PPM 2018

13

2,200	BE Number	BE Category	Manufacturer	Model	Clinic Code	Clinic Name	Clinic	Slate	District		9M	Test Equipment	PPM	Nov-18	PPM Completion Date PPM Completion Time	Rema	rk	Assign to
NO.	BE MUMDUR				PERSONAL PROPERTY OF	A. 1743 A. 1744 A. 174								but to take a bungley		Description		SMNBME3 Danson Muda
1	SWNBIB028	Bilirubihometers Lab		<u> </u>	6WK140	Klinik Kesiheten Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCB		Esa	2	Α.		<u> </u>		SWINDINGS Dallisui Nicua
2	SWNELM023	Electropardiographe, Multichannel	Edan	SE-301	SWK140	Klinik Kesihatan Bunan Gege	KESIHATAN	BARAWAK	SERIAN	EMC6	PM	Esa Pallent Simulator	1	X				SMNBME3 Depart Muda
3	SWNELM024	Electrocardiographs, Multichannel	Eden	SE-301	SWK140	Klinik Kesihatan Buran Gaga	KESIHATAN	SARAWAK	SERIAN	EMCB	PM	Esa Petient Simulator	1	X		1		SMNBME3 Danson Muda
4	SWPFED127	Fetal Heart Detectors, Ultresonio			SWK140	Klinik Kesihatan Bunan Gege	KESIHATAN	SARAWAK	SERIAN	EMC6	PM		1	X	18/118	1		SMNBME3 Dapson Muda
5	SWPFED128	Fetal Heart Detectors, Utrasonic			SWK140	Klinik Kesihatan Bunan Gaga	KESIHATAN	SARAWAK	SERIAN	EMG6	PM		1	Х		4 prim		SMNBME3 Danson Much
6		FREEZERS, LABORATORY VACCINE, GAS	Dometic, Luxembarg	RCW50EG	SWK140	Kijnik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCe	PM		1	Х		<u> </u>		SWNBME3 Deneon Wuda
7	SWNSCN008	Scanning Systems, Ultrasenio, General Purpose (Med)	Samsung Malaysia Electron	Medison SonoAco R3	SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC6	PM	Esa,Us Phontom	2	X		Duly	<i>د</i> ،	SMNSME3 Danson Muda
8	SWPREY097	Resuscitators, Pulmonery, Manuel			SWK140	Klinik Kosihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC6	РМ		1	Х				SMNBME3 Daneon Muda
9	SWK009707	Storilizing Units, Steam, Tablotop	STURDY	SA-232X	SWK140	Klinik Kesihalan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC6	PM+ SC	Esa	2	Х				SMNBME3 Danson Muda
1D	swpTHs078	Thermomotors, Electronic, Infrared, Skin			SWK140	Kiinik Kosihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC8	Ri		1	X				SWNBMES Danson Mude
11	SWFVXK404	VIEW BOXES, X-RAY (KK)			5WK140	Klinik Kesihoten Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC6	RI		1	X				SMNBME3 Denson Muda
12	SWPVXK405	VIEW BOXES, X-RAY (KK)	T		SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC6	RI		1	Х	J			SMNBME3 Dagson Muda
13		VIEW BOXES, X-RAY (KK)			SWK14D	Klinik Kosihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC6	RI		1	X		1		9MNB¥E3 Danson Muda

*Please make a copy after acknowledgement.

Acknowledge By: Designation: Signature; Date:

Trime and the confidence and the				
			:	
	4			13 18
,e				

Scheduled Maintenance Notification Form

District: | serian PKB/PPB:

State: SARAWAK

Quantum Nedical transcending households. ikal Solutions des. removerning life

Quantum Medical Solutions

Format Ref.-QMS/TSD-004 Rev.00

SARAWAK

State: Zone:

From:

Schedule Maintenance

Dear Sir/ Madam,

Clinic Name: Attached list of equipment scheduled for : PPM

Klinik Kesihatan Bunan Gega

Month: Nov-18

Clinic Code: SWK140

NO	BE Number	BE Category	Schedule Maintenance Type
1	SWNBIB026	Bilirubinometers Lab	Mdd
2	SWNELM023	Electrocardiographs, Multichannel	Mdd
ω	SWNELM024	Electrocardiographs, Multichannel	PPM
4	SWPFED127	Fetal Heart Detectors, Ultrasonic	Mdd
5	SWPFED128	Fetal Heart Detectors, Ultrasonic	PPM
6	SWNFRV143	FREEZERS, LABORATORY VACCINE, GAS	PPM
7	SWNSCN009	Scanning Systems, Ultrasonic, General Purpose (Med)	PPM
8	SWPREY097	Resuscitators, Pulmonary, Manual	Mdd
9	SWK009707	Sterilizing Units, Steam, Tabletop	Mdd
10	SWPTHS078	Thermometers, Electronic, Infrared, Skin	PPM
11	SWPVXK404	VIEW BOXES, X-RAY (KK)	PPM
12	SWPVXK405	VIEW BOXES, X-RAY (KK)	PPM
13	SWPVXK406	VIEW BOXES, X-RAY (KK)	Mdd
14			Mdd
15			Mdd
16			Mdd
17			Mdd
18			Mdd
19			Mdd

Thank You,

QMS State In-charge Signature: QUINTUS NG STATE MANAGER Quantum Medical Solutions Sarawak Date Name Signature Acknowledged by - PRB/PPB UKL AUMALD WALKEN BEN MICHED WOOR WALK NOT: 73891

Legend

Date Name

Certification; BE - Biomedical Equipment. PM - Preventive Maintenance; Ri - Routine Inspection: TPC - Third Party Calibration; SC - Statutory



Scheduled Maintenance Work Order



Thantum Hedical Solutions sale had sentention Hedical Solutions sale had sententing file format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO346769	Sche	Schedule Month	November 2018	
Work Order Date	01/11/2018	Com	Completed Date	810/11/2018	مة
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic	Clinic Code	SWK140	
BE No.	SWPVXK405	Distict	21	SERIAN	
BE Category	View Boxes, X-Ray (Kk)	40W	WO Assigned to	Danson	
Ownership	Existing Equipment	<	Purchase	New	
BE Condition	Active		BER Proposed		
Work Order Turn	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
work Creditype	Routine Inspection (RI)		Statutory Certification	on (SC)	:
Reschedule Date		:			
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal/	Cal / Cert Date		
Contact Number	Nn Nn	Cal/	Cal / Cert Expiry Date	Nn.	\
Action Taken					
- to do p	ppm perhetist ortened				
do mo	-				
-tub ok					
Schedule Maintenance Execution Details	xecution Details				
SINo	QMS Engineer / Technician Name		Dațe	Start Time	End Time
Sup 247	DANSON ANAK MUDA Quantum biomemical engineering Kuching sarawak		9301/11/80	08:30	02.00
Customer Remarks					
Engineer / Technician Signature	ature	Custor Name	Customer Signature		
Date DANSON ANAK MUDA QUANTUM BIOMENIAL ENGINEERING KUCHING SARAWAY	LI ENGINEERING D8 11 200	Desig Date	Designation ALAMAD WAYER BIN WOUR NOOR Date NK WILL SUST NEGA Seal	AND NOOR NO	

For Internal Use

First Verification

QMS Circle Incharge





MEET Planned Preventive Maintenance Checklist
View Box ,X Ray

CHECKLIST NO: CL-167-000 REV.000

MANUFACTURER WORK ORDER NO PART 1 ASSET DETAILS ₹ ++1750md-Changha Judu redunatory

ASSET NO - Supuxk Hos 11900日

PPM HOURS Ψ

0.5 hours

FREQUENCY

6 MONTHLY ()

If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it

12 MONTHLY (v

PART 2 SPECIAL PRECAUTION

Wear appropriate Personnel Protection Equipment (PPE) during work.

Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines

Wear grounded electrostatic wristband when handling PCB or electronic components

Make sure the test equipment used are duly calibrated

PART 3 TEST APPARATUS

ick ($\sqrt{}$) where appropriate 8 1350 VIPI ASSET NO LUX-METER ELECTRICAL SAFETY ANALYZER DESCRIPTION 3146916 SERIAL NO 4 CALIBRATION DUE ON ġ ころ

Tick ($\sqrt{}$) where appropriate PART 5 PREVENTIVE MAINTENANCE TASKS N σ G 4 ÇJ Tick (V) where appropriate N PART 4 QUALITATIVE TASKS Lamp - Check/Replace*** Inspect, Clean Interior and Exterior Label - verify physical integrity Controls/Switches - verify proper operation of controls Fittings/ Connectors - check all fittings/connectors Power Cord - verify proper insulation and AC Plug - verify integrity Mount/ Fasteners - verify physical integrity Chassis - verify physical integrity, cleanliness and condition ~ DONE $\widehat{\mathbf{c}}$ PASS \ < 2 <u>`</u> ~ DONE * FAIL K Š Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable



KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist

CHECKLIST NO: CL-167-000 REV.000

		View	View Box ,X Ray	iay Ye			
WORK ORDER NO .	194748amy	į					
PART 6 OUANTITATIVE TASKS Tick (\forall) where appropriate		100					
No	Description	Units /	Set Values	Measured Values	Limit/Tolerance	PASS F	FAIL NA
1 Light Intensity		Lux			≥7000 kux		
PARIT ELECTRICAL SAFETY TEST (SHOCK COOK)							
Tick (v) where appropriate Standard use:	(autawi i epot ()		Result:				
		ω		PASS	FAIL	NA	
-141 ok						42	
WORK ORDER NO ▼	CORRECTIVE MAINTENANCE REQUIRED PWW 146767			FUNCTIONING		NOT FUNCTIONING NEXT PPM DATE	110011
PPM has been performed in accords COMPLETED BY: DANSON ANAK A QUANTIM BIOMENI KUCHNIS SARAWAK	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: DANSON ANAK MUDA QUANTUM BIOMENICAL ENGINEERING KUCHNIS SARAWAK	functionii	ng to the i	ntended purpos	3 0 .		
DATE: 08/11/18						i	

Scheduled Maintenance Work Order Form B03



Quantum Nedical Solutions standad from the Section of the Section

Work Order No.	PWC346910	Sch	Schedule Month	†20	
Work Order Date	01/11/2018	Cor	Completed Date	8/11/20	8106
Clinic Name	Klinik Kesihatan Bunan Gega	Clin	Clinic Code	SWK140 '	
BE No.	SWPVXK404	Distict	ict	SERIAN	
BE Category	View Boxes, X-Ray (Kk)	WO	WO Assigned to	Danson	
Ownership	Existing Equipment		Purchase	New	
BE Condition	Active		BER Proposed		
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	j
, , , , , , , , , , , , , , , , , , ,	Routine Inspection (RI)		Statutory Certification	ion (SC)	
Reschedule Date					
BE Third Party Calibratio	Third Party Calibration / Statutory Certification Details				
Company Name		Cal	Cal / Cert Date	-	
Contact Number		Cal	Cal / Cert Expiry Date		
Action Taken	->-			a	
7 to do p	pm pechetist attend				
-tula oc	-tula or				
Schedule Maintenance E	Execution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
X67058D	DANSON ANAK MUDA QUANTUM BIOMENICAL ENSINEERING		310/11/80	04:00	62:40
	RUCTING SHRANKAN				
Customer Remarks					
Engineer / Technician Signature Name DANSON ANAK MUDA Date QUANTUM BIOMENUM FIREMETERS.		Custor Name	Customer Signature Name		
A PARTANCE COMMENTAL COMME	1/11/25/1	Date Seal	Date NKS WAN GEGA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

For Internal Use

QMS Circle Incharge First Verification

QMS State Incharge Final Verification

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MEET Planned Preventive Maintenance Checklist

View Box ,X Ray

BE CODE :14.498

CHECKLIST NO: CL-167-000 REV.000

PART I ASSET DETAILS			
WORK ORDER NO PLOSTE PLATO	[A[D	ASSET NO	-SWANKE 104
MANUFACTURER - Change	- changely stade tulionings	MODEL ►J	10-016工
FREQUENCY > 6	6 MONTHLY () 12 MONTHLY (v)	PPM HOURS ▼ 0.	0.5 hours
PART 2 SPECIAL PRECAUTION			
If there is evidence of body fluid contamination, submit the device for c	seaning	on before inspecting it.	The state of the s
Wear grounded electrostatic wristband	Wear grounded electrostatic wristband when handling PCB or electronic components.		
Refer to the safety procedure for addition	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines	nes.	
Make sure the test equipment used are duly calibrated.	duly calibrated.		
PARITS ITEST APPARATUS			
Tick ($\sqrt{\ }$) where appropriate		And the second section of the section of	
NO ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
TESSA 0182	ELECTRICAL SAFETY ANALYZER	X1 12742 E	6008.3019
	LUX-METER		
PART 4 QUALITATIVE TASKS			
Tick ($$) where appropriate	PASS FAIL NA		
Chassis - verify physical integrity, cleanliness and condition			
2 Mount/Fasteners - verify physical integrity (🗸) (ntegrity (🗸) (· ·) (· ·)		
3 AC Plug - verify integrity			
4 Power Cord - verify proper insulation and integrity	rand (🗸) () ()		
5 Fittings/ Connectors - check all fittings/connectors	() ()		
6 Controls/Switches - verify proper operation (${m v}$ of controls	eration (V) () ()		
7 Label - verify physical integrity			
PART 5 PREVENTIVE MAINTENANCE TASKS	ASKS		
	DONE DONE NA Notes:		
1 Inspect, Clean Interior and Exterior	() () () * For all F	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable	ABLE in Part 8
2 Lamp - Check/Replace***	() () ()		



KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist

CHECKLIST NO: CL-167-000 REV.000

		NE COL	View Box ,X Ray	Ψ.			
WORK ORDER NO ▶	0169H2am						
PART 6 OBJANTITATIVE TASKS Tick (\forall) where appropriate							
No	Description	Units /	Set Values	Measured Values	Limit/Tolerance	PASS 1	FAIL NA
1 Light Intensity		Lux	69.49	69.64	≥7000 lux		
ELECTRICAL SAFETY TEST, (attach report)	(attach report)						
Tick (\(\forall \) where appropriate Standard use:		מֿב	Result:				
$ \bar{Z} $	010 IEC 623			PASS	FAIL	NA	
, \$\$	ok.						
CC WORK ORDER NO ►_	CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONING		NOT FUNCTIONING NEXT PPM DATE	11/2019
PPM has been performed in according to the completed by: COMPLETED BY: DANSON ANA QUANTUM BIOME KUCHING SARAMA DATE: ON 11 (1)	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: DANSON ANAK MUDA QUANTUM BIOMERINAL ENGINEERING KUCHING SARAMAL DATE: DATE:	functioning	to the in	tended purpos	56.		

