

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.	PWO371750	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	27/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000585	Distict	LABUAN
BE Category	Handpieces, Dental	WO Assigned to	Che Muhammad Atillah
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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BE Third Party Calibration / Statutory Certification Details			
Company Name	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
Action Taken			
↳ Check chasis, fittings and bur holder. ↳ Clean exterior and do some pigment. ↳ Perform test, unit perform well (Good functioning)			


Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN QMS 019-2572640	27/3/2018	1400	1500-1415
Customer Remarks				
Engineer / Technician Signature Name Date CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN QMS 019-2572640 27/3/2018		Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 27/3/18		


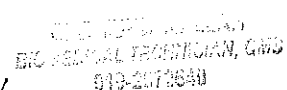


For Internal Use

First Verification
QMS Circle Incharge
JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge
[Signature]

 Quantum Medical Solutions sdn bhd transcending boundaries, innovating the future	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Handpieces, Dental BE CODE : 11-161	CHECKLIST NO: CL-075 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ <u>PWO 371750</u>		ASSET NO ▶ <u>WFL000585</u>		
MANUFACTURER ▶ <u>PIW</u>		MODEL ▶ <u>PI2</u>		
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)		PPM HOURS ▶ <u>0.25</u>		
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
PART 4 QUALITATIVE TASKS				
Tick (✓) where appropriate				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	(✓) () ()			
2 Fittings/ Connectors - check all fittings/connectors	(✓) () ()			
3 Mechanical - Verify condition bearing/O-ring	(✓) () ()			
4 Label - verify physical integrity	(✓) () ()			
5 Burr holder - Check proper operation	(✓) () ()			
PART 5 PREVENTIVE MAINTENANCE TASKS				
Tick (✓) where appropriate				
	DONE	NOT DONE **	NA	
1 Clean exterior and interior of the equipment	(✓) () ()			Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Lubricate - Mechanical parts	(✓) () ()			

 Quantum Medical Solutions sdn bhd <small>Quality • Safety • Reliability • Performance • Service</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Handpieces, Dental BE CODE : 11-181	CHECKLIST NO: CL-076 REV.000				
WORK ORDER NO ▶ <u>WO 371756</u>						
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) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>						
PART 8 NOTES						
Empty space for notes						
<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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> WORK ORDER NO ▶ <u>NA</u> </div> <div> NEXT PPM DATE ▶ <u>28/3/2019</u> </div> </div>						
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <div style="text-align: center; margin-top: 10px;">  BEO DENTAL TECHNICIAN, GMD <small>010-2070640</small> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> DATE: <u>27/3/2018</u> </div> </div>						