Form B03 Scheduled Maintenance Work Order





Work Order No.	PWO366662	Schedule Month	July 2018					
Work Order Date	01/07/2018	Completed Date	917/6					
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Bul	Clinic Code	JHR551					
BE No.	JHR003139	Distict	LEDANG					
BE Category	Chairs, Examination/Treatment, De	WO Assigned to	labeal					
Ownership	✓ Existing Equipment	Purchase	New					
BE Condition	✓ Active	BER Proposed						
Work Order Type	✓ Preventive Maintenance (PM)	Third Party Calibra	ation (TPC)					
Work Order Type	Routine Inspection (RI)	Statutory Certificat	on (SC)					
Reschedule Date								
3E Third Party Calibratio	n / Statutory Certification Details							
Company Name	FIA	Cal / Cert Date	NED					
Contact Number	v 1 A	Cal / Cert Expiry Date	WIFF.					
Corrective Main BE Sticker Avai Remarks:		up deuwn nei	Model: comeT-D Serial No: EOL 090375 S Gydin ydicilia					
Schedule Maintenance E	xecution Details							
SI No	QMS Engineer / Technician Name	Date	Start Time End Time					
= /	Rabeah	9/7/18	7.35 3-41					
	,							
Customer Remarks								
Engineer / Technician Signa	iture	Customer Signature Name						
Name Date MMA Casp Coreagne to Technical to Technical to	4	Designation AZL JURU	EE YASIAT TERGIGIAN U29 K PERGIGIAN : SEMATI					

For Internal Use

First Verification

QMS Circle Incharge

e sa.

Final Verification

QMS State Incharge

MOND SHAIFUON BIN SNv. Biomedical Engineering Quantum Medical Solutions FvP: 012-3967638



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Chairs, Examination/Treatment, Dentistry

CHECKLIST NO:CL-040-000 REV.000

								BE C	ODE: 10-792							
PART 1	ASSET DETA	AILS														
WORK ORDER NO ► P P~							BE NO ▶	Je	+R	00	3)	35				
TOVARA PRIMANT								com				53.				
FREQUE	FREQUENCY ► 6 MONTHLY () 12 MONTHLY (✓) PPM HOUR						PPM HOURS ▶	2.00								
PART 2 SPECIAL PRECAUTION																
f there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.																
Near 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					JE ON
)	1 TEESA 0158 ELECTI			RICAL SAFETY ANALYZER							3246911	25/8/18				
2				JRE GA	UAC	3E					29520201WS				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	TEES	A 0106	TACHO	METER					M		H. 310425			12 /	2000	
													10 all 10 all 1			<u> </u>
PART 4 QUALITATIVE-TÁSKS																
Tick (√) v	where appropria	ıte														
				PASS	S	FAIL		NA				PAS	S	FAIL		NA
	ssis - verify phy			(/	5	())	()	11 Valves/S	Solenoi	ids - Inspect, verify operation	()	() (1
cleanliness and condition 2 Mount/ Fasteners - verify physical			(/) (())	()	l .	Hoses	- Check conditionof all tubing,all	()	() K	/)	
integrity 3 Line cord - verify proper insulation &		۱&	() (())	(/)	hoses 13 Incomin	g Air pı	ressure - verify operation	()	() (,	/)	
integrity 4 Strain Relief - verify physical integrity at		grity at	() (()) ((/)	14 Oil/Wate	er/ Air/	Vacuum lines - check for	()	() (/	
both ends of line cord 5 Circuit Breaker/ Fuse - verify integrity of		rity of	() (()) (any leak	()	() (/\			
external circuit breaker or rating of fuse		f fuse									` /	,	,	` '\	,	
6 AC Plug/ Receptacle - verify integrity) (. ,	, ,		NAMES ASSOCIATED AND		em - verify operation) !) ()	
7 Fittings/ Connectors - verify physical condition & integrity		al) ()) (()	17 Lights - verify operation)		1		
8 Cable	es - verify phys	sical integrity		(/) ()) (()	18 Labelling	g - veri	fy caution and warning labels	() (() (_	
9 Controls/Switches - verify proper operation of controls		peration	(/) ()) (()	19 System	Safety	Features - verify operation	()	()) (,	1	
10 Indicators/ Displays - verify proper () () () 20 Motor/Pump - verify operation illumination and operation						(T	() ()						
PART 5 PREVENTIVE MAINTENANCE TASKS																
Tick (√) w	where appropriat	1e														
				DONE		NOT DONE		NA				DON	E	NOT DONE		NA
1 Clear	nliness - clean	exterior and in	terior of	() (**) (5 O-rings/	diaphra	agms - Check/Replace***	()	**) (_
the equipment Lubricate recommended parts		() (3) (//>			5 4 Co.	37	en 40					
	n/ Adjust Mecha		ents	() () (
34 20072907	s - check/clean	CS (1750) (800)		,) () (- 1								
Notes:																
									*** (If you ha	arts, NA is defined as NOT APPLICABLE ve ticked 'NOT DONE', then justify in Part Whichever Applicable	8				



