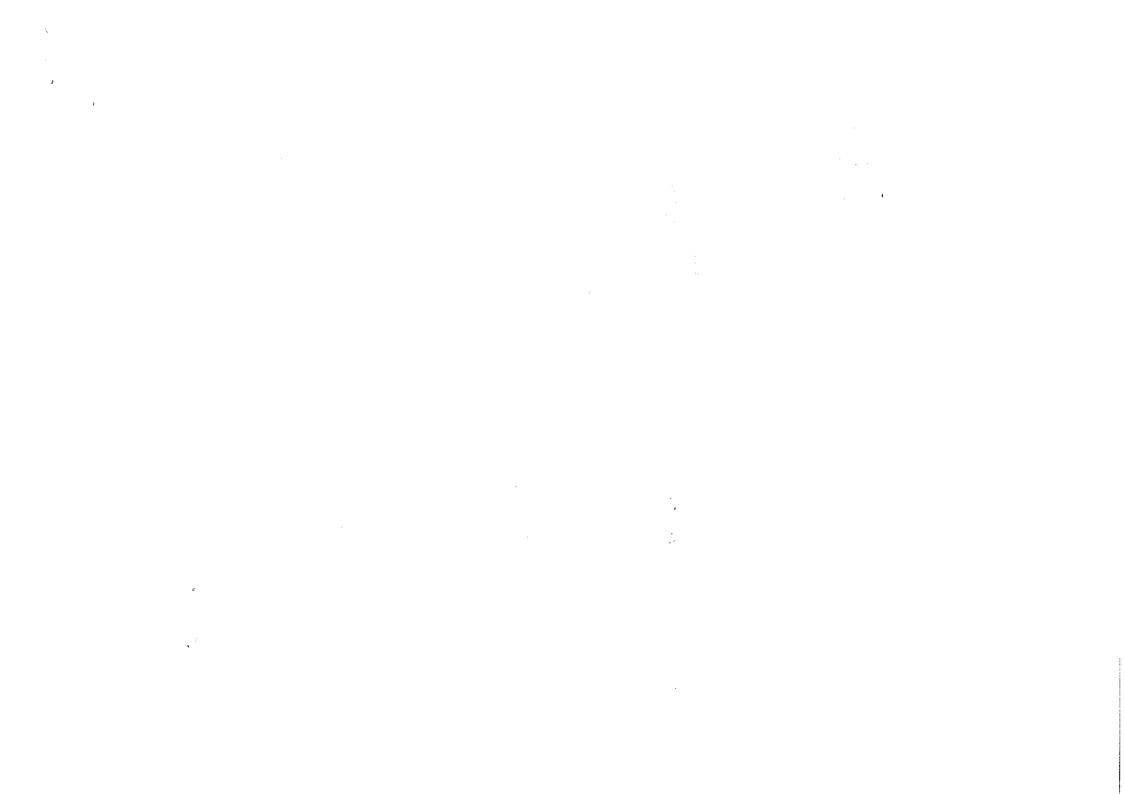
Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWC346852	Schedule Month	Month	November 2018	
Work Order Date	01/11/2018	Completed Date	ed Date	14/11/18	
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	de	SWK273	
BE No.	SWK001379	Distict		KUCHING	
BE Category	Micromotor	WO Assigned to	aned to	Foster Anak Engkasan	kasan
Ownership	Existing Equipment		Purchase	New	
BE Condition	Active		BER Proposed		
Wark Ordan Tuna	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
work Order Type	Routine Inspection (RI)		Statutory Certification (SC)	ion (SC)	
Reschedule Date					,
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal / Cert Date	t Date		
Contact Number		Cal / Cer	Cal / Cert Expiry Date		
Action Taken		_	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
, , ,	70 do pour perche	ckuist	aucheckist attend.		
Schedule Maintenance E	Execution Details		Service Control of the Control of th		
Schedule Maintenance Execution Details SI No OMS Engine	Execution Details OMS Engineer / Technician Name		∩a†e	Start Time	Find Time
<i>O</i> / F	FOSTER ANAK ENGKASAN		14/1/18	1300	1400
	KUCHING SARAWAK.				
Customer Remarks					
Engineer / Technician Signature Name FOSTER ANAK ENGKASAN: QUANTUM BIOMEDICAL ENGINEERIN: Date KUCHING SARAWAK. (4//////	NGKASAN ENGINEERINA AWAK	Customer Si Name Designation Date	gnature	SEMI SIANG JURUTERAPI PERCICIAN U29 [14] [1] 2018	1
		Seal		14 11 -2018	

