

## Form B03

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
transcending boundaries. transforming life

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

Work Order No.	PWO371990	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	28/3/2018
Clinic Name	Klinik Pergigian DI Klinik Kesihatan Lat	Clinic Code	WPL001
BE No.	WPL000587	Distict	LABUAN
BE Category	Handpieces, Dental	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	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
<b>Action Taken</b> ↳ Check classs, fittings and bur holder. ↳ Clean exterior and do some alignment. ↳ Perform test, unit perform well (no functioning good)			


<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	<del>CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN, QMS 019-2634231</del>	28/3/2018	10:00am	10:15am
	MOHD. ASHIMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231			
Customer Remarks				
019-2634231				
Engineer / Technician Signature Name Date MOHD. ASHIMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 28/3/2018		Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 20/4/18		



For Internal Use

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

Final Verification  
QMS State Incharge  
BOON LEE  
019-3620179

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Handpieces, Dental</b> BE CODE : 11-181	CHECKLIST NO: CL-075 REV.000		
<b>PART 1 ASSET DETAILS</b>				
WORK ORDER NO ▶ <u>pus 37 1790</u>  MANUFACTURER ▶  FREQUENCY ▶ 3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY <input checked="" type="checkbox"/>	ASSET NO ▶ <u>WPL 000587</u>  MODEL ▶  PPM HOURS ▶ <u>0.28</u>			
<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
<b>PART 4 QUALITATIVE TASKS</b>				
Tick (✓) where appropriate			Notes:  * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable	
	PASS	FAIL		NA
1 Chassis - verify physical integrity, cleanliness and condition	( ✓ )	( )		( )
2 Fittings/ Connectors - check all fittings/connectors	( ✓ )	( )		( )
3 Mechanical - Verify condition bearing/O-ring	( ✓ )	( )		( )
4 Label - verify physical integrity	( ✓ )	( )		( )
5 Burr holder - Check proper operation	( ✓ )	( )	( )	
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>				
Tick (✓) where appropriate			Notes:  * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable	
	DONE	NOT DONE **		NA
1 Clean exterior and interior of the equipment	( ✓ )	( )		( )
2 Lubricate - Mechanical parts	( ✓ )	( )	( )	

WORK ORDER NO ▶

pwo 37 1720

**PART 6 QUANTITATIVE TASKS**

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA

**PART 7 ELECTRICAL SAFETY TEST**

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

**PART 8 NOTES**

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

NA

NEXT PPM DATE

21/3/2019

PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.

COMPLETED BY:

*[Signature]*

MOHD. ASHMAWI B MOHD HISHAM  
BIOMEDICAL TECHNICIAN, QMS  
019-2634231

DATE:

28/3/2018