

# Form B03

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO371946	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	29/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000581	Distict	LABUAN
BE Category	Aspirators, Dental	WO Assigned to	Ashmawi
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input 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)	

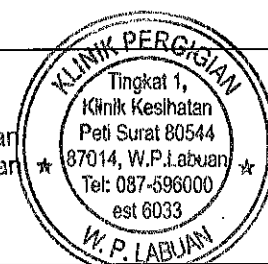
Reschedule Date	
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<b>BE Third Party Calibration / Statutory Certification Details</b>			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	

<b>Action Taken</b> ↳ Check chassis, fittings, hose, bottle and motor. ↳ Clean exterior and interior. ↳ Perform test, unit perform well (functioning properly)
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<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI & MOHD NISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231	29/3/2018	11:30am	12:00pm

Customer Remarks	
Engineer / Technician Signature Name Date MOHD. ASHMAWI & MOHD NISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231 29/3/2018	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 20/4/18





For Internal Use

First Verification  
QMS Circle Incharge  
JULIUS LIANSUN  
BIOMEDICAL ENGINEER, QMS  
019-5620179

Final Verification  
QMS State Incharge

DIARY LITE  
CREAM PASTE MARY GERT  
QUANTUM MEDICAL SOLUTIONS

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Aspirator, Dental</b> BE CODE : 10-212	CHECKLIST NO: CL-022 REV.000					
<b>PART 1 ASSET DETAILS</b>							
WORK ORDER NO ▶ <u>pwo 371946</u> MANUFACTURER ▶ <u>hlt</u> FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( / )	ASSET NO ▶ <u>wpl 000581</u> MODEL ▶ <u>hlt</u> PPM HOURS ▶ <u>0.5</u>						
<b>PART 2 SPECIAL PRECAUTION</b>							
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.							
<b>PART 3 TEST APPARATUS</b>							
Tick ( / ) where appropriate							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
1	<u>FEESA0085</u>	ELECTRICAL SAFETY ANALYZER	<u>3227039</u>	<u>10/1/2019</u>			
2	<u>NA</u>	PRESSURE GAUGE	<u>NA</u>	<u>NA</u>			
<b>PART 4 QUALITATIVE TASKS</b>							
Tick ( / ) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( / )	( )	( )	8 Fittings/ Connectors - check all fittings/connectors	( / )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( / )	( )	( )	9 Controls/Switches - verify proper operation of controls	( / )	( )	( )
3 Tubes/Hoses - Check for any Leak or Kink	( / )	( )	( )	10 Indicators/ Displays - verify proper illumination and operation	( )	( )	( / )
4 AC Plug - verify integrity	( / )	( )	( )	11 Motor / Pump unit - verify proper operation	( / )	( )	( )
5 Power Cord - verify proper insulation and integrity	( / )	( )	( )	12 Suction jar - verify physical integrity and condition	( / )	( )	( )
6 Strain Relief - verify physical integrity at both ends of line cord	( / )	( )	( )	13 Label - verify physical integrity	( / )	( )	( )
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( / )	( )	( )	14 Safety valve - verify proper operation	( )	( )	( / )
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>							
Tick ( / ) where appropriate							
	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Inspect, Clean Interior and Exterior	( / )	( )	( )	4 Motor - check, lubricate if necessary	( / )	( )	( )
2 Filter, Check/Replace***	( / )	( )	( )				
3 Diaphragm/Seal, Check/Replace***	( / )	( )	( )				

 Quantum Medical Solutions sdn bhd <small>transforming the way we work, one innovation at a time</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Aspirator, Dental BE CODE : 10-212	CHECKLIST NO: CL-022 REV.000						
WORK ORDER NO ▶ <u>Pu-0 3x 19 46</u>								
<b>PART 6 QUANTITATIVE TASKS</b>								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
						( )	( )	( )
<b>PART 7 ELECTRICAL SAFETY TEST</b>								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="checkbox"/> PASS         <input type="checkbox"/> FAIL         <input type="checkbox"/> NA       </div>								
<b>PART 8 NOTES</b>								
<div style="font-size: 2em; font-family: cursive;">EST CLASS I</div>								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED         </div> <div> <input checked="" type="checkbox"/> FUNCTIONING         </div> <div> <input type="checkbox"/> NOT FUNCTIONING         </div> </div>								
WORK ORDER NO ▶ <u>NA</u>						NEXT PPM DATE ▶ <u>28/3/2019</u>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.								
COMPLETED BY: <b>MOHD. ASHMAWI B MOHD HISHAM</b> BIOMEDICAL TECHNICIAN, QMS 019-2534231								
DATE: <u>29/3/2018</u>								

# Fluke Biomedical

Date 29/03/2018

## Test Setup

Operator ID LBNBME  
Calibration Tech  
Calibration Date 10/01/2019  
Firmware Version 2.08.01  
Serial Number 3229027 3229039  
Date & Time 29/03/2018 & 11:36  
JOB Name

## DUT Information

Equipment Number WPL 000581  
Serial Number  
Manufacturer  
Model  
Location KLINIK PERGIGIAN  
Other

## Template information

Template Name ASPIRATORS, UNITS  
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	0.13 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	241.7 V	-	-	P
Live to Earth	12.3 V	-	-	P
Neutral to Earth	240.9 V	-	-	P
Equipment Current	10.5 A	-	-	P
Differential Leakage				P
Normal Condition	39 uA	500	-	P
Normal Condition-Reversed mains	47 uA	500	-	P

Signature

MOHD. ASHMAWI B MOHD NISHAM  
BIOMEDICAL TECHNICIAN, QMS  
019-2534231