## Form B03 Scheduled Maintenance Work Order



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

| Work Order No. PWO365664   |   | Schedu                                      | le Month                          | June 2018  |            |  |  |  |  |
|--|---|---|-----------------------------------|--|------------|--|--|--|--|
| Work Order Date  | 01/06/2018                                | Comple                                      | ted Date                          | 10-06-20   | મ <b>8</b> |  |  |  |  |
| Clinic Name  | Klinik Kesihatan Pesta / Kampung Ken      | Clinic C                                    | ode                               | JHR015   |            |  |  |  |  |
| BE No.   | JHR002019                                 | Distict                                     |                                   | BATU PAHAT   |            |  |  |  |  |
| BE Category  | Scales, Patient, Platform, Mechanic       | WO Ass                                      | signed to                         | MUHD SHAD  | RUL        |  |  |  |  |
| Ownership  | Existing Equipment                        |   | Purchase                          | New  |            |  |  |  |  |
| BE Condition   | ✓ Active                                  |   | BER Proposed                      |  |            |  |  |  |  |
| Marila Orden Torre   | Preventive Maintenance (PM)               | Third Party Calibration (TPC)               |                                   |  |            |  |  |  |  |
| Work Order Type  | Routine Inspection (RI)                   |   | Statutory Certificati             | on (SC)  | 59a i      |  |  |  |  |
| Reschedule Date  |   |   |                                   |  |            |  |  |  |  |
| BE Third Party Cali  | bration / Statutory Certification Details |   |                                   |  |            |  |  |  |  |
| Company Name   | NO -                                      | Cal / Ce                                    | ert Date                          | NO   | _          |  |  |  |  |
| Contact Number   |   | Cal / Ce                                    | ert Expiry Date                   |  |            |  |  |  |  |
| PM / RI job done as per checklist. Unit tested functioning god Corrective Maintenance / Breakdown BE Sticker Availability: Yes / NA Remarks: |   |   | Manufacturer:  Modal:  Serial No: |  |            |  |  |  |  |
| Schedule Maintena  | nce Execution Details                     |   |                                   |  |            |  |  |  |  |
| SI No  | QMS Engineer / Technician Name            |   | Date                              | Start Time   | End Time   |  |  |  |  |
|  | MUHD SHADRUL.                             |   | 10-06-2018                        | 14:00  | 14:20      |  |  |  |  |
|  |   |   |                                   |  |            |  |  |  |  |
|  |   |   |                                   |  |            |  |  |  |  |
|  |   |   |                                   |  |            |  |  |  |  |
| Customer Remarks   |   |   |                                   |  |            |  |  |  |  |
| MUHAMMAD SH  | A   | Custome<br>Name<br>Designat<br>Date<br>Seal | Nur Hazi<br>(No. Penda            | rah Necey Abdullah<br>artaran Penuh: 54451)<br>ururawat U29<br>Kenangan Dato Onn |            |  |  |  |  |
| For internal lise  |   |   |                                   |  |            |  |  |  |  |

First Verification

QMS Circle Incharge

RAZILA MISKAN

Biomedical Engineer (Circle In-Charge)

Quantum Medical Solutions Sdn. Bhd.

Final Verification

QMS State Incharge



## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Scales, Patient, Platform, Mechanical

