

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.	PWO373388	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	21/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Lat	Clinic Code	WPL001
BE No.	WPNTHD001	Distict	LABUAN
BE Category	Thermoforming Unit Dental	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	
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BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	

Action Taken
<ul style="list-style-type: none"> - PPM Service done - Ok - checked physical all ok - clean body interior and exterior - performance test done ok and fit to use. - Unit working in good condition.

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN, QMS 019-2572640	21/3/2018	1100	1130

Customer Remarks	
Engineer / Technician Signature Name Date CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN, QMS 019-2572640 21/3/2018	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 26/4/18




For Internal Use


First Verification
QMS Circle Incharge

JULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-2572640

Final Verification
QMS State Incharge

Signature of State Incharge

 Quantum Medical Solutions sdn bhd <small>transforming foundations, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Thermoforming unit, Dental <small>BE CODE : DE-028</small>	CHECKLIST NO: CL-153 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ PWO 323388		ASSET NO ▶ WPNTHD 001					
MANUFACTURER ▶ M/A		MODEL ▶ M/A					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)		PPM HOURS ▶ 0.50					
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							
<i>Tick (✓) where appropriate</i>							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
	TEMP 0085	ELECTRICAL SAFETY ANALYZER	3227039	10/1/2019			
PART 4 QUALITATIVE TASKS							
<i>Tick (✓) where appropriate</i>							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	8 Tube/Hose - verify physical condition	()	()	(/)
2 Cables - verify integrity	(/)	()	()	9 Alarms/ Interlocks - check all alarms available	(/)	()	()
3 AC Plug - verify integrity	(/)	()	()	10 Accessories - Examine for	(/)	()	()
4 Circuit Breaker/ Fuse - verify integrity of external circuit breaker	(/)	()	()	11 Label - verify physical integrity	(/)	()	()
5 Fittings/ Connectors - check all fittings/connectors	(/)	()	()				
6 Controls/Switches - verify proper operation of controls	(/)	()	()				
7 Indicators/ Displays - verify proper illumination and operation	(/)	()	()				
PART 5 PREVENTIVE MAINTENANCE TASKS							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE **	NA	Notes:			
1 Clean exterior and interior of the equipment	(/)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Replace part/ Filter	()	()	(/)				

 <small>Quantum Medical Solutions sdn bhd Innovating technology, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Thermoforming unit, Dental <small>BE CODE : DE-028</small>	<small>CHECKLIST NO: CL-153 REV.000</small>
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WORK ORDER NO ▶ PWD 373388

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

<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED	<input checked="" type="checkbox"/> FUNCTIONING	<input type="checkbox"/> NOT FUNCTIONING
WORK ORDER NO ▶ <u>P16</u>	NEXT PPM DATE ▶ <u>20/3/2019</u>	

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

COMPLETED BY:

CHE MUNO, ADIYATI
 BIOMEDICAL TECHNICIAN
 019-2513641
 DATE: 21/3/2018

Fluke Biomedical

Date 21/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3227039
Date & Time 21/03/2018 & 11:26
JOB Name

DUT Information

Equipment Number WPNTHD 001
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name THERMOFORMING
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	0.15 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	240.9 V	-	-	P
Live to Earth	11.5 V	-	-	P
Neutral to Earth	240.3 V	-	-	P
Equipment Current	10.5 A	-	-	P
Differential Leakage				P
Normal Condition	51 uA	500	-	P
Normal Condition-Reversed mains	74 uA	500	-	P

GJ.

Signature

FLUKE BIOMEDICAL
010-6572040