

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.	PWO366461	Schedule Month	July 2018
Work Order Date	01/07/2018	Completed Date	10/7/18
Clinic Name	Klinik Kesihatan Sungai Rengit	Clinic Code	JHR047
BE No.	JHPSPL231	Distict	KOTA TINGGI
BE Category	Spirometers, Low	WO Assigned to	KTG BME1
Ownership	<input 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 type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date

NA

BE Third Party Calibration / Statutory Certification Details

Company Name	NA	Cal / Cert Date	NA
Contact Number	NA	Cal / Cert Expiry Date	NA

Action Taken

☒ PM / RI job done as per checklist. Unit tested functioning good & ready to use.

Manufacturer: -

☐ Corrective Maintenance / ☐ Breakdown

Model: Micropeak

BE Sticker Availability: ☐ Yes / ☐ NA

Serial No: NA

Remarks:

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
NA	Shafwan	10/7/18	1230	1300

Customer Remarks

NA

Engineer / Technician Signature

Name

Date

NA

NOORSHALWANA BINTI LATIP
Biomedical Engineer
Quantum Medical Solutions Sdn. Bhd.
10/7/18 012-3962428

Customer Signature

Name

Designation

Date

Seal

NORHASMAN BINTI BAHRUN
Jururawat Kesihatan U29
KK Sungai Rengit

10/7/18

For Internal Use

MUHD RAMADHAN B. TAMAR JAYA
Biomedical Engineer
Technical Service Department
Quantum Medical Solutions Sdn. Bhd.
Tel: +60 12-396 1697

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Spirometers, Low
BE CODE: ME-020

CHECKLIST NO: CL-145-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ Pw0366461 ASSET NO ▶ JHSPPL231
MANUFACTURER ▶ - MODEL ▶ Micropeak
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

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Fittings/ Connectors - check all fittings/connectors	(/)	()	()
2 Controls/Switches - verify proper operation of controls	(/)	()	()
3 Indicators/ Displays - verify proper operation	(/)	()	()
4 Label	(/)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA
1 Clean/Inspect the Exterior & Interior	(/)	()	()
2 Adjust/ align mechanical components	(/)	()	()

Notes:

- * For all Parts, NA is defined as NOT APPLICABLE
- ** If you have ticked 'NOT DONE', then justify in Part 8
- *** Choose Whichever Applicable

