



PPM 2018

Quantum Medical Solutions Sdn Bhd
Manufacturing Technology, Engineering, R&D

No.	RF Number	RF Category	Manufacturer	Model	Clinic Code	Clinic Name	Clinic Category	State	District	SM Type	Test Equipment	PPM Frequency	PPM Completion Date	PPM Completion Time	Research	Assign to	
1	SVN01075	Bioinformatics Lab			SW058	Idink Kuching Tang Bueap	KESIHATAN	SARAWAK	SERIAN	EM09	PM	Bas	2	X	5/11/18	Dans.	SVN01075 Danson Muda

Cassandra Esl
Jurutologi Makmal
Pembinaan U28
KK Tong Bueap

DANSON ANAK MUDA
QUANTUM BION
KUCHING SARAWAK
ENGINEERING
5/11/2018

Please make a copy after acknowledgement.
Acknowledge By:
Signature:
Date:

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

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
interlocking boundaries. transcending time.

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

Work Order No.		Schedule Month	November 2018
Work Order Date		Completed Date	05/11/2018
Clinic Name	01/11/2018	Clinic Code	SUKOSG
BE No.	Klinik Kesihatan Tunj LKRP	District	SEBELAN
BE Category	Calibration & Verif	WO Assigned to	PRINSON
Ownership	<input type="checkbox"/>	Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM)	Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	Statutory Certification (SC)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details	
Company Name	Cal / Cert Date
Contact Number	Cal / Cert Expiry Date

Action Taken	- to to ppm perbetasi attend - to to ppm - to to ppm
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Schedule Maintenance Execution Details			
SI No	QMS Engineer / Technician Name	Date	Start Time
0150218	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	05/11/2018	11:30
			12:30

Customer Remarks	
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Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
	Date
	Seal

For Internal Use

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Bilirubinometers, Laboratory

BE CODE: ME-012

CHECKLIST NO: CL-030-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶
MANUFACTURER ▶ **QIMTEK**
FREQUENCY ▶ 6 MONTHLY (✓) 12 MONTHLY ()
BE NO ▶ **SUPD: 0101**
MODEL ▶ **ONE Beta**
PPM HOURS ▶ 1.00

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
	TESLA 0112	ELECTRICAL SAFETY ANALYZER	3246918	6.8.2019

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8 Indicators / Displays - Verify Proper Operation	(✓)	()	()
2 Mount Fasteners - Verify physical integrity	()	()	(✓)	9 Audible / Visual Alarms - Verify proper Operation, Automatic and Activation	(✓)	()	()
3 Power Cord - verify proper insulation and integrity	(✓)	()	()	10 System Printer - Verify Integrity	(✓)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	11 Lamp - Verify Integrity	(✓)	()	()
5 Circuit Breaker / Fuses - Verify integrity of External Circuit Breaker or rating of Fuses	(✓)	()	()	12 Capillary Holder - Verify Physical Integrity	(✓)	()	()
6 Fittings/ Connectors - Check all Fittings/ Connectors	(✓)	()	()	13 Interference filter - Check Adjustment	(✓)	()	()
7 Controls / Switches - Verify proper operation of controls	(✓)	()	()	14 Accessories - Verify Physical Integrity and Operation	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Clean the Exterior	(✓)	()	()	
2 Inspect / Clean Interior of unit	(✓)	()	()	
3 Battery - Check /Replace ***	(✓)	()	()	

* For all Parts, NA is defined as NOT APPLICABLE

** If you have ticked 'NOT DONE', then justify in Part 8

*** Choose Whichever Applicable



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Bilirubinometers, Laboratory

CHECKLIST NO:CL-030-000 REV.000

BE CODE : ME-012

WORK ORDER NO ▶

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Blank Check					(✓)	()	()
	QC Result (Attach Result)					(✓)	()	()

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☒ IEC 60601 ☐ IEC 61010 ☐ IEC 62353 ☒ PASS ☐ FAIL ☐ NA

Result :

PART 8 NOTES

- Test OK

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

-NA-

NEXT PPM DATE ▶

05/2018

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

COMPLETED BY:

DANSONANAK MUDA
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK

DATE :

5/11/2018

Form B03



Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd
 12, Jalan Puchong Perdana, Puchong, Selangor, 47100

Format Ref: - QMS/TSID-022 Rev:01

Work Order No.		Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	06/11/2018
Clinic Name	KLINIK KESIHATAN TRILOH	Clinic Code	82K146
BE No.	SWNSCNO14	District	SERIAN
BE Category	Scanning System, Ultrasonic, General Purpose (Med)	WO Assigned to	QTAUSDN
Ownership	<input checked="" type="checkbox"/>	Purchase	<input checked="" type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM)	Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	Statutory Certification (SC)	

Reschedule Date

BE Third Party Calibration / Statutory Certification Details

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

Action Taken

- To do ppm schedule attend
 - ppm done
 - total ok.