For Internal Use

First Verification

QMS Circle Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Micromotor

BE CODE: DE-019

PART 1 ASSET DETAILS

KEMENTERIAN KESIHATAN MALAYSIA

CHECKLIST NO:CL-01

REV.000

DONE DONE: ** For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE' then light in Part 8		
neck micromo		2 Service micromotor head/chuck
	rior of (🗡) () ()	Cleanliness - clean interior and exterior of the equipment
	NOT DONE NA	
	ETASKS	PART 5 PREVENTIVE MAINTENANCE TASKS TICk (\forall) where appropriate
	eration (/) () ()	7 Controls/Switches - verify proper operation of controls
		6 Fittings/ Connectors - check all fittings/connectors
12 Foot/Knee control-verify proper operation	ty of (/) () ()	5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse
11 Accessories-verify physical integrity and operations.	ity at (/) () ()	Strain Relief - verify physical integrity at both ends of line cord
) 10 Motor - verify proper operation physical integrity	cal (/) () (AC Plug / Power Cord - verify physical integrity and proper insulation
Indicators/ Displays - verify proper illumination and operation	itegrity (/) () (Mount/Fasteners - verify physical integrity
8 Label - verify physical integrity		Chassis - verify physical integrity, cleanliness and condition
	PASS FAIL NA	Tick (\vee) where appropriate
		PART 4 QUALITATIVE TASKS
	TACHOMETER	
	ELECTRICAL SAFETY ANALYZER	
N SERIAL NO	DESCRIPTION	NO ASSET NO
		Tick (V) where appropriate
	duly calibrated.	Make sure the test equipment used are duly calibrated PART 3 [ESTIAPPARATUS]
and guidance as per manufacturer guidelines.	onal precautions and guidance as pe	Refer to the safety procedure for additional precautions
omponents.	when handling PCB or electronic co	Wear grounded electrostatic wristband when handling PCB or electronic components
	Equipment (PPE) during work.	Wear appropriate Personnel Protection Equipment (PPE) during work.
If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.	nination, submit the device for clean	If there is evidence of body fluid contamination
✓) PPM HOURS ➤	HLY () 12 MONTHLY (イ	FREQUENCY • 6 MONTHLY (
MODEL ►Uρ		MANUFACTURER ► C) AUV A
B∈NO►	46852	WORK ORDER NO > /2403



KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist Micromotor

MICTORDOTOR	BE CODE: DE-019	

	red LimitTolerance PASS FAIL NA	±5% () () ()				SS FAIL NA	-	IING NOT FUNCTIONING	NEXT PPM DATE > 1/20/9	rpose.
	Units / Set Measured UOM Values Vafues				Result:	3 / PASS		FUNCTIONING	ı	oning to the intended pu
PART 6 CHANTITATIVE TASKS Tick (V) where appropriate	Description	du peeds			oort)	PART 8 NOTES	I ppm done	CORRECTIVE MAINTENANCE REQUIRED	WORK ORDER NO ▶	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: FOSTER ANAK ENGKASAN: QUANTUM BIOMEDICAL ENGINEERING: KUCHING SARAWAK. A COMPLETED BY: COMPLETED BY: COMPLETED BY: A COMPLETED BY:

Scheduled Maintenance Work Order



Common Medical Scholines win bhi

,	SEMI SIANG JURUTERAPI PERGIGIAN U29 [14] [1] 2018	Customer Signature Name Designation Date JURUTI Seal	SAN	Engineer / Technician Signature Name FOSTER ANAK ENGKASAN Name CUANTUM BIOMEDICAL ENGINEERING NUCHING SARAWAK. 14/11//8
				Customer Remarks
1 1 1 1 1				
1700		14/11.110	CUANTUM BIOMEDICAL ENGINEER. KUCHING SARAWAK	
1700	1230		FOSTER ANAK ENGKASA:	<i>o/</i> F0
End Time	Start Time	Date	QMS Engineer / Technician Name	SINo
			xecution Details	Schedule Maintenance Execution Details
			ppm done	,
		elist attend.	- To do pour perchecklist	1
144	7714			Action Taken
	i	Cal / Cert Expiry Date		Contact Number
	11111	Cal / Cert Date		Company Name
			Third Party Calibration / Statutory Certification Details	BE Third Party Calibration
				Reschedule Date
	on (SC)	Statutory Certification	Routine Inspection (RI)	
	ion (TPC)	Third Party Calibration (TPC)	Preventive Maintenance (PM)	Work Order Type
4.2	į	BER Proposed	√ Active	BE Condition
	New	Purchase	Existing Equipment	Ownership
(asan	Foster Anak Engkasan	WO Assigned to	Handpieces, Dental	BE Category
	KUCHING	Distict	SWK023962	BE No.
	SWK273	Clinic Code	Klinik Pergigian Sekolah Rendah Keba	Clinic Name
	14/1/18	Completed Date	01/11/2018	Work Order Date
	November 2018	Schedule Month	PWO346789	Work Order No.
3/TSD-022 Rev.01	Format Ref: - QMS/TSD-022 Rev.01		00 00 00 00 00 00 00 00 00 00 00 00 00	<u>.</u>