Scheduled Maintenance Work Order



Quantum Medical Solutions solubid Ordensembry besenbertes, bransderndes, life

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

Work Order No.	PWO346559	Schec	Schedule Month	November 2018	i
Work Order Date	01/11/2018	Comp	Completed Date	810/11/80	210
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	Code	SWK140	
BE No.	SWPREY097	Distict		SERIAN	
BE Category	Resuscitators, Pulmonary, Manual	WO As	WO Assigned to	Danson	:
Ownership	Existing Equipment		Purchase	New	144
BE Condition	Active		BER Proposed	:	-
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
	Routine Inspection (RI)		Statutory Certification	ion (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal/C	Cal / Cert Date		\
Contact Number	S	cal/c	Cal / Cert Expiry Date	NN /	\
Action Taken					į
1	to do for pucheck	heekhist	ettend,		
Schedule Maintenance Execution Details	ecution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
DAN CHOCK TO SAN DAN CHOCK TO SAN CHOCK TO S	DANSON ANAK MUDA UDANTUM BIOMENICAL ENGINEERING KUCHING SARAWAK		8106/11/30	04:30	10:00
Customer Remarks		7-1			
Engineer / Technician Signature		Custon	Customer Signature		
Date DANSON ANAKMUDA OUANTUM BIOMENIO ENG	DANSON ANAKANUDA QUANTUM BIOMBULU ENSINEERING	Name Design Date	Name Designation NAME TO THE TRANSPORT	PER MOND NOOR D: 73391 N GEGA	
KUCHING SARAWAK		Seal	-S		

For Internal Use

First Verification

QMS Circle Incharge

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			.



MEET Planned Preventive Maintenance Checklist Resucitators, Pulmonary, Manual BE CODE: 13-367

CHECKLIST NO: CL-123-000 REV.000

FREQUENCY MANUFACTURER WORK ORDER NO PART / ASSET DETAILS -Amos4 6559 Headster medocal prod. Ca MODEL BE NO PPM HOURS ► 0.50 -SwPREY097

If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.

- HUSSIA-OU

6 MONTHLY ()

12 MONTHLY (

PART 2 SPECIAL PRECAUTION

Wear appropriate Personnel Protection Equipment (PPE) during work.

_					
We	ar grou	unded electrostatic wristband	Wear grounded electrostatic wristband when handling PCB or electronic components.		
Refe	er to th	ne safety procedure for additio	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.	elines.	
Mak	(e sure	Make sure the test equipment used are duly calibrated.	duly calibrated.		
전	RT3	PARTS TEST APPARATUS		· · · · · · · · · · · · · · · · · · ·	
Tick	(V) u	Tick (V) where appropriate			
	ő	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
	ļ				
S		PARI 4 QUALITATIVE TASKS			
Tick	(V) w	(Tick ($$) where appropriate	PASS FAII NA		
	Chass cleant	Chassis - verify physical integrity, cleanliness and condition			
N	Fitting	Fittings/ Connectors - check all fittings/connectors	() () ()		

i ick (v) where appropriate	PASS FAIL	FAIL NA	
Chassis - verify physical integrity, cleanliness and condition		S	
2 Fittings/ Connectors - check all fittings/connectors		<u>\$</u>	
3 Resuscitation Bag - Verify condition		<u>\$</u>	
4 Diaphragm/Valve - Verify condition		S • • • • • • • • • • • • • • • • • • •	
5 Ventilation mask - Verify condition		((((((((((
PART 55 PREVENTIVE MAI	PART 5 PREVENTIVE MAINTENANCE TACKS		

Tick ($\sqrt{}$) where appropriate

Clean exterior and interior of the equipment

DONE NOT DONE DONE

¥

Notes:

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



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Resuscitators, Pulmonary, Manual

BE CODE: 13-387

CHECKLIST NO: CL-123-000 REV.000

WORK ORDER NO	7,				-	
TIVE TASKS	7					
Tick (\checkmark) where appropriate						
No Description	Units /	Set Values	Measured Values	Limit/Tolerance	PASS FAIL	NA
PARTY ELECTRICAL SAFETY BEST						
ELECTRICAL SAFETY TEST, (attach report)						
Tick (N) where appropriate Standard use:		Result:				
☐ IEC 60601 ☐ IEC 61010 ☐ IEC 62353	CO.		PASS	FAIL	NA	
PART & NOTES						
- Test ok						
CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONING		NOT FUNCTIONING	
WORK ORDER NO > 1 WO 3 46554				7	NEXT PPM DATE ► _	3192/11
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: DANKEN ANALYMETS.	functionin	g to the in	tended purpos	Ö		
811180						

Scheduled Maintenance Work Order



Quantum Redical Solutions solubho Sansocualing bosesiarins translateing life

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

Work Order No.	PWO346860	Sche	Schedule Month	November 2018	
Work Order Date	01/11/2018	Com	Completed Date	2/11/2018	7
Clinic Name	Klinik Kesihatan Bunan Gega	Clini	Clinic Code		
BE No.	SWPFED128	Distict	ot	SERIAN	1
BE Category	Fetal Heart Detectors, Ultrasonic	WO,	WO Assigned to	Danson	
Ownership	Existing Equipment	K	Purchase	New	
BE Condition	Active		BER Proposed		
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
<u>-</u>	Routine Inspection (RI)		Statutory Certification (SC)	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal /	Cal / Cert Date		
Contact Number		Cal /	Cal / Cert Expiry Date		
Action Taken					
	- 70 do por perc	beck	excheckist attend		
	-pp~ done				
Schedule Maintenance Execution Details	ecution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
a trans	DANSON ANAK MUDA		814/11/80	09:00	65:60
× 5	KUCHING SARAWAK				
Customer Remarks					
Engineer / Technician Signature Name DANSON ANAK JUDA Date QUANTUM BIOMEMOJ ENSINEER KUCHING SARAWAK C	18 11 2018	Custor Name Desigr Date Seal	Customer Signature Name Designation ANALY (1994) KN BURN OFFA Seal	· 包以	
For Internal Use					

QMS Circle Incharge First Verification

QMS State Incharge Final Verification

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MEET Planned Preventive Maintenance Checklist
Fetal Heart Detectors, Ultrasonic
BE CODE: 11-88

CHECKLIST NO:CL-070-000 REV.000

PART 1 ASSET DETAILS			
WORK ORDER NO - PW0546860	6860	BENO	-SWNFED 12d
MANUFACTURER - 615765		MODEL	· 27 - 200
FREQUENCY ► 12 MONTHLY (√)	HLY (선)	PPM HOURS	0.50
PART 2 SPECIAL PRECAUTION			
Wear appropriate Personnel Protection Equipment (PPE) during work.	Wear appropriate Personnel Protection Equipment (PPE) during work.	fore inspecting it.	
Wear grounded electrostatic wristband w	Wear grounded electrostatic wristband when handling PCB or electronic components.		
Refer to the safety procedure for addition. Wake sure the test equipment used are di-	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines. Wake sure the test equipment used to disk positioned.		
PART 3 IEST APPARATUS	u) caninateu.		
Tick (V) where appropriate			
NO ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
PART 4 QUALITATIVE ASKS			
Chassis - Verify physical integrity	PASS FAIL NA		PASS FAIL NA
cleanliness and condition.	7	Indicators/Displays - Verify proper illumination and operation.	<u> </u>
 Mount/Fasteners - Verify physical integrity. 	() () () () () () () () () ()	Alarm/Audible Signal - Verify operation.	
 Power Cord - Verify proper insulation and integrity. 	and () () (y)		
Strain Relief - Verify physical integrity at both ends of line cord.	at (C) () ()		
5 Transducers/Cables - Verify integrity and condition.	nd (८) () ()		
6 Controls/Switches/Keypad - Verify proper operation of controls.	per (V) () ()		
PART 5 PREVENTIVE MAINTENANCE FASKS Tick (\(\nabla \) where appropriate	ASKS		
	DONE NOT NA		
 Cleaning the exterior/interior. 	S) () ()		
2 Clean Transducers/Cables.	Notes: For all Parts If you have ticks	* For all Parts, NA is defined as NOT APPLICABLE	ICABLE **
3 Check/Replace battery, ***	Choose Whiche	ver Applicable	



