

Form B03

# Scheduled Maintenance Work Order



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Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PW0340 464	Scheduled Month	January 2018
Work Order Date	01/01/2018	Completed Date	22/1/2018
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169
BE No	SWK004510	District	SIBU
Be Category	Ophthalmoscopes	WO Assigned to	SIUBME1
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> MEET Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

## BE Third Party Calibration / Statutory Certification Details

Company Name	N/A	Cal / Cert Date	N/A
Company Number		Cal / Cert Expiry Date	

## Action Taken

To do ppm as per checklist attached.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
002	WEL. Charles	22/1/2018	1240	13-00

## Customer Remarks

Engineer / Technician Signature Name Date WEDNISLEYJI JIMMY BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS 22/1/18	Customer Signature Name Designation Date Seal ARTHUR ASAK AK KUNAT Pen Pegawai Perubatan LPPM 5308
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For Internal Use Only

First Verification  
QMS Circle Incharge  
James Bo  
Sr. Biomedical Engineer  
Quantum Medical Solutions

Final Verification  
QMS State Incharge



# Quantum Medical Solutions Sdn Bhd

## BEMS Planned Preventive Maintenance Checklist

### Ophthalmoscopes

SE CODE 12-315

CHECKLIST NO: CL-104  
REV.000

#### PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0340464

ASSET NO ▶ SW206450

MANUFACTURER ▶ WELCH ALLYN INC

MODEL ▶

FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( / )

PPM HOURS ▶ 0-20

#### 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
		ELECTRICAL SAFETY ANALYZER	NA	

#### PART 4 QUALITATIVE TASKS

Tick ( / ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( / )	( )	( )	7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( )	( )	( / )
2 Mount/ Fasteners - verify physical integrity	( / )	( )	( )	8 Fittings/ Connectors - check all * fittings/connectors	( / )	( )	( )
3 Cables - verify integrity	( )	( )	( / )	9 Controls/Switches - verify proper operation of controls	( / )	( )	( )
4 AC Plug - verify integrity	( )	( )	( / )	10 Indicators - verify proper illumination and operation	( )	( )	( / )
5 Power Cord - verify proper insulation and integrity	( )	( )	( / )	11 Check Charger - verify proper operation	( )	( )	( / )
6 Strain Relief - verify physical integrity at both ends of line cord	( )	( )	( / )	12 Check lamp holder	( / )	( )	( )

#### PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( / ) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Clean exterior and interior of the equipment	( / )	( )	( )	4 Check/replace battery	( / )	( )	( )
2 Clean lens dial	( / )	( )	( )	5 Check / replace lamp	( / )	( )	( )
3 Clean filters	( / )	( )	( )	Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			