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QMS Circle Incharge

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KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Handpieces, Dental

BE CODE: 11:-161

:			2 Lubricate - Mechanical parts
olicable stify in Part 8	 For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable 		 Clean extenor and interior of the equipment
	Notes:	NOT OONE NA	
			TARL 5 PREVENTIVE MAINTENANCE TASKS Tick (\(\forall \) where appropriate
			5 Accessories - verify as appropriate
		on (/) () ()	4 Burr holder - Check proper operation
		ng/0- (🖍) () ()	 Mechanical - Verify condition bearing/O- ring
			2 Fittings/ Connectors - check all fittings/connectors
		integrity, (🖍) () ()	Chassis/ Housing - verify physical integrity, (cleanliness and condition
		PASS FAIL NA	Lick (V) where appropriate
			PART 4 QUASITATIVE TASKS
CALIBRA LON DOE ON	OEKIAL NO	TACHOMETER	
			Tick (V) where appropriate
			PART 3 TEST APPARATUS
	ila iliaem ei guidellies.	e duly calibrated.	Make sure the test equipment used are duly calibrated
	ponents.	when handling PCB or electronic components of the components of th	Wear grounded electrostatic wristband when handling PCB or electronic components. Refer to the safety procedure for additional precautions and militarne as per manufacturer quidelines.
		n Equipment (PPE) during work.	Wear appropriate Personnel Protection Equipment (PPE) during work.
	If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.	nination, submit the device for cleaning	If there is evidence of body fluid contar
0.50	PPM HOURS ►) 12 MONTHLY (✓	FREQUENCY • 6 MONTHLY (
EC135	MODEL ▶	, Japan	MANUFACTURER > NSK
swk013962	BE NO ►	pu0346789	WORK ORDER NO . Powo:
			BUSINESS DE PORT



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Handpieces, Dental
BECODE: 11-161

PART SELECTRICAL SAFETY TEST. FIRST (A) where appropriate Title ("V") where appropriate No handplece slow speed rpm rpm rpm ->350,000 Fig. 10 Part Felectrical Safety rest. Fig. 10 Part Felectrical Safety rest.)	PART8 NOTES. FAIL NA NOTES. FAIL NA NOTES. PARTB NA NA NA NA NA NA NA N	WORK ORDER NO PORTECTIVE MAINTENANCE REQUIRED FUNCTIONING NOT FUNCTIONING WORK ORDER NO PORTE PROMISE AND A SECOND PROMISE OF THE PROMISE OF
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MEET Planned Preventive Maintenance Checklist
Handpieces, Dental
BE CODE: 11-181

	cinose villalevel Application		2 Lubricate - Mechanical parts
APPLICABLE n justify in Part 8	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichour Applicable		Clean exterior and interior of the equipment
	Notes:	DONE DONE NA NO	
			Tick (\forall) where appropriate
		(/) () ()	5 Accessories - verify as appropriate
		n (/) () ()	4 Burr holder - Check proper operation
		0- (/) () ()	Mechanical - Verify condition bearing/O- ring
			2 Fittings/ Connectors - check all fittings/connectors
·		ntegrity, (🖍) () ()	Chassis/ Housing - verify physical integrity, cleanliness and condition
		PASS FAIL NA	Tick (\forall) where appropriate
			PART 4 QUALITATIVE TASKS
		TACHOMETER	
CALIBRATION DUE ON	SERIAL NO	DESCRIPTION	NO ASSET NO
			Tick (√) where appropriate
		duly calibrated.	Make sure the test equipment used are duly calibrated. PART 3 TEST APPARATUS
	anufacturer guidelines.	onal precautions and guidance as per m	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines
	onents.	 Equipment (PPE) during work. when handling PCB or electronic compa 	Wear appropriate Personnel Protection Equipment (PPE) during work. Wear grounded electrostatic wristband when handling PCB or electronic components.
	If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.	nination, submit the device for cleaning a	If there is evidence of body fluid contan
▼ 0.50) PPM HOURS	HLY () 12 MONTHLY (✓)	PART 2 SPECIAL PRECAUTION
· Ec contra Argle	MODEL	NSK, Japan	RER ▼
· in	BE NO	14848 OM	▼
ACTUAL TO THE PARTY OF THE PART			



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Handpleces, Dental
BE CODE: 11-161

CHECKLIST NO:CL-075-000 REV.000

WORK ORDER NO

PART 6	TASKS								1105
Tick (V)	Tick (V) where appropriate								Ä
Š.	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	AN	1
	handpiece highspeed				>250,000				1
	(OR)								
	Handpiece slow speed	тфл	-		>35000				1
	1 15		_						1
FI FOTBI	MAN (ELECTRICALISTE MAN CONTROL OF THE CATALOG OF								
Tick (V)	ELECTRICAL SAFETT (ES), (attach report) Tick (¼) where appropriate								
	Standard use :	LL	Result:						
		8		PASS	FAIL	Ž			
o V	CU COLONIA DE LA								
									