DATE: COMPLETED BY: PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose PART 8 NOTES Tick (V) where appropriate ELECTRICAL SAFETY TEST, (attach report) PART / ELECTRICAL SAFETY TEST WORK ORDER NO . ▼ WORK ORDER NO Tick (V) where appropriate PART 6 QUANTITATIVE TASKS 22 Standard use Not Applicable DANSON ANAK MUDA QUANTUM BIOMENIAL ENGINEERING KUCHING SARAWAK or. CORRECTIVE MAINTENANCE REQUIRED _ IEC 60601 0939hs and Description IEC 61010 6289 h 20mg KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Fetal Heart Detectors, Ultrasonic

BE CODE::11-596 EC 62353 Units / Set Values FUNCTIONING Measured Values PASS Limit/Tolerance FAIL NEXT PPM DATE NOT FUNCTIONING PASS = CHECKLIST NO:CL-070-000 REV.000 FAIL NA 206

Form B03 Scheduled Maintenance Work Order



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

Work Order No.	PWO346602	Sche	Schedule Month	November 2018	ļ
Work Order Date	01/11/2018	Com	Completed Date	Sect 11/80	7
Clinic Name	Klinik Kesihatan Bunan Gega	Clini	Clinic Code	SWK140	
BE No.	SWNELM024	Distict	Ct Ct	SERIAN	3.00
BE Category	Electrocardiographs, Multichannel	WO,	WO Assigned to	Danson	
Ownership	Existing Equipment		Purchase	New	
BE Condition	Active		BER Proposed		
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	ion (TPC)	
	Routine Inspection (RI)		Statutory Certification (SC)	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal /	Cal / Cert Date		76.
Contact Number		cal/	Cal / Cert Expiry Date		
Action Taken	118		,	į	5
١	To do ppm percheckist	2.	t attend.		
	ppm don.				
Schedule Maintenance Exc	Execution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
\$20%B	DANSON ANAK MUDA GUANTUM BIOMENICAL ENGINEERING KUCHING SARAWAK		8/11/2018	870	05.00
Customer Remarks					
Engineer / Technician Signature Name DANSON ANAK MUDA Date QUANTUM BIDAENKAL ENSINEERING KUCHING SARAWAY O S	SINEERING OF/II/25/8	Custor Name Design Date Seal	Customer Signature Name Designation Desi	MANNO NOOR NSS1 EGA	

For Internal Use

First Verification

QMS Circle Incharge





MEET Planned Preventive Maintenance Checklist Electrocardiographs, Multichannel

> CHECKLIST NO:CL-063-000 REV.000

PART 1 ASSET DETAILS

Battery - check and replace if necessary 2. Clean leads & electrode of the equipment Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse PART 5 PREVENTIVE MAINTENANCE TASKS Leads/ Electrodes- Verify integrity and both ends of line cord Power Cord - verify proper insulation 2. Mount/ Fasteners - verify physical 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. cleanliness and condition PART 4 QUALITATIVE TASKS Make sure the test equipment used are duly calibrated PARTS TEST APPARATUS If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it. PART 2 SPECIAL PRECAUTION MANUFACTURER ick (ee ee) where appropriate WORK ORDER NO Cleanliness - clean interior and exterior . Chassis ick ($\sqrt{}$) where appropriate Strain Relief - verify physical integrity at Casters/Brakes - if mounted, verify ELECTRICAL SAFETY ANALYZER ECG SIMULATOR verify physical integrity, DESCRIPTION -pwosubboa EDAY 3 MONTHLY (Ŝ ડે **(**) <u>Ŝ</u> <u>\$</u> DONE 3 PASS 3 6 MONTHLY NOT DONE 3246918 1 ASSET NO / SERIAL NO ₹ 5 Ζ 12 MONTHLY 4. Clean/Lubricatea) Thermal headb) Paper empty seic) Paper mark seni Notes:
"For all parts. NA defined as NOT APPLICABLE
"For all parts. NA defined as NOT APPLICABLE
"If you have ticked "NOT DONE"; then input relevant remarks
""Choose whichever applicable. Please indicate in Part 8 for 13. Keypad- Verify operation and condition 12 9. Controls/ Switches/ Keypad - verify Alarm/ Audible Signal - verify operation illumination and operation 10. Indicators/ Displays - verify proper proper operation of controls 8. Fittings/ Connectors - check all fittings/connectors Paper empty sensor Paper mark sensor Printer -Verify operation and condition MODEL PPM HOURS ASSET NO 06.08.2019 SE-301 SWN ELM 024 CALIBRATION DUE ON 5 $\overline{}$ DONE PASS < > NOT DONE ** Z





KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist Electrocardiographs, Multichannel BE CODE: 11-4/1

CHECKLIST NO:CL-063-000 REV.000

WORK ORDER NO v

Pw0346602

																		2 Pulse Rate Accuracy			1 Paper Speed (refer Part 8)	Description	Tick (V) where appropriate	PART 6 QUANHITATIVE TASKS
												7000	bom in	bom to	bom	hom Jon	F 10	T	mm/sec	mm/sec	mm/sec	MON		
												300	300	300	150	20 00	3 6	3	50	25	10	Set Values		
												0.04	904	1	80.1	3	92	•	1.05	25.50	10-1	Measured Values		
:												299-301	199-201	120002	4	2 59-67	29-31		47.5 - 52.5	23.75 - 26.25	9.5 - 10.5	Limit/Tolerance		
									<u>-</u>						· ~	_	-		()	c	<u>\$</u>	PASS		
												() ()	-			-	() ()		() ()	() ()	() ()	FAIL NA		





KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Electrocardiographs, Multichannel

CHECKLIST NO:CL-063-000 REV.000

PARTY ELECTRICAL SAFETY TEST. PARTY ELECTRICAL SAFETY TEST. FILE (**I) where compromitate Standard use: ### DEC 60001 EC 60001 EC 60005 PASS FAIL NA PARTS NOTES - TUA OIC .
SAFE VIEST FORTILE FORTILE FALL A OLC -

