

Form 304

Scheduled Maintenance Notification Form



Quantum Medical Solutions
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To:
PKB/PPB:
District: I Kuching
State: SARAWAK

From:
State: SARAWAK
Zone:
Format Ref.-QMS/TSD-004 Rev.00
Quantum Medical Solutions

Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM

Clinic Name: Klinik Kesihatan Singai

Month: Nov-18

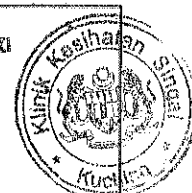
Clinic Code: SWK061

belong to

NO	BE Number	BE Category	Schedule Maintenance Type
1	SWNSTT005	Sterilizing Units, Steam, Table Top	PPM
2			PPM
3			PPM
4			PPM
5			PPM
6			PPM
7			PPM
8			PPM
9			PPM
10			PPM
11			PPM
12			PPM
13			PPM
14			PPM
15			PPM
16			PPM
17			PPM
18			PPM
19			PPM

Thank You,

QMS State In-charge Signature: Name: Date:	Acknowledged by - PKB/PPB Signature: Name: Date:
QUINTUS NG STATE MANAGER Quantum Medical Solutions Sarawak	DR MOHD EYSMIE BIN HIZAZI MD (UMMAS) PEGAWAI PERUBATAN NO MMC: 74082 KLINIK KESIHATAN SINGAI



Legend

PM - Preventive Maintenance; RI - Routine Inspection; TPC - Third Party Calibration; SC - Statutory Certification; BE - Biomedical Equipment.



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PPI 2018

No.	BF Human	EE Category	Manufacturer	Model Name	Clinic Code	Clinic Name	Clinic Category	State	District	SAE Type	Test Equipment Requirement	PPI Form	Nov-18	PPI Completion Date	PPI Completion Time	Remarks	Assign to
1	JWANS-ITD05	Shielding Units, Screen, Table Top	REYNOLD SBL	Model Name: B23 REYNOLD	SWJ001	Klinik Kesihatan Singai	KESIHATAN	SARAWAK	KUCHING	EMCS	PM-SC Elm	2	X	7/11/18	1200-1300	Done	KCS/MS/CP Power Engineer

DR MOHD EYSMIE BIN HIZATI

MD (UNIPAS)
PEGAUJUS PERUBATAN
NO MUK 54082
KLINIK KESIHATAN SINGAI

*Please make a copy after acknowledgement.

Acknowledge By:
Designation:
Signature:
Date:

7/11/18

FOSTER ANAK ENKASAN
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK.
7/11/18

Form B03

Scheduled Maintenance Work Order



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

Work Order No.		Schedule Month	November 2018
Work Order Date		Completed Date	7/11/18
Clinic Name	KK Singai	Clinic Code	SWK061
BE No.	SWNSTT005	Distict	Kuching
BE Category	sterilizing units, steam, Table Top	WO Assigned to	Foster
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input checked="" 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 checked="" 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		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	

Action Taken

- To do ppm purchase list attend.
- ppm done.

Schedule Maintenance Execution Details

Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
01	FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK.	7/11/18	1200	1300

Customer Remarks

Engineer / Technician Signature

Name FOSTER ANAK ENKASAN
Date QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK.
7/11/18

Customer Signature

Name DR MOMS ESMIE BIN HIZATI
Designation MD (UNIMAS)
Date PEGAWAI PERUBATAN
7/11/18 NO MMIC: 74082
Seal KLINIK KESIHATAN SINGGAI



For Internal Use

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Sterilizing units, Steam, Tabletop
BE CODE : 16-142

CHECKLIST NO: CL-149-002
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ☐ ASSET NO ☒ **SWALS 7T005**
MANUFACTURER ☒ **Kronos B** MODEL ☒ **Newmed**
FREQUENCY ☒ 6 MONTHLY (✓) 12 MONTHLY () PPM HOURS ☒ 1 hour

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
		TEMPERATURE METER		
		PRESSURE METER		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	9 Over pressure cut of valve - Verify physical integrity	(✓)	()	()
2 Power Cord - verify proper insulation and integrity	(✓)	()	()	10 Boviedick / Helix Test - Verify	(✓)	()	()
3 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	11 Door lock - Verify physical integrity	(✓)	()	()
4 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()	12 Door gasket Verify physical integrity	(✓)	()	()
5 Controls/Switches - verify proper operation of controls	(✓)	()	()	13 Check water tank leak	(✓)	()	()
6 Indicators/ Displays - verify proper illumination and operation	(✓)	()	()	14 Check drain valve -Physical integrity	(✓)	()	()
7 Check fuse, circuit breaker	(✓)	()	()	15 Safety feature - verify condition	(✓)	()	()
8 Heater - verify physical Integrity	(✓)	()	()				

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 Lubricate all moving parts	(✓)	()	()
2 Check / replace gasket ***	(✓)	()	()	Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
3 Check/ clean solenoids	(✓)	()	()				



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Sterilizing units, Portable
BE CODE : DE-031

CHECKLIST NO: CL-147-002
REV.000

WORK ORDER NO ▶

PART 8 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Temperature reading	°C			134-137 121-124	()	()	()
2	Pressure reading	bar			2.2 1.05	()	()	()
3	Electrical Supply Voltage	Voltage		refer to EST	230V (±10%)	()	()	()
4	Electrical Power	kW		refer to EST	At 230V, 1.5kW, 6.5amp	()	()	()

PART 9 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601

☐ IEC 61010

☐ IEC 62353

Result :

☒ PASS

☐ FAIL

☐ NA

PART 10 NOTES

ppm done.

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶ 05/2019

PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.

COMPLETED BY:

FOSTER ANAK ENKASAN
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK.

DATE: 7/6/18