	- ppm done.								
						-			
	CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONING		NOT FUNCTIONING	0		
WOR	WORK ORDER NO ▶				2	NEXT PPM DATE	2	12019	
PPM has been per	for	functioning	to the ini	ended purpo	Se G				
	FOSTER ANAK ENGRASAN								
	GUAN IOM BIONEDICAL ENGINEERING KUCHING SARAWAK.								
DAIE	14/1/118								

Scheduled Maintenance Work Order



Format Ref: - QMS/TSD-022 Rev.01 Temperatura Nedical Solutions sum bid

BE No. Name Date Work Order No. Contact Number Reschedule Date Work Order Type **BE** Condition Ownership BE Category Clinic Name Work Order Date Engineer / Technician Signature Customer Remarks **Action Taken** Company Name BE Third Party Calibration / Statutory Certification Details Schedule Maintenance Execution Details SI No 0 FOSTER ANAK ENGKASAN QUANTUM BIOMEDICAL ENGINEERIN: KUCHING SARAWAK. 84111/18 1 FOSTER ANAK ENGKASAN 70 wood SWK023961 Klinik Pergigian Sekolah Rendah Keba 01/11/2018 PW0346849 Handpieces, Dental KUCHING SARAWAK. QMS Engineer / Technician Name Active Routine Inspection (RI) Preventive Maintenance (PM) Existing Equipment clone 3 eckuist Seal Date Name Designation Customer Signature WO Assigned to Distict Clinic Code Completed Date Schedule Month Cal / Cert Expiry Date Cal / Cert Date BER Proposed Purchase Statutory Certification (SC) Third Party Calibration (TPC) 14/11/18 Date SEMI SIANG JURUTERAPI PERGIGIAN U29 8 1028 | 11 | 44 Foster Anak Engkasan KUCHING SWK273 November 2018 1200 Start Time 14/11/15 New 1230 End Time

For Internal Use

QMS Circle Incharge First Verification

QMS State Incharge Final Verification

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Scheduled Maintenance Work Order



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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO346901	46901	Sche	Schedule Month	Noven	November 2018	
Work Order Date	01/11/2018	2018	Com	Completed Date	14,	121/10	· · · · · · · · · · · · · · · · · · ·
Clinic Name	Klinik F	Klinik Pergigian Sekolah Rendah Keba	ΩIni	Clinic Code	SWK273	.73	
BE No.	SWK023960	23960	Distict	ct .	KUCHING	ING	į
BE Category	Handp	Handpieces, Dental	W0/	WO Assigned to	Foster	Foster Anak Engkasan	(asan
Ownership	7	Existing Equipment		Purchase		New	
BE Condition		Active		BER Proposed		,	7784
Work Order Type		Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TF	°C)	į
1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Routine Inspection (RI)		Statutory Certification (SC)	ion (SC)	
Reschedule Date							
BE Third Party Calibration) / Statu	Third Party Calibration / Statutory Certification Details	į		:		
Company Name			Cal/	Cal / Cert Date			
Contact Number		***	Cal/	Cal / Cert Expiry Date		į	ì
Action Taken				1			**************************************
	962	de ppm parchecklist	s.n.	t aftend.			·
Schedule Maintenance Execution Details	ecution	Details					
SI No	QMS	QMS Engineer / Technician Name		Date	St.	Start Time	End Time
Of GUM	STER AN	FOSTER ANAK ENGKASAN GUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK		sy 14h1	11	1130	1200
Customer Remarks					,	5	
neer/	ture GKASAN		Custo Name	Customer Signature Name		P	
و م	NGINEERINA VAK.		Desig Date Seal	Designation SEMI SIANG Date JURUTERAPI PERGIGIAN U29 Seal (4/11/2018	MI SIANG	AN U29	

