

Form B03

Scheduled Maintenance Work Order



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

| | | | |
|-----------------|---|--|---|
| Work Order No. | PWO373414 | Schedule Month | March 2018 |
| Work Order Date | 01/03/2018 | Completed Date | 30/3/2018 |
| Clinic Name | Poliklinik Labuan | Clinic Code | WPL006 |
| BE No. | WPNERB001 | Distict | LABUAN |
| BE Category | Ergometeres, Bicycle | WO Assigned to | Che Muhammad Atillah |
| Ownership | <input type="checkbox"/> Existing Equipment | <input type="checkbox"/> Purchase | <input checked="" 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 | |
|-----------------|--|

BE Third Party Calibration / Statutory Certification Details

| | | | |
|----------------|----|------------------------|----|
| Company Name | NA | Cal / Cert Date | NA |
| Contact Number | | Cal / Cert Expiry Date | |

Action Taken

↳ Check chasis, mount, display and cable.
 ↳ Clean exterior and interior. Do some alignment.
 ↳ Perform test, unit perform well (Good functioning)

Schedule Maintenance Execution Details

| SI No | QMS Engineer / Technician Name | Date | Start Time | End Time |
|-------|--|-----------|------------|----------|
| | CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS 019-2572640 | 30/3/2018 | 11:30am | 12:30pm |
| | MOHD. ASHMAWIB MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 | | | |

Customer Remarks

| | |
|---------------------------------|--------------------|
| Engineer / Technician Signature | Customer Signature |
| Name | HERMAN NOWI |
| Date | 30/3/2018 |
| | Designation |
| | Date |
| | Seal |



For Internal Use

First Verification
QMS Circle Incharge

JULIUS LIANGSON
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

Fazlee Abd Malik
Jurupulih Perubatan
(Fisioterapi) U32 (KUP)

DIKIRY LEE
QMS STATE INCHARGE
QUANTUM MEDICAL SOLUTIONS



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BEMS Planned Preventive Maintenance Checklist

Ergometers, Bicycle

BE CODE : 10-383

CHECKLIST NO: CL-068
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 373414 ASSET NO ▶ WPNR3001
MANUFACTURER ▶ K/A MODEL ▶ A12
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶ 1.0

PART 2 SPECIAL PRECAUTION

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.

PART 3 TEST APPARATUS

Tick (✓) where appropriate

| NO | ASSET NO | DESCRIPTION | SERIAL NO | CALIBRATION DUE ON |
|----|----------|--------------------------|-----------|--------------------|
| | HEA 0085 | ELECTRICAL SAFETY TESTER | 3227839 | 10/1/2019 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PART 4 QUALITATIVE TASKS


Tick (✓) where appropriate

| | PASS | FAIL | NA | | PASS | FAIL | NA |
|---|------|------|-----|--|------|------|-----|
| 1 Chassis - verify physical integrity, cleanliness and condition | (✓) | () | () | 7 Speed sensor - verify physical Integrity | (✓) | () | () |
| 2 AC Plug / Power Cord - verify proper integrity | (✓) | () | () | 8 Check labels - | (✓) | () | () |
| 3 Strain Relief - verify physical integrity at both ends of line cord | (✓) | () | () | | | | |
| 4 Fittings/ Connectors - check all fittings/connectors | (✓) | () | () | | | | |
| 5 Controls/Switches - verify proper operation of controls | (✓) | () | () | | | | |
| 6 Indicators/ Displays - verify proper operation | | | | | | | |

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

| | DONE | NOT DONE ** | NA | | DONE | NOT DONE ** | NA |
|---|------|-------------|-----|--|------|-------------|-----|
| 1 Cleaning the inside with a vacuum cleaner | () | () | (✓) | 4 Check sensor alignment | (✓) | () | () |
| 2 Lubricate bearings | (✓) | () | () | 5 Check / align the wheel chain | (✓) | () | () |
| 3 Lubricate all moving parts | (✓) | () | () | Notes: * For all Parts, NA is defined as NOT APPLICABLE | | | |
| | | | | ** If you have ticked 'NOT DONE', then justify in Part 8 | | | |
| | | | | *** Choose Whichever Applicable | | | |

|  Quantum Medical Solutions sdn bhd <small>Creating Smarter, Better, Transferring Life</small> | Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Ergometers, Bicycle BE CODE : 10-383 | CHECKLIST NO: CL-066 REV.000 | | | | | | |
|---|--|---------------------------------|------------|-----------------|-----------------|------|------|----|
| WORK ORDER NO ▶ <u>Pmo 3734/14</u> | | | | | | | | |
| PART 6 QUANTITATIVE TASKS | | | | | | | | |
| Tick (✓) where appropriate | | | | | | | | |
| No | Description | Units / UOM | Set Values | Measured Values | Limit/Tolerance | PASS | FAIL | NA |
| | | | | | | | | ✓ |
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| PART 7 ELECTRICAL SAFETY TEST | | | | | | | | |
| ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60901)</small> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NA </div> | | | | | | | | |
| PART 8 NOTES | | | | | | | | |
| <p>Lubricate the moving parts of the door hinges and motor with thin silicone grease.</p> <p style="font-size: 1.2em; margin-top: 20px;">LO EST Class II</p> | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <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>RK</u> </div> <div> NEXT PPM DATE ▶ <u>29/3/2019</u> </div> </div> | | | | | | | | |
| <p>PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> COMPLETED BY: <u>MOHD. ASHMAWI B MOHD HISHAM</u> <small>BIOMEDICAL TECHNICIAN, QMS</small> <small>019-2334231</small> </div> <div style="width: 50%; text-align: right;"> <div style="display: flex; align-items: center;"> <div> Fazlee Abd Malik Jurupullih Perubatan (Fisioterapi) U32 (KUP) </div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> DATE: <u>30/3/2018</u> </div> </div> | | | | | | | | |

Fluke Biomedical

Date 30/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 327035
Date & Time 30/03/2018 & 11:41
JOB Name

DUT Information

Equipment Number WPNERB 001
Serial Number
Manufacturer
Model
Location POLIKLINIK
Other

Template Information

Template Name ERGOMETERS, BECYLE
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 II

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

| Test Name | Value | High Limits | Low Limits | Status |
|---------------------------------|---------|-------------|------------|--------|
| Mains Voltage | | | | P |
| Live to Neutral | 240.5 V | - | - | P |
| Equipment Current | 0.0 A | - | - | P |
| Differential Leakage | | | | P |
| Normal Condition | 25 uA | 100 | - | P |
| Normal Condition-Reversed mains | 37 uA | 100 | - | P |

Signature

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