DATE:

KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Chairs, Examination/Treatment, Dentistry

CHECKLIST NO:CL-040-000 REV.000

KLINIK PERGIGIAN: DE MAT

BE CODE : 10-792 WORK ORDER NO - PW 0 366662 PART 6 QUANTITATIVE TASKS Tick (√) where appropriate Units / Set Measured Limit/Tolerance Description PASS FAIL NA No UOM Values Values 1 Pressure Inlet 5.5-7.5 i. Compressed Air Bar () () () 1.5-5.0 ii. Water Bar 2 Handpiece () () RPM >250,000 i. High speed handpiece 3. Micromotor/Contra angle/Staright handpiece a. Slow speed, 1:1 and above RPM > 35,000 () () () b. Slow speed, 10:1 ≤ x < 1:1 RPM 10 - 4,000 > 20 kHz/ () () () Scaler > 300 () () (-) 5 Light curing mW/cm² PART 7 ELECTRICAL SAFETY TEST ELECTRICAL SAFETY TEST, (attach report) Tick (v) where appropriate Standard use : Result: PASS IEC 60601 IEC 62353 FAIL PART 8 NOTES FUNCTIONING NOT FUNCTIONING CORRECTIVE MAINTENANCE REQUIRED who NEXT PPM DATE ► _ WORK ORDER NO ▶ PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: JURUTEKNOLOGI PERGIGIAN U29

Date:09/07/2018

Test Setup

DUT Information

Operator ID:

Calibration Tech:

NADIA

Calibration Date:

25/8/2018

Firmware Version:

Serial Number:

JOB Name:

2.08.01

3246911

09/07/2018 & 02:35 P.M

Location:

Serial Number:

Equipment Number: JHR 003139

EDL090375

TACAPA BELMONT

Manufacturer: Model:

COMET-D

KP BUKIT GAMBIR

Other: Date & Time:

Template Information

Template Name:

62353-Alt.CHAIRS, EXAMINATION/TR Standard:

IEC62353-Direct

0

Pause after Power ON: NO

Power ON delay:

2

NORMAL YES

Include Time:

Test Speed:

Halt on Test Failure:

YES

Insulation Resistance \ 500V Multi Enclosure Test: NO

Pause before Power O NO

Power OFF delay:

Test Mode:

Multi PE Test:

Multi Resstore:

NO WORST/LAST

AUTO

Reverse Polarity:

YES

Classification:

PLC Configuration-Applied part setup

AP Name AP Type

AP Num

ESA615 Test Results

Test Name	Value	High Limits Low Limits Stat	tus
Protective Earth Resistance	0.23 Ohm	0.3 - P	
Insulation Resistance		Р	
Mains to Protective Earth	0.008MOh	nı - P	
Mains Voltage		Р	
Live to Neutral	233.5 V	P	
Neutral to Earth	3.6 V	P	
Live to Earth	230.6 V	P	
Equipment Current	0.2 A	P	
Direct Equipment Leakage		Р	
Open Earth	39.3 uA	500 - P	
Open Earth- Reversed Mains	24.4 uA	500 - P	