

# Form B03

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO371802	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	29/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000093	Distict	LABUAN
BE Category	Sterilizing Units, Portable	WO Assigned to	Che Muhammad Atillah
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	
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<b>BE Third Party Calibration / Statutory Certification Details</b>			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
<b>Action Taken</b> ↳ Check chassis, fitting, Pub Board, fuse, door gasfel and valve. ↳ Clean exterior and interior. Do some alignment. ↳ Perform test, unit perform well (FUNCTIONING GOOD)			


<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		29/3/2018	8.30am	9.30am
	 CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS 019-2634231			
	 MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231			
Customer Remarks				
Engineer / Technician Signature Name Date		Customer Signature Name Designation Date Seal		
 CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS 019-2634231 29/3/2018		 HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 29/4/18		


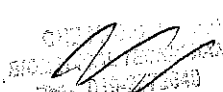


For Internal Use

First Verification  
QMS Circle Incharge  
JULIUS LANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3620179

Final Verification  
QMS State Incharge  
DIGIOY LEE  
SABAH STATE MIA/MSST  
QUANTUM MEDICAL SOLUTIONS PENANG

 Quantum Medical Solutions sdn bhd <small>improving healthcare, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Sterilizing units, Portable</b> BE CODE : DE-031	CHECKLIST NO: CL-147 REV.000					
<b>PART 1 ASSET DETAILS</b>							
WORK ORDER NO ▶ PWO 381802		ASSET NO ▶ W/L000093					
MANUFACTURER ▶ nln		MODEL ▶ nln					
FREQUENCY ▶ 3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY (✓)		PPM HOURS ▶ 1.0					
<b>PART 2 SPECIAL PRECAUTION</b>							
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.							
<b>PART 3 TEST APPARATUS</b>							
Tick (✓) where appropriate							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
	TESA0685	ELECTRICAL SAFETY ANALYZER	3227039	10/1/2019			
	NA	PRESSURE METER	NA	NA			
	NA	THERMOMETER	NA	NA			
<b>PART 4 QUALITATIVE TASKS</b>							
Tick (✓) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )	9 Seal - Verify physical integrity	(✓)	( )	( )
2 Power Cord - verify proper insulation and integrity	(✓)	( )	( )	10 Sensor - Verify proper operation	(✓)	( )	( )
3 Strain Relief - verify physical integrity at both ends of line cord	(✓)	( )	( )	11 Cassette lid/Tay - Verify physical integrity	(✓)	( )	( )
4 Fittings/ Connectors - check all fittings/connectors	(✓)	( )	( )	12 Solenoid valve - Verify proper operation	(✓)	( )	( )
5 Controls/Switches - verify proper operation of controls	(✓)	( )	( )	13 Reservoir - Verify physical integrity	(✓)	( )	( )
6 Indicators/ Displays - verify proper illumination and operation	(✓)	( )	( )	14 Check drain valve -Physical integrity	(✓)	( )	( )
7 Check Thermal fuse, circuit breaker	(✓)	( )	( )	15 Check Safety valve	(✓)	( )	( )
8 Heater - verify physical Integrity	(✓)	( )	( )	16 Calibration	( )	( )	(✓)
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>							
Tick (✓) where appropriate							
	DONE	NOT DONE**	NA		DONE	NOT DONE**	NA
1 Clean exterior and interior of the equipment	(✓)	( )	( )	5 Cassette seal/Lid or tray - Check/Replace***	(✓)	( )	( )
2 Thermal fuse - Check / replace.***	(✓)	( )	( )	Notes:  * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
3 Check/ clean solenoids	( )	( )	( )				
4 Lubricate all moving parts	(✓)	( )	( )				

 Quantum Medical Solutions Sdn Bhd <small>to assist - saving time - enhancing life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Sterilizing units, Portable</b> <small>BE CODE : DE-031</small>	CHECKLIST NO: CL-147 REV.000						
WORK ORDER NO ▶ <u>Pw0771802</u>								
<b>PART 6 QUANTITATIVE TASKS</b>								
<small>Tick (✓) where appropriate</small>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Temperature reading	°C		<u>N/A</u>		(✓)	( )	( / )
2	Pressure reading	psi		<u>N/A</u>		(✓)	( )	( / )
3	Timer	min sec		<u>11</u>	<u>1A</u>	(✓)	( )	( / )
<b>PART 7 ELECTRICAL SAFETY TEST</b>								
ELECTRICAL SAFETY TEST, (attach report) <small>(in accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="checkbox"/> PASS         <input type="checkbox"/> FAIL         <input type="checkbox"/> NA       </div>								
<b>PART 8 NOTES</b>								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED         </div> <div> <input checked="" type="checkbox"/> FUNCTIONING         </div> <div> <input type="checkbox"/> NOT FUNCTIONING         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           WORK ORDER NO ▶ <u>NA</u> </div> <div>           NEXT PPM DATE ▶ <u>28/3/2018</u> </div> </div>								
<small>PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.</small> <b>COMPLETED BY:</b> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;">   <small>MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231</small> </div> <div style="text-align: center;"> <small>DATE:</small>  <u>29/3/2018</u> </div> </div>								

# Fluke Biomedical

Date 29/03/2018

## Test Setup

Operator ID LBNBME  
Calibration Tech  
Calibration Date 10/01/2019  
Firmware Version 2.08.01  
Serial Number 3227039  
Date & Time 29/03/2018 & 08:35  
JOB Name

## DUT Information

Equipment Number WPL 000093  
Serial Number  
Manufacturer  
Model  
Location KLINIK PERGIGIAN  
Other

## Template Information

Template Name STERILIZING UNITS  
Pause after Power ON NO  
Power ON delay 2  
Test Speed RAPID  
Halt on Test Failure YES  
Include Time YES  
Insulation Resistance Voltage 250V  
Multi Enclosure Test NO

Standard IEC62353-Differential  
Pause before Power OFF NO  
Power OFF delay 0  
Test Mode AUTO  
Multi PE Test NO  
Multi Resstore WORST/LAST  
Reverse Polarity YES  
Classification I

## PLC Configuration-Applied part setup

AP Name AP Type AP Num

## ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Protective Earth Resistance	0.19 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	241.5 V	-	-	P
Live to Earth	12.2 V	-	-	P
Neutral to Earth	240.4 V	-	-	P
Equipment Current	12.1 A	-	-	P
Differential Leakage				P
Normal Condition	61 uA	500	-	P
Normal Condition-Reversed mains	85 uA	500	-	P

Signature

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