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QMS Circle Incharge

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	6			



MEET Planned Preventive Maintenance Checklist
Handpieces, Dental
BE CODE: 11-161

	Choose whichever Applicable		2 Lubricate - Mechanical parts
LICABLE ify in Part 8	For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8		Clean exterior and interior of the equipment
		DONE DONE NA Notes:	
			Tick ($$) where appropriate
		ite (/) () ()	5 Accessories - verify as appropriate
		ation (\nearrow) () ()	4 Burr holder - Check proper operation
		aring/O- (/) () ()	 Mechanical - Verify condition bearing/O- ring
			2 Fittings/ Connectors - check all fittings/connectors
		al integrity. (🔪) () ()	Chassis/ Housing - verify physical integrity, (cleanliness and condition
		PASS FAIL NA	Tick (\forall) where appropriate
			PART4 QUALITATIVE TASKS
		TACHOMETER	
CALIBRATION DUE ON	SERIAL NO	DESCRIPTION	NO ASSET NO
			Tick (√) where appropriate
			Make sure the test equipment used are duly calibrated. PART 3 IEST APPARATUS
	ıidelines.	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines	Refer to the safety procedure for add
		Wear appropriate Personnel Protection Equipment (PPE) during work. Wear grounded electrostatic wristband when handling PCB or electronic components	Wear appropriate Personnel Protection Equipment (PPE) during work. Wear grounded electrostatic wristband when handling PCB or electron
	ination before inspecting it.	If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.	If there is evidence of body fluid cont
			CIAL PRECA
0.50	ÙRS ▼	6 MONTHLY () 12 MONTHLY ()	FREQUENCY ► 6 MON
NEE, NAC	MODEL ▼	NSKI 3 apan	MANUFACTURER - NSk
suko23960	BE NO ▼ .	bm0348401	WORK ORDER NO . Pwo
			PART1 ASSET DETAILS

WEET Planned Preventive Maintenance Checklist Handpieces, Dental BE CODE: 11-161

CHECKLIST NO:CL-075-000 REV.000

		Units / Set Measured Limit/Tolerance PASS FAIL NA UOM Values Values			->35000				Result:	10 🔛 IEC 62353 💮 PASS 💛 FAIL 📈 NA						ICE REQUIRED TO FUNCTIONING NOT FUNCTIONING	NEXT PPM DATE > 11/2019	ind the equipment is functioning to the intended purpose.	AN
WORK ORDER NO > PART 6 CUANTIFATIVE TASKS	Tick (V) where appropriate	No Description	handpiece highspeed	(OR)	Handpiece slow speed			Tick (V) where appropriate	Standard use :	01 EC 61010	PART 8 NOTES	- ppm don.				CORRECTIVE MAINTENANCE REQUIRED	WORK ORDER NO ▶	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.	COMPLETED BY: FOSTER ANAK ENGKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK.

DATE: 14/11/18

Scheduled Maintenance Work Order



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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO346749	Schedu	Schedule Month	November 2018	
Work Order Date	01/11/2018	Compl	Completed Date	14/11/18	
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	Code	SWK273	
BE No.	SWK001373	Distict		KUCHING	
BE Category	Distilling Unit	WOAs	WO Assigned to	Foster Anak Engkasan	kasan
Ownership	🗹 Existing Equipment		Purchase	New	
BE Condition	Active		BER Proposed		
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	7.44
1 po	Routine Inspection (RI)		Statutory Certification (SC)	ion (SC)	
Reschedule Date					
BE Third Party Calibration	BE Third Party Calibration / Statutory Certification Details				
Company Name		Cal/C	Cal / Cert Date	Į.	7.5
Contact Number		Cal / C	Cal / Cert Expiry Date	,	****
Action Taken				-16	
	ppm close.	:			
Schedule Maintenance Execution Details	ecution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
O/ FC	FOSTER ANAK ENGKASAN GUANTUM BOMEDICAL ENGINEERING KUCHING SARAWAK.		14/11/18	1030	1/30
Customer Remarks					
Engineer / Technician Signature Name FOSTER ANAK ENGLA		Custom Name	Customer Signature Name	A A	
Date QUANTUM BIOMEDICAL ENGINEE & KUCHING SARAWAK.	Y	Designation Date		SEMI SIANG JURUTERAPI PERGIGIAN UZ9	
3111/4		Seal		11 2018	

