



Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd

transcending boundaries, transforming life

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

Work Order No	PWO 409253	Scheduled Month	January 2019
Work Order Date	01/01/2019	Completed Date	10/1/19
Clinic Name	KD. Matang Jelutong	Clinic Code	PRK 185
BE No	PRK007586	District	Kerian
BE Category	Analyser, Laboratory, Blood, Hemoglobin	WO Assigned to	Panin
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> MEET Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM) <input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	NA
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BE Third Party Calibration / Statutory Certification Details

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

Action Taken

ppm done as per checklist

Unit not use in storage.

Manufacturer : Hemocue

Model : Hb201+

S/N : 0736 013201

Purchase Date : 2009

Kewpa No: KKM/JKN/PRK/KD/08-04-31/11/19/2

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1.	Panin	10/1/19	1500	1600

Customer Remarks

NA

Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Seal
 MUHAMMAD RAZIN BIN MOHAMAD PANIN QUANTUM MEDICAL SOLUTIONS Sdn Bhd 10/1/19	 SHAMLIYA BT MAT YAACOB JURURAWAT MASYARAKAT 10/1/19

For Internal Use only

 First Verification
 QMS Circle Incharge

 Final Verification
 QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Analyzers, Laboratory, Blood, Hemoglobin
BE CODE : ME-005

CHECKLIST NO: CL-005-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 409253 BE NO ▶ BPK 007586
MANUFACTURER ▶ Hemocue MODEL ▶ Hb 201+
FREQUENCY ▶ 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
1	NA	ELECTRICAL SAFETY ANALYZER	NA	NA

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8 Pump - Verify Physical Integrity	()	()	(✓)
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	9 Optical Filter Assembly - Verify Physical Integrity	(✓)	()	()
3 AC Plug Power Card - verify Physical Integrity and Proper Insulation	(✓)	()	()	10 Self Diagnostic Test - Verify Operation / Test results	(✓)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	11 Light Source - Verify Physical Integrity	(✓)	()	()
5 Fittings/ Connectors - check all fittings/connectors for Physical Integrity	(✓)	()	()	12 User Calibration - Verify Proper Operation	(✓)	()	()
6 Controls/Switches - verify proper operation of controls	(✓)	()	()				
7 Indicators/Displays Verify Proper Operation	(✓)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Clean the Exterior	(✓)	()	()	5 Clean Sample Inlet probe	()	()	(✓)
2 Clean the Interior	()	()	(✓)	6 Clean Flow Cell	()	()	(✓)
3 Lubricate Moving Parts as recommended	()	()	(✓)	7 Check /Align Optical Components	()	()	(✓)
4 Inspect /Replace tubings as necessary	()	()	(✓)				

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

DATE :

10/11/19

MUHAMMAD RAZWAN
QUANTUM MEDICAL SOLUTIONS Sdn Bhd

COMPLETED BY:

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

NEXT PPM DATE ▶ Jan 20

WORK ORDER NO ▶ NA

☐ NOT FUNCTIONING

☒ FUNCTIONING

☐ CORRECTIVE MAINTENANCE REQUIRED

* Est not required due to adapter and battery usage.
* QC test not perform due to not QC reagent used.

PART 8 NOTES

☒ NA

☐ FAIL

☐ PASS

☐ IEC 62353

☐ IEC 61010

☐ IEC 60601

Result :

Standard use :
Tick (✓) where appropriate

ELECTRICAL SAFETY TEST. (attach report)

PART 7 ELECTRICAL SAFETY TEST

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Blank Check	g/dL	0	0		<input checked="" type="checkbox"/>		
	QC Test	g/dL		-				<input checked="" type="checkbox"/>

Tick (✓) where appropriate

PART 6 QUANTITATIVE TASKS

WORK ORDER NO ▶ PWO 409253

KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Analyzers, Laboratory, Blood, Hemoglobin
BE CODE : ME-005

CHECKLIST NO: CL-005-000 REV.000