411/20



Scheduled Maintenance Work Order



Quantum Medical Solutions son bho Hacascouling becasioning brandeoning Me

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

Work Order No.	PWO346423	Sched	Schedule Month	November 2018	
Work Order Date	01/11/2018	Comp	Completed Date	08/11/	12018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	Code	SWK140 /	
BE No.	SWPVXK406	Distict	t	SERIAN	
BE Category	View Boxes, X-Ray (Kk)	MOA	WO Assigned to	Danson	
Ownership	Existing Equipment	<	Purchase	New	
BE Condition	√ Active		BER Proposed		
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	ion (TPC)	
, J	Routine Inspection (RI)		Statutory Certification	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name	414	Cal/	Cal / Cert Date	•	,
Contact Number	/**/	Cal/	Cal / Cert Expiry Date	100	
Action Taken					
1 do do 1	opm perhelist oftend				
nop ville	Mon gov				
- tult ok.					
Schedule Maintenance Ex	Execution Details				
SINo	QMS Engineer / Technician Name		Date	Start Time	End Time
A550271	DANSON ANAK MUDA Quantua biomenicai engineering Kuching sarawak		8/00 11/80	08,00	05:30
Customer Remarks					
Engineer / Technician Signature Name Danson anak MUDA Date QUANTUM BIOMEWIAL ENS KUCHING SARAWA	NEERING VI JUNE	Custor Name Desigr Date Seal	Customer Signature Name Designation was the way work wook to the way was the	ID NOOR	

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First Verification

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MEET Planned Preventive Maintenance Checklist
View Box ,X Ray
BE CODE :14-498

CHECKLIST NO: CL-167-000 REV.000

PART 1. ASSET DETAILS

MANUFACTURER WORK ORDER NO · Changha Tinde the sheams

6 MONTHLY () Tudomology 12 MONTHLY (V)

> MODEL ASSET NO 904 XX 40 PS--30-018-TT

PPM HOURS ▼ 0.5 hours

PART 2 SPECIAL PRECAUTION

FREQUENCY

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.

Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines Wear grounded electrostatic wristband when handling PCB or electronic components.

Make sure	Make sure the test equipment used are duly calibrated. PART, 3 TEST APPARA (US)	duly calibrated.		
Tick (V) w	Tick (V) where appropriate			
NO O	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
		ELECTRICAL SAFETY ANALYZER		
		LUX-METER		
PARI 4	PARI 4 QUALITATIVE TASKS			
Tick (V) wh	Tick (V) where appropriate	PASS FAIL NA		-
1 Chassi cleanli	Chassis - verify physical integrity, cleanliness and condition	(V) () ()		
2 Mount/	Mount/ Fasteners - verify physical integrity $\; (\; m{arphi} \;$	tegrity (🗸) () ()		
3 ACPlu	AC Plug - verify integrity	(V) () ()		
4 Power (integrity	Power Cord - verify proper insulation and integrity	nand (V) () ()		
5 Fittings fittings/	Fittings/ Connectors - check all fittings/connectors	(
6 Controls/S of controls	Controls/Switches - verify proper operation (🗳 of controls	eration (🎺) () ()		
7 Label -	Label - verify physical integrity			
PART 5 PA	PART 6 PREVENTIVE MAINTENANCE TASKS Tick (Y) where appropriate			
		DONE DONE NA	Notes:	
1 inspect	inspect, Clean Interior and Exterior		* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8	PLICABLE Istify in Part 8
2 Lamp-	Lamp - Check/Replace***		**** Choose Whichever Applicable	



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
View Box X Ray

CHECKLIST NO: CL-167-000 REV.000

	BI	BE CODE: 14-498			•	
WORK ORDER NO V	5249Asom	V				
Tick (\checkmark) where appropriate						
No Description	units /	Set	Measured Values	Limit/Tolerance	PASS FAIL NA	
1 Light Intensity	Lux	र्वे विकृति	Towl Smot	≥7000 lux	(7)	
PARIT ELECTRICAL SAFETY TEST	超级电影 医电影电影					
ELECTRICAL SAFETY TEST, (attach report) Tick (\forall) where appropriate Standard use:		Result ·				
☑IEC 60601	IEC 61010 IEC 62353		PASS	FAIL	NA	
-74x 1C						
WORK ORDER NO - Ros	CORRECTIVE MAINTENANCE REQUIRED No 346 423		FUNCTIONING		NOT FUNCTIONING NEXT PPM DATE • 1/20/5	
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: DANSON ANALY MUDA QUANTUM HOMENIAL ENGINEERING KUCHING SARAWAK	necklist and the equipment is function	oning to the i	ntended purpo	Se.		
	7941					

Scheduled Maintenance Work Order



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

)				
Work Order No.	PWO377854	Schedule Month	November 2018	
Work Order Date	01/11/2018	Completed Date	200/11/20	`
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140	
BE No.	SWK009707	Distict	SERIAN	
BE Category	Sterilizing Units, Steam, Tabletop	WO Assigned to	Danson	
Ownership	Existing Equipment	Purchase	New	
BE Condition	√ Active	BER Proposed		
Work Order Type	Preventive Maintenance (PM)	Third Party Calibrat	Calibration (TPC)	
	Routine Inspection (RI)	Statutory Certification (SC)	on (SC)	
Reschedule Date				
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details			
Company Name	10	Cal / Cert Date		
Contact Number	401	Cal / Cert Expiry Date	NA W	
Action Taken				
- to do ppn	ppm pedietisi axent			
- ppr son				
-tyt ok				
Schedule Maintenance Ex	Execution Details			
SINo	QMS Engineer / Technician Name	Date	Start Time End	End Time
alsory	DANSON ANAK MUDA QUANTUM BIOMENICAL ENGINEERING KUCHING SARAWAK	810/11/80	02:00 62:60	Co
Customer Remarks				
Engineer / Technician Signature Name DANSON ANAKANUDA OUANTUM BIOMÉNICAL ENSINEERING Date KUCHING SARAWAKUA	and	Customer Signature Name Designation Date Date	CHEN MOOR	ļ
	8192611	Seal KI SUNAN GEGA	74	

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QMS Circle Incharge





MEET Planned Preventive Maintenance Checklist
Sterlizing units, Steam, Tabletop
BE CODE: 16-142

CHECKLIST NO:CL-149-002 REV.000

PART 1 ASSET DETAILS

Tick ($\sqrt{}$) where appropriate N PART 5 PREVENTIVE MAINTENANCE FASKS 7 6 ĊΊ ω Tick (\forall) where appropriate Ν PART 4 QUALITATIVE TASKS Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines Wear grounded electrostatic wristband when handling PCB or electronic components If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it. lick (\forall) where appropriate PART 3. TEST APPARATUS Wear appropriate Personnel Protection Equipment (PPE) during work vlake sure the test equipment used are duly calibrated FREQUENCY MANUFACTURER PART 2 SPECIAL PRECAUTION WORK ORDER NO Check/ clean solenoids Clean exterior and interior of the Heater - verify physical Integrity Check fuse, circuit breaker Illumination and operation Indicators/ Displays - verify proper Controls/Switches - verify proper operation of controls Fittings/ Connectors - check all fittings/connectors Strain Relief - verify physical integrity at both ends of line cord Power Cord - verify proper insulation and integrity Chassis - verify physical integrity, cleanliness and condition ₹ 458ttsand. Sturdy 6 MONTHLY (**√**) PRESSURE METER TEMPERATURE METER DONE Ŝ Ŝ Ŝ 7 **T** PASS < < < < $\overline{}$ _ 12 MONTHLY (NOT DONE FAIL DESCRIPTION K 3 Notes: 4 끖 12 5 9 Lubricate all moving parts Safety feauture - verify condition Check drain valve -Physical integrity Door gasket Verify physical integrity Door lock - Verify physical integrify Boviedick / Helix Test - Verify Over pressure cut of valve - Verify physical integrity * * * For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8 Choose Whichever Applicable SERIAL NO MODEL PPM HOURS ASSET NO ₹ ~Ja~252× DONE 5 ડે _ SW K009707 1 hour PASS ٢ $\widetilde{\widetilde{\prime}}$ CALIBRATION DUE ON DONE * FAIL ₹ ξ