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	<i>:</i>	

MEET Planned Preventive Maintenance Checklist

Distilling Unit

BE CODE: 15-136

	,) (() (onents	Align /adjust mechanical components	Align /adjust n	ω
		Whichever Applicable	Choose	<u> </u>) (() (nts	Replace deteriorated components	Replace deter	N
ω	.PPLICABLE justify in Part (* For all Parts, NA is defined as NOT APPLICABLE * If you have ticked 'NOT DONE', then justify in Part	* For all I) (d exterior of	Cleanliness - Clean interior and exterior of $\langle \ \ / \ \ \rangle$ (the equipment	Cleanliness - of the equipment	_
			Notes:	NA No		NOT DONE				
					15 (20 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		ANCE TASK	PARI 5 PREVENTIVE MAINTENANCE TASKS "ick (\(\(\) \) where appropriate	PARI 5 PREVENTIVE Tick (√) where appropriate	PAI Tick
) ((/) (ntegrity at	Strain Relief - verify physical integrity at both ends of line cord	Strain Relief both ends of I	7
) ((ulation and	Power Cord - verify proper insulation and integrity	Power Cord - integrity	6
) (() (ntegrity of rating of	Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	Circuit Break external circu external fuse	Ot
() ()	$\frac{1}{2}$	Accessories-verify physical integrity and operations.) 11	· ·	(/) (tegrity	AC Plug/Receptacle - verify integrity	AC Plug/Rec	4
	(Heater - Clean heating element	10 Heater - Clean		· ·	$\frac{1}{2}$	ical integrity	Mount/Fasteners - verify physical integrity of mounts	Mount/Faster of mounts	ω
() ()	\hat{z}	Motor / Fan -verify proper operation	9 Motor / Fan -ve	<u> </u>) (() (=	mectors - check all ectors	Fittings/ Connectors - fittings/connectors	22
() ()	$\hat{\mathbf{S}}$	Controls/Switches - verify proper operation of controls	8 Controls/Switc controls	<u>~</u>	·	$\frac{1}{2}$	rity,	Chassis - verify physical integrity, cleanliness and condition	Chassis - ve cleanliness a	
FAIL NA				N A	FAIL	PASS		opropriate	Tick ($ee{\prime}$) where appropriate	Tic
								PART 4 QUALITATIVE TASKS	ART 4 GUAL	JU
				/ZER	T ANAL	ELECTRICAL SAFETY ANALYZER	ELECT			7-
CALIBRATION DUE ON	CALIB	SERIAL NO		NOITE	DESCRIPTION			ASSET NO	NO	
								ippropriate	Tick (V) where appropriate	Ti
					E septembrie	llibrated.	ed are duly ca	Make sure the test equipment used are duly calibrated PART3 TEST Apparatuse	ake sure the to	, ≤
		lines.	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines	as per m	guidance	cautions and	additional pre	ety procedure for a	efer to the safe	σς
			onents	ic comp	or electro	andling PCB	tband when h	Wear grounded electrostatic wristband when handling PCB or electronic components	ear grounded	5
		If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it. Wear appropriate Personnel Protection Equipment (PPE) during work	and decontaminat	cleaning	evice for	nent (PPF) di	contamination	If there is evidence of body fluid contamination, submit the device for of Wear appropriate Personnel Protection Equipment (PPE), during work	there is evider /ear appropria	5 7
							NC	PART 2 SPECIAL PRECAUTION	ART 2 SEE	
	▼	PPM HOURS	~	[구 (~	12 MONTHLY (<) 12	6 MONTHLY (¥ 6₹	FREQUENCY	-
4514	· Aquadist	MODEL					Euton da	٧	MANUFACTURER	-
001373	* swk	BE NO				55,	1945 SOMO	*	WORK ORDER NO	~
								ET DETAILS	PART 1 ASSET DETAILS	

Scheduled Maintenance Work Order



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Format Ref: - QMS/TSD-022 Rev.01

Name BE No. Engineer / Technician Signature Customer Remarks Contact Number Company Name Reschedule Date Work Order Type BE Condition Ownership BE Category Work Order Date Work Order No. BE Third Party Calibration / Statutory Certification Details Clinic Name Action Taken Schedule Maintenance Execution Details SI No 0 FOSTER ANAK ENGKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK. ٦ FOSTER ANAK ENGKASAN QUANTUM BIOMEDICAL ENGHLEERING KUCHING SARAWAK 21 ppm 01/11/2018 Chairs, Examination/Treatment, De SWK001376 Klinik Pergigian Sekolah Rendah Keba PWO346432 QMS Engineer / Technician Name Ç K. done Active Existing Equipment Routine Inspection (RI) Preventive Maintenance (PM) per heck 45+ Name Seal Date Designation WO Assigned to Customer Signature Clinic Code Distict Schedule Month Cal / Cert Expiry Date Cal / Cert Date Completed Date attend. BER Proposed Statutory Certification (SC) Third Party Calibration (TPC) Purchase 14/11/18 Date SEMI SIANG
JURUTERAPI PERGIGIAN U29

14 JUL 2018 SWK273 Foster Anak Engkasan KUCHING November 2018 11/4 083 Start Time 14/11/18 New 1030 End Time

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QMS Circle Incharge First Verification

QMS State Incharge Final Verification



MEET Planned Preventive Maintenance Checklist
Chairs, Examination/Treatment, Dentistry
BE CODE: 10-792

