

Form B04

## Scheduled Maintenance Notification Form



Quantum Medical Solutions  
transcending boundaries, transforming life

To:  
PKB/PPB:  
District: KUCHING  
State: SARAWAK

From:  
State:  
Zone:

Format Ref.-QMS/TSD-004 Rev.00  
Quantum Medical Solutions  
SARAWAK

Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM



Clinic Name: Klinik Kesihatan Sampadi

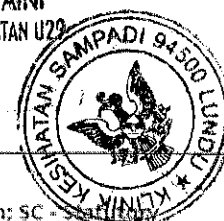
Month: Nov-18

Clinic Code: SWK063

NO	BE Number	BE Category	Schedule Maintenance Type
1	✓ SWK005143	Aspirators (CAMI, NEW ASKIR 30)	PPM
2	✓ SWK005134	Fetal Heart Detectors, Ultrasonic BER	PPM
3	✓ SWK005144	Light, Examination - NA -	PPM
4	✓ SWK005148	Ophthalmoscopes GP Plus	PPM
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Thank You,

<p>QMS State In-charge</p> <p>Signature: </p> <p>Name: QUINTUS NG STATE MANAGER Quantum Medical Solutions Sarawak</p> <p>Date:</p>	<p>Acknowledged by - PKB/PPB</p> <p>Signature: </p> <p>Name: MUNE FIRDAUS BIN ANNI PENOLONG PEGAWAI PERUBATAN U29</p> <p>Date:</p>
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## Legend

PM - Preventive Maintenance; RI - Routine Inspection; TPC - Third Party Calibration; SC - Safety Certification; BE - Biomedical Equipment.

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Acknowledge By:  
Designation:  
Signature:  
Date:

15/11/18

MUHD FIRDAUS BIN AIMI  
PENOLONG PEGAWAI PERUBATAN UJ

