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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.	PWO365609	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	28/6/2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHR002005	Distict	BATU PAHAT
BE Category	Centrifuges, Tabletop Serofuge	WO Assigned to	Farhan
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	MA	Cal / Cert Date	MA
Contact Number		Cal / Cert Expiry Date	

Action Taken

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

☐ Corrective Maintenance / ☐ Breakdown

BE Sticker Availability: ☒ Yes / ☐ NA

Remarks:

Manufacturer: Hettich

Modal: EBA20

Serial No: 0073262

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	Farhan	28/6/18	1100	1200

Customer Remarks

NA.


Engineer / Technician Signature	Customer Signature
Name: MOHD NAJIB FARHAN B. ISMAIL	Name: STEFAN MARJANI
Date: 28/6/18	Designation: Supervisor
	Date: 28/6/18
	Seal: [Seal]



For Internal Use

First Verification
QMS Circle Incharge

PAZILA BINTI MISKAN
BIOMEDICAL ENGINEER

Final Verification
QMS State Incharge

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Centrifuge Tabletop, Serofuge <small>BE CODE : ME-014</small>	CHECKLIST NO: CL-038 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ <u>Rwo 365609</u>		ASSET NO ▶ <u>JHR 002005</u>		
MANUFACTURER ▶ <u>Hettich</u>		MODEL ▶ <u>EBA20</u>		
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)		PPM HOURS ▶ <u>1 hour</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 goni Time 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				
<i>Tick (✓) where appropriate</i>				
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
	<u>TEESA0574</u>	ELECTRICAL SAFETY ANALYZER	<u>32269106</u>	<u>9/10/18</u>
	<u>TEESA 0106</u>	TACHOMETER	<u>H-310 425</u>	<u>10/10/18</u>
	<u>NA</u>	STOP WATCH	<u>NA</u>	<u>NA</u>
PART 4 QUALITATIVE TASKS				
<i>Tick (✓) where appropriate</i>				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	(<input checked="" type="checkbox"/>)	()	()	6 Motor - verify physical Integrity
2 Power Cord - verify proper insulation and integrity	(<input checked="" type="checkbox"/>)	()	()	7 Door hinges - verify physical Integrity
3 Strain Relief - verify physical integrity at both ends of line cord	(<input checked="" type="checkbox"/>)	()	()	8 Check labels -
4 Fittings/ Connectors - check all fittings/connectors	(<input checked="" type="checkbox"/>)	()	()	
5 Controls/Switches - verify proper operation of controls	(<input checked="" type="checkbox"/>)	()	()	
6 Indicators/ Displays - verify proper illumination and operation	(<input checked="" type="checkbox"/>)	()	()	
PART 5 PREVENTIVE MAINTENANCE TASKS				
<i>Tick (✓) where appropriate</i>				
	DONE	NOT DONE **	NA	
1 Clean exterior and interior of the equipment	(<input checked="" type="checkbox"/>)	()	()	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 bearings	(<input checked="" type="checkbox"/>)	()	()	
3 Check motor alignment	(<input checked="" type="checkbox"/>)	()	()	

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WORK ORDER NO ▶ <u>PW0 365609</u>								
PART 6 QUANTITATIVE TASKS								
<small>Tick (✓) where appropriate</small>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Speed	<u>rpm</u>	<u>3500</u>	<u>3499</u>	<u>±5%</u>	(✓)	()	()
						()	()	()
						()	()	()
	Time	<u>min</u>	<u>5</u>	<u>5</u>	<u>±0</u>	(✓)	()	()
						()	()	()
						()	()	()
						()	()	()
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 checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NA </div>								
PART 8 NOTES								
<small>Lubricate the moving parts of the door hinges and motor with thin silicone grease.</small>								
<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 ▶ _____ </div> <div> NEXT PPM DATE ▶ <u>Jun 19</u> </div> </div>								
<small>PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.</small> COMPLETED BY: <div style="text-align: center; margin-top: 10px;">  <u>28/6/18</u> </div>								
DATE :								

Test Setup

Operator ID :
 Calibration Tech : DINA
 Calibration Date : 9/10/2017
 Firmware Version : 2.08.01
 Serial Number : 3226906
 Date & Time : 06/28/2018 & 11:38am
 JOB Name :

DUT Information

Equipment Number : JHR002005
 Serial Number : 0073262
 Manufacturer : HETTICH
 Model : EBA20
 Location : KK PESTA
 Other :

Template Information

Template Name : JHR002005
 Pause after Power ON: NO
 Power ON delay: 2
 Test Speed: NORMAL
 Halt on Test Failure: YES
 Include Time: YES
 Insulation Resistance \ 500V
 Multi Enclosure Test : NO

Standard : IEC60601-1-2nd Ed
 Pause before Power O NO
 Power OFF delay: 0
 Test Mode: AUTO
 Multi PE Test: NO
 Multi Resstore: WORST/LAST
 Reverse Polarity: YES
 Classification: II

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Insulation Resistance				P
Mains to Non-Earth Accessible Conductive Par	999 MOhn -	-		P
Mains Voltage				P
Live to Neutral	237.1 V -	-		P
Equipment Current	0.0 A -	-		P
Enclosure Leakage Current				P
Normal Condition	0.5 uA-OPI	100 -		P
Open Neutral	0.6 uA-OPI	500 -		P
Open Neutral- Reversed Mains	0.6 uA-OPI	500 -		P
Normal Condition- Reversed Mains	0.5 uA-OPI	100 -		P
Earth Leakage Current				P
Open Neutral	28.6 uA-OI	1000 -		P



Signature

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BIOMEDICAL ENGINEER
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QUANTUM MEDICAL SOLUTIONS SDN. BHD.