PART 1 ASSET DETAILS IN THE PART OF			
WORK ORDER NO ▶ P WO 3	7449450M	BE NO ►.	SWK001376
MANUFACTURER ► Siemens	Medical Systems	MODEL .	Sirong <8
FREQUENCY • 6 MONTHLY (-Y () 12 MONTHLY (✓)	PPM HOURS ▶	2.00
PART 2 SPECIAL PRECAUTION If there is evidence of body fluid contamin	PART 2 SPECIAL PRECAUTION. If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.	ation hadors inspecting it	
Wear appropriate Personnel Protection Equipment (PPE) during work.	equipment (PPE) during work.		
Wear grounded electrostatic wristband w	Wear grounded electrostatic wristband when handling PCB or electronic components.		
Make sure the test equipment used are duly calibrated.	kerer to the sarety procedure for additional precautions and guidance as per manufacturer guidelines. Make sure the test equipment used are duly calibrated.	elines.	
PARTS TEST APPARATUS HE			
Tick ($\sqrt{\ }$) where appropriate			是 (1947年197日) 1970年 -
NO ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
	ELECTRICAL SAFETY ANALYZER		
P	PRESSURE GAUAGE		
7,7	TACHOMETER		
Tick ($ee{}$) where appropriate	PASS FAII NA		
1 Chassis - verify physical integrity,	() () () 11 Valves/Sole	Valves/Solenoids - Inspect, verify operation	
 Mount/ Fasteners - verify physical integrity 	(~) () 12 Tubes/ Hose	Tubes/ Hoses - Check conditionof all tubing,all	
3 Line cord - verify proper insulation & integrity	(/) () () 13 Incoming Air pressure -	pressure - verify operation	
Strain Relief - verify physical integrity at both ends of line cord	(/) () () 14	Oil/Water/ Air/ Vacuum lines - check for any leak	
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse	f (\ \) () () 15	Incoming Water pressure - verify operation	
6 AC Plug/ Receptacle - verify integrity	() () () 16	Hydraulic System - verify operation	
7 Fittings/ Connectors - verify physical condition & integrity	(🗸) () () 17 Lights - verify operation	/ operation	() () ()
8 Cables - verify physical integrity	(/) () () 18 Labelling-ve	Labelling - verify caution and warning labels	
Controls/Switches - verify proper operation of controls	(/) () () 19	System Safety Features - verify operation	
10 Indicators/ Displays - verify proper illumination and operation	(/) () () 20 Motor/Pump	Motor/Pump - verify operation	
PARTS PREVENTIVE MAINTENANCE TASKS	TASKS		
Tick (\forall) where appropriate			NOT
	* -		CONE CONE NA
		5 O-rings/diaphragms - Check/Replace***	
2 Lubricate recommended parts			
3 Allign/ Adjust Mechanical components			
4 Filters - check/clean/replace***			-
	Notes: For all	For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8 Choose Whichever Anticable	



KEMENTERIAN KESIHATAN MALAYSIA
MET Planned Preventive Maintenance Checklist
Chairs, Examination Treatment, Dentistry
BE CODE: 10-782

CHECKLIST NO:CL-040-008 REV.000

WORK	WORK ORDER NO ► PARTS ORIMITATIVE TARES					
Tick(v')	Tick (V) where appropriate					
No	Description	Units / UOM	Set Values	Measured	Limit/Tolerance	PASS FAIL NA
	1 Pressure Inlet					
	i.'Compressed Air	Bar			5.5-7.5	
	ii. Water	Bar			1.5-5.0	() () ()
	2 Handpiece					
	i. High speed handpiece	RPM			>250,000	
	3. Micromotor/Contra angle/Staright handplece					
	a. Slow speed, 1:1 and above	RPM			> 35,000	() () ()
	b. Slow speed, 10:1 ≤ x < 1:1	RPM		-	10 - 4,000	()
	4 Scaler	XHX			> 20	-
	5 Light curing	mW/cm²			> 300	0 ()
PARTZ						
ELECTRIC	ELECTRICAL SAFETY TEST, (attach report)					
Tick (V)	Tick (¼) where appropriate					
	Standard use :		Result:			
	IEC 60601] IEC 62353	L	PASS	FAIL	₹
PART 8		100 March 1980 March 1]	
	- ppm done.					
	CORRECTIVE MAINTENANCE REQUIRED	ZED.	NE PE	FUNCTIONING		NOT FUNCTIONING
WORK	WORK ORDER NO ▶				_	NEXT PPM DATE V // 2019
PPM has been per COMPLETED BY:	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY:	oment is functionir	ng to the inter	esodund pepu		
DATE:	FOSTER ANAK ENGKASAN QUANTUM BIƏMEDICAL ENGINEERING KUCHING SARAWAK	0.0				
	:					_

Scheduled Maintenance Work Order



Cumiting Frederic Schillons with hind Schiller and Annual Frederic Common Mineral Common Mineral Common Mineral Common Co

