

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.	PWO372071	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	29/3/18
Clinic Name	Klinik Pergigian Sekolah Kebangsaan	Clinic Code	WPL002
BE No.	WPL000080	Distict	LABUAN
BE Category	Lights, Dental, Intraoral	WO Assigned to	Ashmawi
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		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA

Action Taken

↳ Check chassis, fittings, fan, halogen bulb and bulb.
 ↳ Clean exterior and interior ~~the~~ perform test.
 ↳ Unit perform well, (FUNCTIONING GOOD)

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		29/3/18	3.30pm	4.00pm
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231			

Customer Remarks

Engineer / Technician Signature Name Date MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 29/3/18	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 25/4/18	
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For Internal Use


First Verification
QMS Circle Incharge

JULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DICKY LEE
QMS STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions Sdn Bhd <small>Preserving lives, boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Lights, Dental, Intraoral BE CODE : 12-352	CHECKLIST NO: CL-093 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ <u>PWS 372081</u> MANUFACTURER ▶ <u>N12</u> FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)	ASSET NO ▶ <u>WPL000 080</u> MODEL ▶ <u>N12</u> PPM HOURS ▶ <u>0.50</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 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							
<i>Tick (✓) where appropriate</i>							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
1	<u>TEESA0085</u>	ELECTRICAL SAFETY ANALYZER	<u>3227039</u>	<u>10/1/2019</u>			
2	<u>NA</u>	STOP WATCH	<u>NA</u>	<u>NA</u>			
PART 4 QUALITATIVE TASKS							
<i>Tick (✓) where appropriate</i>							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(<input checked="" type="checkbox"/>)	()	()	9 Controls/Switches - verify proper operation of controls	(<input checked="" type="checkbox"/>)	()	()
2 Mount/ Fasteners - verify physical integrity	(<input checked="" type="checkbox"/>)	()	()	10 Indicators/ Displays - verify proper illumination and operation	(<input checked="" type="checkbox"/>)	()	()
3 Casters/Brakes - if mounted, verify physical integrity	(<input checked="" type="checkbox"/>)	()	()	11 Alarms/ Interlocks - check all alarms available	()	()	(<input checked="" type="checkbox"/>)
4 AC Plug - verify integrity	(<input checked="" type="checkbox"/>)	()	()	12 Power ON Self Test	(<input checked="" type="checkbox"/>)	()	()
5 Power Cord - verify proper insulation and integrity	(<input checked="" type="checkbox"/>)	()	()	13 Label - verify physical integrity	(<input checked="" type="checkbox"/>)	()	()
6 Strain Relief - verify physical integrity at both ends of line cord	(<input checked="" type="checkbox"/>)	()	()	14 Timer - verify operation	(<input checked="" type="checkbox"/>)	()	()
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(<input checked="" type="checkbox"/>)	()	()	15 Light intensity - verify operation	()	()	(<input checked="" type="checkbox"/>)
8 Fittings/ Connectors - check all fittings/connectors	(<input checked="" type="checkbox"/>)	()	()				
PART 5 PREVENTIVE MAINTENANCE TASKS							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE**	NA	Notes:			
1 Inspect , Clean Interior and Exterior	(<input checked="" type="checkbox"/>)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Bulb/ Battery - check/ <u>replace</u> ***	(<input checked="" type="checkbox"/>)	()	()				

 Quantum Medical Solutions sdn bhd <small>Transforming lives, one patient at a time</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Lights, Dental, Intraoral BE CODE : 12-352	CHECKLIST NO: CL-093 REV.000						
WORK ORDER NO ▶ _____								
PART 6 QUANTITATIVE TASKS								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Timer Accuracy	sec	10	10	10%	(✓)	()	()
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								
Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :								
<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 ▶ <u>NA</u> </div> <div> NEXT PPM DATE ▶ <u>28/3/19</u> </div> </div>								
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <div style="text-align: center;"> MOHD. ASHAWI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2334231 </div> <div style="margin-top: 10px;"> DATE: <u>29/3/18</u> </div>								

Fluke Biomedical

Date 29/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 8227038
Date & Time 29/03/2018 & 15:40
JOB Name

DUT Information

Equipment Number WPL 000080
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name LIGHT, INTRAORAL
Pause after Power ON NO
Power ON delay 2
Test Speed RAPID
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage 250V
Multi Enclosure Test NO

Standard IEC62353-Differential
Pause before Power OFF 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
Mains Voltage				P
Live to Neutral	240.3 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	20 uA	100	-	P
Normal Condition-Reversed mains	35 uA	100	-	P

Signature

MOHD. ASHMAWI B MOHD NISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2534231