CHECKLIST NO:CL-133-000 REV.000

|  | BE CODE : 18-457   |   |  |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|--|
| PART 1 ASSET DETAILS   |  |   |  |  |  |  |  |  |  |  |  |
| WORK ORDER NO PWO 3  | 82664.   | BENO > 7HK 003012   |  |  |  |  |  |  |  |  |  |
| MANUFACTURER ► Seca  |  | MODEL ► NA ·  |  |  |  |  |  |  |  |  |  |
| FREQUENCY ► 12 MONT  | HLY (√)  | PPM HOURS ► 0.50  |  |  |  |  |  |  |  |  |  |
| PART 2 SPECIAL PRECAUTION  |  |   |  |  |  |  |  |  |  |  |  |
| If there is evidence of body fluid contami                         | nation, submit the device for cleaning and decontamination | before inspecting it.   |  |  |  |  |  |  |  |  |  |
| Wear appropriate Personnel Protection 6                            | Equipment (PPE) during work.                               |   |  |  |  |  |  |  |  |  |  |
| Wear grounded electrostatic wristband w                            | when handling PCB or electronic components.                |   |  |  |  |  |  |  |  |  |  |
| Refer to the safety procedure for addition                         | nal precautions and guidance as per manufacturer guideline | 9S.   |  |  |  |  |  |  |  |  |  |
| Make sure the test equipment used are duly calibrated.             |  |   |  |  |  |  |  |  |  |  |  |
| PART 3 TEST APPARATUS  |  |   |  |  |  |  |  |  |  |  |  |
| Tick ( √ ) where appropriate                                       |  | T   |  |  |  |  |  |  |  |  |  |
| NO ASSET NO  | DESCRIPTION  | SERIAL NO CALIBRATION DUE OF  |  |  |  |  |  |  |  |  |  |
| 1 NSB - 127277   | WEIGHTS  | NA 3/12/2018  |  |  |  |  |  |  |  |  |  |
|  |  | ,   |  |  |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |  |
| PART 4 QUALITATIVE TASKS   |  |   |  |  |  |  |  |  |  |  |  |
| Tick ( $\checkmark$ ) where appropriate                            | PASS FAIL NA   |   |  |  |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |  |
| Chassis - Verify physical integrity,<br>cleanliness and condition. | (/) ( ) ( )  |   |  |  |  |  |  |  |  |  |  |
| 2 Mount/Fasteners - Verify physical in                             | ntegrity. ( / ) ( ) ( )                                    |   |  |  |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |  |
| 3 Fittings/Connectors - Check all fittings/connectors.             |  |   |  |  |  |  |  |  |  |  |  |
| 4 Indicators - Verify operation.                                   | (/)()()  |   |  |  |  |  |  |  |  |  |  |
| 5 Platfrom - Verify physical integrity.                            | (/)()()  |   |  |  |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |  |
| PART 5 PREVENTIVE MAINTENANCE                                      | E TASKS  | <b>,他就是一个人的人,但是一个人的人的人,他们就是一个人的人的人,他们们们</b>   |  |  |  |  |  |  |  |  |  |
| Tick ( $\sqrt{\ }$ ) where appropriate                             |  |   |  |  |  |  |  |  |  |  |  |
|  | DONE NOT NA Notes:   |   |  |  |  |  |  |  |  |  |  |
|  | 52   | III Dada NA is defined as NOT ADDI 1949 5   |  |  |  |  |  |  |  |  |  |
| Clean the Exterior/Interior.                                       | ** If you  | ll Parts, NA is defined as NOT APPLICABLE<br>u have ticked 'NOT DONE', then justify in Part 8 |  |  |  |  |  |  |  |  |  |
| Adjust/align mechanical componen                                   | 50 W 802000 M 65 CA 66                                     | ose Whichever Applicable  |  |  |  |  |  |  |  |  |  |
| 2 / Agustangii mechanical componen                                 |  |   |  |  |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |  |



## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Scales, Patient, Platform, Mechanical BE CODE : 18-457

CHECKLIST NO:CL-133-000 REV.000

| ck (√)<br>No | where appropriate                 |                |            |            |                 |              |         |
|--------------|-----------------------------------|----------------|------------|------------|-----------------|--------------|---------|
| No           |                                   | Unite /        | T          | Measured   |                 |              |         |
|              | Description                       | Units /<br>UOM | Set Values | Values     | Limit/Tolerance | PASS         | FAIL NA |
| 1            | Weight                            | Kg             | 5          | 5          | 4.5 - 5.5       | /            | ( )( )  |
|              |                                   |                | 10         | to         | 9.5 - 10.5      | 1            | ( )( )  |
|              |                                   |                | 20         | 20.2       | 19.5 - 20.5     | /            | ( )( )  |
|              |                                   |                |            |            |                 |              |         |
|              | 2                                 |                |            |            |                 |              |         |
|              |                                   |                |            |            |                 |              |         |
|              |                                   |                |            |            |                 |              |         |
|              |                                   |                |            |            |                 |              |         |
| ART 7        | ELECTRICAL SAFETY TEST            |                |            |            |                 |              |         |
| ECTR         | ICAL SAFETY TEST, (attach report) |                |            |            |                 |              |         |
|              | ) where appropriate               |                |            |            |                 |              |         |
| 333.13 32    | Standard use :                    |                | Result :   |            |                 |              |         |
|              | IEC 60601 IEC 61010               | IEC 62353      |            | PASS       | FAIL            | NA           |         |
|              | NOTES                             | 7120 02000     |            |            |                 | ٠٠٠٠         |         |
|              |                                   |                |            |            |                 |              |         |
|              |                                   | N              | MA /       |            |                 |              |         |
|              | CORRECTIVE MAINTENANCE REC        |                | <b>₩</b>   | FUNCTIONIN | √G              | NOT FUNCTION | ING     |