			Tariff Land	
		-	KUCHING SARAWAK.	
0830	0800	34/11/18	CONTINUE DIOMEDIONE ENCIRCISMON CONTINUE DE LA CINUTA EN CINCIONACIÓN DE LA CINUTA EN CINCIONACIÓN DE LA CINUTA EN CINCIONACIÓN DE LA CINUTA EN CINUTA CINUTA CONTINUE DE LA CIN	9/
			OTED ANIAK ENICKAGANI	į
End Time	Start Time	Date	QMS Engineer / Technician Name	SI No
	į		xecution Details	Schedule Maintenance Execution Details
			ppm done	1
				1
		ist attend.	To do ppm parchecklist	•
				Action Taken
·		Cal / Cert Expiry Date		Contact Number
	į	Cal / Cert Date		Company Name
			Third Party Calibration / Statutory Certification Details	BE Third Party Calibration
,				Reschedule Date
	on (SC)	Statutory Certification	Routine Inspection (RI)	
į	on (TPC)	Third Party Calibration (TPC)	Preventive Maintenance (PM)	Work Order Type
		BER Proposed	Active	BE Condition
	New	Purchase	Existing Equipment	Ownership
kasan	Foster Anak Engkasan	WO Assigned to	Amalgamators	BE Category
·	KUCHING	Distict	SWK001375	BE No.
	SWK273	Clinic Code S	Klinik Pergigian Sekolah Rendah Keba	Clinic Name
	8/11/41	Completed Date	01/11/2018	Work Order Date
	November 2018	Schedule Month	PWO346447	Work Order No.
Format Ref: - QMS/TSD-022 Rev.01	Format Ref: - QMt			

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KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Amalgamators

BE CODE: 10-082

CHECKLIST NO:CL-002-000 REV,000

•	de la company			2 Service / lubricate motor - as applicable (
PLICABLE stify in Part 8	For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8 Choose Whitheyer Applicable	* For al ** If you *** Choo:	\) \(\) \(\) \(\) \(\)	Cleanliness - clean exterior and interior of (the equipment
		Notes:	NOT DONE NA	
				PART 5. PREVENTIVE MAINTENANCE TASKS Tick (\forall) where appropriate
			() () ()	7 Controls/Switches - verify proper operation (of controls
				6 Fittings/ Connectors - check all (fitting/connector for physical integrity
	Labelling - verify caution and warning labels	12 Labelling - ver	\(\) \(\) \(\) \(\)	Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse
	verify physical integrity and	11 Accessories - v	<u> </u>	Strain Relief - verify physical integrity at (both ends of line cord
	peration	10 Motor - verify operation	\) () ()	AC Plug/Power Cord - verify physical (integrity and proper insulation
	verify proper operation,	Audible/Visual Alarms - \ automatic and activation	<u> </u>	2 Mount/ Fasteners - verify physical integrity (
	Indicators/ Displays - verify proper illumination and operation	8 Indicators/ Dis and operation		Chassis - verify physical integrity, cleanliness and condition
PASS FAIL NA			PASS FAIL NA	Tiex (v) miere appropriate
				PART 4 QUALITATIVE TASKS
			ELECTRICAL SAFETY ANALYZER	1 ELECTRICA
CALIBRATION DUE ON	SERIAL NO		DESCRIPTION	NO ASSET NO
				PART 3 TEST APPLARATUS Tick (\forall) where appropriate
		y	ied.	Make sure the test equipment used are duly calibrated
		onents.	ng PCB or electronic comp	Wear grounded electrostatic wristband when handling PCB or electronic components. Refer to the safety procedure for additional precautions and quidance as ner manufacturer quidalines.
			(PPE) during work.	Wear appropriate Personnel Protection Equipment (PPE) during work
	on before inspecting it.	and decontamination	mit the device for cleaning	If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.
	PPM HOURS ➤		12 MONTHLY (✓	FREQUENCY • 6 MONTHLY ()
Yom	MODEL .		Tranchen Scale	MANUFACTURER + Hangzhan Ti
Swk001375	BE NO ► .		7	WORK ORDER NO ► pwo34644
				PAIN ASSETUCIALS



MEET Planned Preventive Maintenance Checklist
Amalgamators
BE cope : 10-082

CHECKLIST NO:CL-002-000 REV.000

MEET Plan

WORK ORDER NO ▶					-
PART 6 QUANHITATIVE TASKS. Tiek (V) where appropriate					-
No Description	Units / Set UOM Values	et Measured ues Vatues	Limit/Tolerance	PASS FAIL NA	
					- -
		_			
TEST, (attach report) priore	A CONTRACTOR OF THE PROPERTY O	Single Andrews			
Ĺ	Result:				
PARTIC NOTES		PASS	FAIL	NA REPORT OF THE PROPERTY OF T	- 1
nogo wed -					
CORRECTIVE MAINTENANCE REQUIRED		FUNCTIONING	TON	NOT FUNCTIONING	
WORK ORDER NO ▶	· 1			NEXT PPM DATE • [/ 1019	
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose, COMPLETED BY: FOSTER ANAK ENGKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	fioning to the l	ntended purpose			1

DATE: 14/11