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Sterlizing units, Portable
BE CODE: DE-031

CHECKLIST NO:CL-147-000 REV.001

WORK Order No ¥ 158tt somb

14 Heati	14 Heati	14 Heati		13 Feed	12 Disc	11 Alr V	10 Safe	9 Pres	8 Pres	7 Disc	6 Pres	5 Elec	4 Clea	3 Fan	2 Mai	1 Fuses	No De	PART 6
		15 Door Gasket/Cessette Seal	14 Heating Element	Feed Water Valve (if applicable)	12 Discharge Valve	Air Valve/Steam Solenoid Valve (if applicable)	Safety Valve	Pressure Gauge	Pressure Transducer	Discharge Door Lock	Pressure Door Lock	Electric Door Lock	Clean Water Resevoir	Fan Running Rear & Side (if applicable)	Main Control Board	ses	No Description	SERVICE CHECKLIST
		$\hat{\ell}$	Ŝ	Ŝ	Ç	Ĵ	ŝ	<u> </u>	Ŝ	<u> </u>	•	3	ĵ	ĵ	Ĵ	\hat{j}	Checked	
		()	()	()	()	()	<u> </u>	()	<u> </u>	<u> </u>	(<u> </u>	_	^	~	~	Service/ Clean	
		^	^	<u> </u>	~	~	^	^	~	~	^	^	^	•	·) (, Rep	
		~	~	~)	~	`	J	<u> </u>	<u> </u>	~	U	•	J	Ų	Ų	Replaced	
		^ _	()	()	()	()	()	<u> </u>	()	^	^			_	^	~	Not Applicable	
_						· ····-												
										22 F	21 1	20 \	19	æ	17	is	No	
										Filters	Temperature Sensor	Vacuum Pump (if applicable)	Thermal Printer (if applicable)	Thermostat Assembly	Solid State Relay (if applicable)	Chamber Guard Seal (if applicable)	Description	
									-	3	ĵ	()	$\hat{\mathbf{y}}$	3	$\hat{\boldsymbol{\cdot}}$	Ĵ	Checked	
										(~	(^	~	~	_	Service ean	
										<u> </u>)	~	•	<u> </u>))	e/CI	
										<u> </u>	()	<u> </u>	<u> </u>	<u> </u>	<u> </u>	()	Service/CI ean Replaced	
								· · · <u></u>		<u> </u>	_	<u>`</u>	<u> </u>	<u></u>	^ ~	· ·	Not Applicable	

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Scheduled Maintenance Work Order



Spanitum Stedies Solutions who bid brancomming business in the control of the con

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

Work Order No.		Schedule Month	November 7014	4104
Work Order Date	8101 11 1018	Completed Date	8100 11 18	8
vame	politic kathalan bunan 9094	Clinic Code	Swk 140	
BE No.		Distict	8851BD	
BE Category	many separate affinity	WO Assigned to	BANGON	
Ownership		Purchase	New	
BE Condition	/ Active	BER Proposed		
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)	tion (TPC)	
	Routine Inspection (RI)	Statutory Certification	on (SC)	-
Reschedule Date				
BE Third Party Calibration.	Third Party Calibration / Statutory Certification Details	MANAGE STATE OF THE STATE OF TH		
Company Name		Cal / Cert Date		
Contact Number	#N	Cal / Cert Expiry Date	NA	
Action Taken				
Par	Perform ppm, as per check list.	list.		
Schedule Maintenance Exe	Execution Details			
SINO	QMS Engineer / Technician Name	Date	Start Time	End Time
Blowy	DANSOM ANAK MIDA	08/11/2014	10:30	12:30
25 (5)	KUCHING SARAWAK			
Customer Remarks				
≝ngineer / Technician Signature		Customer Signature		
DANSON ANAK MUDA DANSON ANAK MUDA OUANTUMBIOMENICAL ENSINEERIN KUCHINAL KAAWAK OST		nation - Language	NOOR SALES	s.
or Internal Use			·	
S N N N N N N N N N N N N N N N N N N N	SINEERINI OSO / 11/2 DIX	S _e D _o N _o	<u> </u>	Name Designation 小山 斯克马斯斯

QMS Circle Incharge First Verification





	SEMENTENSIA SECTION MALA VOIA	
	MEET Planned Preventive Maintenance Checklist Scanning Systems, Ultrasonic, General Purpose	CHECKLIST NO:CL-135-000 REV.000
PART 1 ASSET BETAILS		
WORK ORDER NO	BENO	- SUNDSCAN 009
MANUFACTURER - LINNUM	Ju-y MODEL	•
FREQUENCY • 6 MO	6 MONTHLY (V) 12 MONTHLY () PPM HOURS	▶ 2.00
PART Z SPECIAL PRECAUTION		
If there is evidence of body fluid co	nination, submit	
Wear appropriate Personnel Protec	Wear appropriate Personnel Protection Equipment (PPE) during work.	
Wear grounded electrostatic wristb	Wear grounded electrostatic wristband when handling PCB or electronic components.	
Refer to the safety procedure for ac	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.	
Make sure the test equipment used are duly calibrated.	d are duly calibrated.	
PART 3 TEST APPARATUS		
Tick (ψ) where appropriate		
NO ASSET NO	DESCRIPTION SERIAL NO	CALIBRATION DUE ON
	ELECTRICAL SAFETY ANALYZER	
	TISSUE PHANTOM GAMMEX Ultrasound 403GS LE Grey Scale	
VARISA QUALIFATIVE TASKS		
Tick (V) where appropriate	PASS FAII NA	
		FASS FAIL NA
Chassis - verify physical integrity, cleanliness and condition Mount/Fastaners - verify physical integrity	<u> </u>	
	leginy (7
3 Casters/Brakes - if mounted, verify physical integrity	<u></u>	(') () ()
4 Power cord - verify proper insulation and integrity	lation and (🖊) () () 12 Printer - verify operation and condition	() () () () () () () () () ()
5 Strain relief - verify physical integrity at both ends of line cord	egrify at (🗸) () () 13 Trackball - verify smooth movement of cursor	(() () ()
6 Transducers/Cables - verify integrity and condition	d (7) () () 14	
Circuit Breaker/Fuse - verify integrity of external circuit breaker and/or rating of	(7)()()	
8 Fittings/connectors - check all fittings/connectors	() () ()	
PARTS PREVENTIVE MAINTENANCE TASKS	NCE TASKS	
Tick (\checkmark) where appropriate	The state of the s	
	DONE DONE NA	DONE DONE NA
 Clean exterior and interior of the equipment 	(🕻) () () 4 Exhaust Fan - clean and check condition.	(7) (*
2 Clean Transducers/Cables		
3 Cleaniness of power board - check and clean power board of any dust.	eck and (🗸) () () Note * For all parts, NA defined as NOT APPLICABLE	BIE
		v in Part 8