Schedule Maintenance Execution Details

SI No.	QMS Engineer / Technician Name	Date	Start Time	End Time
0610743	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	06/11/18	11:00am	13:00pm

Customer Remarks

Engineer / Technician Signature

Name

Date

DANSON ANAK MUDA
 QUANTUM BIOMEDICAL ENGINEERING
 KUCHING SARAWAK
 06/11/2018

Customer Signature

Name

Designation

Date

Seal

MOHD MUSRI B. TAAKUP
 PENOLONG PEGAMAL PERUBATAN U29
 KLINIK KESIHATAN TRILOH, SERIAN

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Scanning Systems, Ultrasonic, General Purpose

BE CODE : 15.976

CHECKLIST NO-CL-135-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO	▶	BE NO	▶
MANUFACTURER	▶ Starang	MODEL	▶
FREQUENCY	▶ 6 MONTHLY (<input checked="" type="checkbox"/>) 12 MONTHLY ()	PPM HOURS	▶ 2.00

PART 2 SPECIAL PRECAUTION

If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.
Wear appropriate Personal 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
		ELECTRICAL SAFETY ANALYZER		
		TISSUE PHANTOM GAMMEX Ultrasound 403CS LE		
		Grey Scale		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

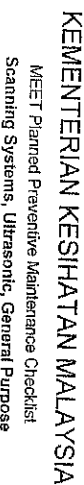
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(<input checked="" type="checkbox"/>)	()	()	9 Controls/Switches/Keypad - verify proper operation of controls	(<input checked="" type="checkbox"/>)	()	()
2 Mount/Fasteners - verify physical integrity	(<input checked="" type="checkbox"/>)	()	()	10 Indicators/Displays - verify proper illumination and operation	(<input checked="" type="checkbox"/>)	()	()
3 Casters/Brakes - if mounted, verify physical integrity	(<input checked="" type="checkbox"/>)	()	()	11 Alarm/ Audible Signal - verify operation	(<input checked="" type="checkbox"/>)	()	()
4 Power cord - verify proper insulation and integrity	(<input checked="" type="checkbox"/>)	()	()	12 Printer - verify operation and condition	(<input checked="" type="checkbox"/>)	()	()
5 Strain relief - verify physical integrity at both ends of line cord	(<input checked="" type="checkbox"/>)	()	()	13 Trackball - verify smooth movement of cursor and cleanliness of trackball.	(<input checked="" type="checkbox"/>)	()	()
6 Transducers/Cables - verify integrity and condition	(<input checked="" type="checkbox"/>)	()	()	14 Transducer - verify echo is good and no darkband on all probe echo	(<input checked="" type="checkbox"/>)	()	()
7 Circuit Breaker/Fuse - verify integrity of external circuit breaker and/or rating of fittings/connectors	(<input checked="" type="checkbox"/>)	()	()	15 Calibration if Applicable	(<input checked="" type="checkbox"/>)	()	()
8	(<input checked="" type="checkbox"/>)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	DONE **	NA		DONE	DONE **	NA
1 Clean exterior and interior of the equipment	(<input checked="" type="checkbox"/>)	()	()	4 Exhaust Fan - clean and check condition.	(<input checked="" type="checkbox"/>)	()	()
2 Clean Transducers/Cables	(<input checked="" type="checkbox"/>)	()	()				
3 Cleanliness of power board - check and clean power board of any dust	(<input checked="" type="checkbox"/>)	()	()				

Note * For all parts, NA defined as NOT APPLICABLE
** If you have ticked 'NOT DONE', then justify in Part 8



**MEET Planned Preventive Maintenance Checklist
Scanning Systems, Ultrasonic, General Purpose**
BE CODE : 15-976

BE CODE: 15-976

CHECKLIST NO:CL-135-000
REV 000

WORK ORDER NO. 708-196

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Scanning Systems, Ultrasonic, General Purpose

BE CODE : 15-976

CHECKLIST NO:CL-135-000
REV.000

WORK ORDER NO ▶

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

Result :

☒ IEC 60601 ☐ IEC 61010 ☐ IEC 62353

☒ PASS ☐ FAIL ☐ NA

PART 8 NOTES

- This unit good functioning.

☐ CORRECTIVE MAINTENANCE REQUIRED ☒ FUNCTIONING ☐ NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE

05/2019

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

COMPLETED BY:

DANSON ANAK MUDA
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK

DATE :

6/11/2019

