Form B03 Scheduled Maintenance Work Order



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

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Work Order No.	PWC	365746	Sche	dule Month	June 2018	
Work Order Date	01/06	5/2018	Com	pleted Date	10-06-3	2018
Clinic Name	Klinik	Kesihatan Pesta / Kampung Ken	Clinic	c Code	JHR015	
BE No.	JHRO	02013	Distic	ot	BATU PAHAT	
BE Category	Scale	es, Patient, Platform, Mechanic	WOA	Assigned to	MUHD SHA	IZRUL.
Ownership	✓	Existing Equipment		Purchase	New	
BE Condition	V	Active		BER Proposed		
Work Order Type	✓	Preventive Maintenance (PM)		Third Party Calibration (TPC)		
Work Order Type		Routine Inspection (RI)		Statutory Certificat	ion (SC)	
Reschedule Date						
BE Third Party Ca	libration / Stat	utory Certification Details				
Company Name		ND	Cal /	Cert Date	N	
Contact Number	نے ا	140	Cal /	Cert Expiry Date	10	
Action Taken						
PM/R	l job done as per	checklist. Unit tested functioning go	od & re	ady to use.	Manufacturer:	
Correct	tive Maintenance	e / Breakdown			Modal:	
BE Stic	cker Availability :	Yes / NA			Serial No :	
BE Stic		Yes / NA			Serial No :	
Remark	ks:				Serial No :	
Remark	ks:				Serial No :	
Remark	ks: ance Executio			Date	Start Time	End Time
Remark	ks: ance Executio	n Details		Date 10 - 06 - 2018		End Time
Remark	ks: ance Executio	n Details S Engineer / Technician Name			Start Time	
Remark	ks: ance Executio	n Details S Engineer / Technician Name			Start Time	
Remark	ks: ance Executio	n Details S Engineer / Technician Name			Start Time	
Remark	ks: ance Executio	n Details S Engineer / Technician Name			Start Time	
Schedule Mainten	ks: nance Executio QM MUHD	n Details S Engineer / Technician Name			Start Time	
Schedule Mainten SI No Customer Remarks	A MUHD	n Details S Engineer / Technician Name	Custor	10 - 06 - 2018	Start Time	
Schedule Mainten SI No Customer Remarks Engineer / Technicia	A MUHD	n Details S Engineer / Technician Name SHADRUL			Start Time	
Schedule Mainten SI No Customer Remarks	A MUHD	n Details S Engineer / Technician Name SHADRUL	Name	ner Signature	Start Time 14:20	
Schedule Mainten SI No Customer Remarks Engineer / Technicia Name Date	ance Execution QM MUHD In Signature	n Details S Engineer / Technician Name SHADRUL		ner Signature	Start Time 14:20	
Schedule Mainten SI No Customer Remarks Engineer / Technicia Name Date	MYHD MYHD INTUMMEDIC	n Details S Engineer / Technician Name SHADRUL 10 06 2018 AL SOLUTION	Name Design	ner Signature Nur Hazirah (No. Pendatt	Start Time 14:30 Necey Abdullah iran Penuh: 54451) rewat U29	
Schedule Mainten SI No Customer Remarks Engineer / Technicia Name Date	ance Execution QM MUHD In Signature	n Details S Engineer / Technician Name SHADRUL 10 06 2018 AL SOLUTION	Name Design Date	ner Signature Nur Hazirah (No. Pendatt	Start Time 14:20 Necey Abdullah Iran Penuh: 54451)	
Schedule Mainten SI No Customer Remarks Engineer / Technicia Name Date	MYHD ANTHMATEDIC	n Details S Engineer / Technician Name SHADRUL 10 06 2018 AL SOLUTION	Name Design Date	ner Signature Nur Hazirah (No. Pendatt	Start Time 14:30 Necey Abdullah iran Penuh: 54451) rewat U29	

First Verification QMS Circle Incharge

RAZILA MISKAN

Biomedical Engineer (Circle In-Charge)

Quantum Medical Solutions Sdn. Bhd.

Final Verification QMS State Incharge

Maria Alleria Maria Alleria Maria Alleria



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Scales, Patient, Platform, Mechanical BE CODE: 18-457

form, Mechanical

CHECKLIST NO:CL-133-000 REV.000

PART 1 ASSET DETAILS			
WORK ORDER NO ▶ PWO	365746	BE NO	► JHR 002013.
MANUFACTURER ► Sec	3	MODEL	NA .
FREQUENCY ► 12 MON	NTHLY (√)	PPM HOUR	RS ► 0.50
PART 2 SPECIAL PRECAUTION			
If there is evidence of body fluid contain	mination, submit the device for cleaning and	decontamination before inspecting it.	
Wear appropriate Personnel Protection	n Equipment (PPE) during work.		
Wear grounded electrostatic wristband	d when handling PCB or electronic compone	ents.	
Refer to the safety procedure for additi	ional precautions and guidance as per manu	ıfacturer guidelines.	
Make sure the test equipment used are	e duly calibrated.		
PART 3 TEST APPARATUS			
Tick ($\sqrt{\ }$) where appropriate			
NO ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1 NSB-127277.	WEIGHTS	NA	3/12/2018
PART 4 QUALITATIVE TASKS			
 Tick (√) where appropriate Chassis - Verify physical integrity cleanliness and condition. Mount/Fasteners - Verify physical Fittings/Connectors - Check all fittings/connectors. Indicators - Verify operation. Platfrom - Verify physical integrity 	() () () () () () () () () () ()		
PART 5 PREVENTIVE MAINTENAN	NCE TASKS		
Tick ($$) where appropriate			
Clean the Exterior/Interior. Adjust/alian machanical company.	(/)()()	* For all Parts, NA is defined as NC ** If you have ticked 'NOT DONE', t *** Choose Whichever Applicable	
2 Adjust/align mechanical compone	ents. (/) () ()		



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CHECKLIST NO:CL-133-000 REV.000

0		D	intion		Units /	Set Values	Measured	Limit/Tolerance	DACC	FAIL NA
		Descr	ription		UOM		Values			W42000000000000000000000000000000000000
1	Weight				Kg	5	5.5	4.5 - 5.5		()()
						10	10.7	9.5 - 10.5	4	()()
						20	20.1	19.5 - 20.5	1/1	()()
							12			
NDT 7	EL POTDICAL S	ACETY TEST								
	ELECTRICAL S		-N							
	where appropri	EST, (attach repor	1)							
	Standard use :	are				Result :				
	Γ	IEC 60601	IEC 61010	IEC 623	53		PASS	FAIL	NA	
									المراحل	
ART 8	NOTES									
ART 8	NOTES					Au				
ART 8	NOTES					NA				
ART 8	NOTES					NA				
PART 8	NOTES					NA				
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		CORRECTIVE	E MAINTENANCE	≣ REQUIRED			FUNCTIONIN	NG		IING