Scheduled Maintenance Work Order



Familian Hedical Solutions son that

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

)			7
Work Order No.		Schedule Month	8100 ARGUMANON
Work Order Date	01 11/2018	Completed Date	810/11/80
Clinic Name	Khnik Kelhatan Bunan aruh	Clinic Code	Swx 140
BE No.		Distict	SERIAN
BE Category	Billiampinometer Lab	WO Assigned to	DANSON
Ownership	V EXISTING Equipment	Purchase	∨ New
BE Condition		BER Proposed	
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)	tion (TPC)
, j	Routine Inspection (RI)	Statutory Certification	ion (SC)
Reschedule Date			
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details		
Company Name		Cal / Cert Date	
Contact Number	AN AN	Cal / Cert Expiry Date	NA
Action Taken			
	bestum bow or be	Chacklitt.	*
Schedule Maintenance Ex	Execution Details		
SINo	QMS Engineer / Technician Name	Date	Start Time End Time
34.20 SE	DANSON ANAK MUDA GUANTUM BIOMENICAL ENSINEERING	8/02/11/3018	
	HHROBO ALINA		
Customer Remarks			
	,		
er/		Customer Signature	
DANSON ANAKANDA Date QUANTUM BIOMENIAL ENGINEERING KUCHING SARAWAKANDA	•	e gnation ************************************	MOOR
	4/18	Seal KK SUKAN GEGA	:

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KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Scanning Systems, Ultrasonic, General Purpose
BE CODE: 15-978

CHECKLIST NO;CL-135-000 REV.000

WORK ORDER NO .

PART 6	PART 6 QUANTITATIVE TASKS					
No	No Description	Units /	Set	Measured	Limit/Tolerance	PASS FAIL NA
_	Thissue Phantom Testing					-
	i) Lateral Resolution Check	mm	2	ы	1+	()
		mm	ω	2.9	~ +	S
		mm	4	4	ر ۱۹	1 ()
		mm	ភ	5	- \^	- 1
	ii) Axial Resolution Check	mm		-	_ <u>\</u>	() () ()
		mm	2	ءَ	5 7	() () ()
		mm	ω		74	() () ()
		am	4	4	24	() ()
		mm	5	5	12	3
4	iii) Near and Far Region Check	mm		_	<u></u>	() () ()
1 3	iv) Pin Distance Check	=======================================	70	6	1+	() () ()
		mm	20	۶. و	7.4	?
	e) i airei battori i est (All ligats off)					S
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}		-	_	-		



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KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Scanning Systems, Ultrasonic, General Purpose
BECODE: 15-976

CHECKLIST NO:CL-135-000 REV.000

	DANSON ANAK MUDA QUANTUM BIOMÉNKAL ENGINEERING KUCHING SARAWAK) DATE: OB N 15
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY:	PPM has been performed in accordance to the ch
NEXT PPM DATE ► 05 /2019	WORK ORDER NO ▼
CORRECTIVE MAINTENANCE REQUIRED FUNCTIONING NOT FUNCTIONING	CORRECTIVE N
	-tist ok.
	PART8 NOTES
IEC 61010 IEC 62353 PASS FAIL NA	✓ IEC 60601
Result :	Standard use:
	Tick (\forall) where appropriate
And the construction of th	ELECTRICAL SAFETY TEST (attach report)





MEET Planned Preventive Maintenance Checklist
Bilirubinometers, Laboratory
BE CODE: ME-012

CHECKLIST NO:CL-030-000 REV.000

PARTA, ASSEL DETAILS

WORK ORDER NO ►
MANUFACTURER ► ONC

- one bown

BENO -SWN118626

MODEL

PPM HOURS

▼ 1.00

- GINEVA)

PART 2 SPECIAL PRECAUTION

FREQUENCY

₹

6 MONTHLY (v

12 MONTHLY ()

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.

ľ										aff.
Tic	k(V) x	Tick (√) where appropriate								F
"	Ö	ASSET NO		DESCRIPTION	PTION		SERIAL NO	CALIBRATION DUE ON	ON DUE O	2
			ELECTRI	ELECTRICAL SAFETY ANALYZER	.YZER					- 1
	ļ									
P	.RT.4	PARTA QUALITATIVE TASKS								
Tici	n (A) n	Tick (\forall) where appropriate		PASS FAIL	N A			PASS FAIL	IL NA	Ę.
	Chas	Chassis - verify physical integrity, cleanliness and condition		(v) () (8 Indicators / Di	Indicators / Displays -Verify Proper Operation	; ;) ($\overline{}$
2	Moun	Mount/ Fasteners - verify physical integrity		() () (<u></u>	 Audiable / Vis Operation, Aut 	Audiable / Visual Alarms - Verify proper Operation, Automatic and Activation	<u>`</u>) ($\overline{}$
ω	Power (integrity	Power Cord - verify proper insulation and integrity				10 System Printe	System Printer - Verify Intergrity	$\frac{\hat{\zeta}}{\hat{\zeta}}$	· (_
4.	Strain both e	Strain Relief - verify physical integrity at both ends of line cord		() () (11 Lamp - Verify Intergrity	Intergrity	$\hat{\underline{S}}$) ($\overline{}$
Cr	Circui Exterr	Circuit Breaker / Fuses-Verify Integrity of Externel Circuit Breaker or rating of Fuses	rity of f Fuses	() () (<u> </u>	12 Capillary Hold	Capillary Holder-Verify Physical integrity	<u>\$</u>) ($\overline{}$
တ	Fittings/ Co Connectors	Fittings/ Connectors - Check all Fittings/ Connectors		() ()		13 Interference fil	Interference filter - Check Adjustment	<u>(</u>) ($\overline{}$
7	Controls /S of controls	Controls /Switches -Verify proper operation (of controls	peration (14 Accessaries - Operation	Accessaries - Verify Physicall Integrity and Operation	<u>C</u>) (_
PA	RT 5 I	PARI.5 PREVENTIVE MAINTENANCE TASKS Tak (V) where appropriate	E TASKS							25000
				NOT DONE	Ä	Notes:				
_	Clean	Clean the Exterior		(v) () (<u> </u>	* For al	For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8	PLICABLE stify in Part 8		
2	Inspec	Inspect / Clean Interior of unit		() () (Ų.	Cnoo	cnoose writenever Applicable			
ω	Batter	Battery - Check /Replace ***		J)()(J					



		KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist	Eventive Ma	ATA!	N MALAY	'SIA	CHECKLIST NO.CI 1.030.000 REV 000	חסה אינו
l ke		Bilirubinometers, Laboratory BE CODE: ME-012	nometers, L 3E code : ME-0	aborate	ory		Contraction (NC) of Population	KEY.000
WORK (WORK ORDER NO ►							
PART 6 Tick (√)	PART 6 IQUANTITATIVE TASKS Tick (\checkmark) where appropriate	ASKS						
No		Description	Units /	Set Values	Measured Values	Limit/Tolerance	PASS FAIL NA	
	Blank Check		0.00-0.00			۱ + ک	() ()	
	QC Result (Attach Result)	Result)			,		() () ()	
PART 7	PARTY ELECTROAL SAFETY TEST	Elly Test						
Tick (V)	Tick (v) where appropriate Standard use:	***	<i>₹</i>	Result:				
Ř)	<u></u>	✓ IEC 60601	Ö		PASS	FAIL	NA	
TART 8	PART 8 Nevies							
1	TUP OF							
WOF	WORK ORDER NO •	CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONING		NOT FUNCTIONING NEXT PPM DATE • 05/2019	1
PPM has been pen COMPLETED BY:	been performed in : TED BY: DANSON A	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: DANSON ANAK MIDA	s functioning	to the i	ntended purp	ose.		
	QUANTUM BI KUCHING SA	QUANTUM BIOMENMAL ENGINEERING KUCHING SARAHAM						
	718/11/20	8						



