

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.	PWO358964	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	27/3/18
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Rembau	Clinic Code	NSB234
BE No.	NSB005897	Distict	REMBAU
BE Category	Chairs, Examination/Treatment, De	WO Assigned to	ISHA
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	ASHA	Cal / Cert Date	27/3/18
Contact Number		Cal / Cert Expiry Date	27/3/18

Action Taken

PPM JOB DONE

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	ISHA	27/3/18	1030	1130

Customer Remarks

NA

Engineer / Technician Signature Name ISHA Date 27/3/18 ZUZAKISHA HJ ZUBIR BIOMEDICAL ENGINEER QUANTUM MEDICAL SOLUTION SDN BHD (888557-V)	Customer Signature Name DR. NURUL SYAHIDA BT MD ANUAR Designation (M) Pegawai Penuh MDC: 3500 Pegawai Pergigian Y/M Klinik Pergigian Rembau Daerah Sebelah Darul Khusus Date 27/3/18
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For Internal Use

First Verification
QMS Circle Incharge


NOR AZLINA MOHD ISHAK
Circle In Charge CC5
Quantum Medical Solutions S/B
(012-396 2139)


27/3/18

Final Verification
QMS State Incharge

ZARIZA HUSSA
State Ma
Quantum Medical
(012-367 1277)

27/3/18

 Quantum Medical Solutions Sdn Bhd <small>Ensuring your dental practice is as safe as possible</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Chair Examination/Treatment, Dentistry BE CODE : 10-792	CHECKLIST NO: CL-040 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ PWO288964		ASSET NO ▶ NRBC05897					
MANUFACTURER ▶ SKYDENTAL		MODEL ▶ SKYDENTAL					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)		PPM HOURS ▶ 1:00					
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			
	TEGAD150	ELECTRICAL SAFETY ANALYZER	3246906	7/11/17 - 30/11/18			
		PRESSURE GAUGE					
		TACHOMETER					
		STOP WATCH					
PART 4 QUALITATIVE TASKS							
Tick (/) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	11 Motor/Pump - verify operation	(/)	()	()
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	12 Chair movements - verify proper operation and automatic activation	(/)	()	()
3 Cables - verify physical integrity	(/)	()	()	13 Solenoid valves - Inspect, verify operation	(/)	()	()
4 Tubes/Hoses - check condition of all tubing, all hoses	(/)	()	()	14 Water/ Air/ Vacuum lines - check for any leak	(/)	()	()
5 Power Cord - verify proper insulation and integrity	(/)	()	(/)	15 Incoming Air pressure - verify operation	(/)	()	()
6 Strain Relief - verify physical integrity at both ends of line cord	()	()	(/)	16 Incoming Water pressure - verify operation	(/)	()	()
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(/)	()	()	17 Lights - verify operation	(/)	()	()
8 Fittings/ Connectors - check all fittings/connectors	(/)	()	()	18 Label - verify physical integrity	(/)	()	()
9 Indicators/ Displays - verify proper illumination and operation	(/)	()	()	19 Timer (Light cure) - verify operation	()	()	(/)
10 Controls/Switches - verify proper operation of controls	(/)	()	()				

 Quantum Medical Solutions sdn bhd Innovating healthcare, transforming life	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Chair Examination/Treatment, Dentistry BE CODE : 10-782	CHECKLIST NO:CL-040 REV.000						
WORK ORDER NO ▶ PWS 358964								
PART 5 PREVENTIVE MAINTENANCE TASKS								
Tick (✓) where appropriate								
	DONE NOT DONE **	DONE NOT DONE **						
1 Clean exterior and interior of the equipment	(/) () ()	4 Lubricate - Mechanical alignments	(/) () ()					
2 Align / Adjust Mechanical components	(/) () ()	Notes:						
3 Filters - Check /Clean / Change***	(/) () ()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable						
PART 6 QUANTITATIVE TASKS								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	OUTPUT PRESSURE	Kpa		5	± 5%	(/)	()	()
	SPEED	RPM				()	()	(/)
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report)								
(In accordance to IEC 60601)								
<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NA								
PART 8 NOTES								
<div style="text-align: center; height: 100px;">NA</div>								
<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING								
WORK ORDER NO ▶		NEXT PPM DATE ▶ MAR 19						
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.								
COMPLETED BY: ASHA								
DATE: 27/3/18								

Fluke Biomedical

Date 5/6/2018

Test Setup

Operator ID QMS N.SEMBILAN-2
Calibration Tech DINA
Calibration Date 11/30/2017
Firmware Version 2.08.01
Serial Number 3246906
Date & Time 27/03/2018 & 11:24
JOB Name

DUT Information

Equipment Number NSB005897
Serial Number
Manufacturer
Model
Location KPR
Other

Template Information

Template Name 62353-Dir. Generic Device
Pause after Power ON NO
Power ON delay 2
Test Speed NORMAL
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage 500V
Multi Enclosure Test NO

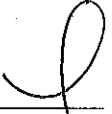
Standard IEC62353-Direct
Pause before Power OFF NO
Power OFF delay 0
Test Mode AUTO
Multi PE Test NO
Multi Resstore WORST/LAST
Reverse Polarity YES
Classification I

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	0.002 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	235.5 V	-	-	P
Live to Earth	2.3 V	-	-	P
Neutral to Earth	236.5 V	-	-	P
Equipment Current	0.1 A	-	-	P
Direct Equipment Leakage				P
Open Earth	0.9 uA	500	-	P
Open Earth-Reversed Mains	0.9 uA	500	-	P


Signature