Scheduled Maintenance Work Order



Guantum Badical Solutions adu Abd Keterondleg brunhafer, manchander ble

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

Engineer / Technician Signature Name DANSON ANAKANDA Date QUANTUM BIOMENIAL ENGINEERING KUCHING SARAMANA	Customer Remarks		0860271	SI No	Schedule Maintenance Execution Details	Action Taken	Contact Number	Company Name	BE Third Party Calibration /	Reschedule Date		Work Order Type	BE Condition	Ownership	BE Category E	BE No.	Clinic Name	Work Order Date 0	Work Order No.	
RING		KUCHING SARAWAK	DANSON ANAK MUDA	QMS Engineer / Technician Name	ution Details	offin oom as as	ST		Third Party Calibration / Statutory Certification Details		Routine Inspection (RI)	Preventive Maintenance (PM)	Active	Existing Equipment	Electrocardiographs, Multichannel	SWNELM023	Klinik Kesihatan Bunan Gega	01/11/2018	PWO346788	
Custome Name Designa						nachacklist.	Cal / C	Cal / C							WOAs	Distict	Clinic Code	Comp	Sched	
Customer Signature Name Designation 中心社会中最大的基本的中央的			8/11/2018	Date			Cal / Cert Expiry Date	Cal / Cert Date			Statutory Certification	Third Party Calibration (TPC)	BER Proposed	Purchase	WO Assigned to		Code	Completed Date	Schedule Month	
表型的 HOOR			08:30	Start Time			/				ion (SC)	tion (TPC)		New	Danson	SERIAN		2/11/8	November 2018	
	į		09:00	End Time		,									i i			3100/11	CO	

For Internal Use

First Verification

QMS Circle Incharge





MEET Planned Preventive Maintenance Checklist Electrocardiographs, Multichannel

CHECKLIST NO:CL-063-000 REV.000

PART 1 ASSET DETAILS

WORK ORDER NO 885-780mg-

EDAN

MANUFACTURER

ASSET NO -SMNET MOSS

MODEL JE-30

PART 2 SPECIAL PRECAUTION REQUENCY 3 MONTHLY (6 MONTHLY 12 MONTHLY PPM HOURS 1.00

If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting 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

Battery - check and replace if necessary of the equipment Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse Fick (√) where appropriate PARTS PREVENTIVE MAINTENANCE Leads/ Electrodes- Verify integrity and both ends of line cord and integrity Clean leads & electrode Cleanliness - clean interior and exterior physical integrity integrity Mount/ Fasteners - verify physical Chassis - verify physical integrity cleanliness and condition Strain Relief - verify physical integrity at lick (√) where appropriate Power Cord - verify proper insulation . Casters/Brakes - if mounted, verify PART 4 QUALITATIVE TASKS Tick (√) where appropriaв PART 3 TEST APPARATUS < ECG SIMULATOR ELECTRICAL SAFETY ANALYZER DESCRIPTION ે Sol TASKS $\widehat{\boldsymbol{z}}$ Ŝ <u>S</u> 3 5 3 दे PASS NOT DONE FAIL 1 ASSET NO / SERIAL NO Clean/Lubricate Thermal head Paper empty ser Paper mark sens "For all parts, NA defined as NOT APPLICABLE "If you have licked 'NOT DONE', then input rele) Paper empty sensor) Paper mark sensor Keypad- Verify operation and condition 12 Alarm/ Audible Signal - verify operation Indicators/ Displays - verify proper illumination and operation proper operation of controls Controls/ Switches/ Keypad - verify fittings/connectors 8. Fittings/ Connectors - check Printer -Verify operation and condition 2 CALIBRATION DUE ON DONE PASS NOT DONE ₹ Š



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Electrocardiographs, Multichannel

BECODE: 11-411

CHECKLIST NO:CL-063-000 REV.00C

WORK ORDER NO

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28± 9450Md

Tick (\forall) where appropriate							
Description	MON	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1 Paper Speed (refer Part 8)	mm/sec	10	10.2	9.5 - 10.5	<u>(</u>	_	-
	mm/sec	25	26.10	23.75 - 26.25	()	-	
	mm/sec	50	\$0.00	47.5 - 52.5		_	
			•		- 1		ĺ
2 Pulse Rate Accuracy	bpm	30	30.6	29-31	(~	~ ~	
	ppm	60	60.2	59-61	(🗸)	^	
	ppm	80	-8	79-81	~]	(
	bpm	120	દુ	119-121	(()		
	bpm	200	70 U	199-201	-		- [
	bpm	300	4,0	299-301	<u>`</u>		_
						j	
				-			
				İ			
	-						
			-				



DATE : PPM has been performed in accordance to the cr PARTS NOTES ELECTRICAL SAFETY TEST, (attach report) Tick (N) where appropriate PART 7 ELECTRICAL SAFEIN TEST WORK ORDER NO ▶ Standard use : DANSON ANAK MUDA QUANTUM BIOMEN OF CHOINEERING KUCHING SARAHAR ☐ IEC 60601 8\$49 #20mg KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Electrocardiographs, Muttichannel ☐ IEC 61010 FUNCTIONING ☐ IEC 62353 NOT FUNCTIONING NEXT PPM DATE ▼ 44/2018 CHECKLIST NO:CL-063-000 REV.000 [] ₹



Scheduled Maintenance Work Order



Quantum Plectical Substitutes with bid

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

Work Order No.	PWO346913	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	Frat/11/80
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWPFED127	Distict	SERIAN
BE Category	Fetal Heart Detectors, Ultrasonic	WO Assigned to	Danson
Ownership	Existing Equipment	Purchase	New
BE Condition	✓ Active	BER Proposed	
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)	ation (TPC)
4.7	Routine Inspection (RI)	Statutory Certification	tion (SC)
Reschedule Date			
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details		
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken			
	peform ppm/ au p	pricheckhist.	
Schedule Maintenance Execution Details	ecution Details		
SINo	QMS Engineer / Technician Name	Date	Start Time End Time
QBS0242	DANSON ANAK MUDA	800/11/20	0
	KUCHING SARAWAK		
Customer Remarks			
Engineer / Technician Signature		Customer Signature	
Date DANSON ANAK MUDA QUANTUM BUNGALI FINEMETERS		nation and APPACE WAY	R SIN HAHD NOOR C: 73991
NOCHING STRAWAK	Ne/11/20	Seal	SEG.₩
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MEET Planned Preventive Maintenance Checklist
Fetal Heart Detectors, Ultrasonic
BE CODE: 11-696

CHECKLIST NO:CL-070-000 REV.000

PART 1 ASSET DETAILS	BE CULE: 11-836		
WORK ORDER NO - 1w0346913	16913	BE NO I	Klupping 3
MANUFACTURER - \$15705		•	ST-200
FREQUENCY • 12 MON	12 MONTHLY (V)	PPM HOURS	▼ 0.50
PART 2 SPECIAL PRECAUTION			
Wear appropriate Personnel Protection Equipment (PPE) during work.	Wear appropriate Personnel Protection Equipment (PPE) during work.	before inspecting it.	
Wear grounded electrostatic wristband v	Wear grounded electrostatic wristband when handling PCB or electronic components.		
Refer to the safety procedure for addition	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.		
Make sure the test equipment used are duly calibrated.	duly calibrated.		
PART 3 TEST APPARATUS			
Tick (V) where appropriate			
NO ASSET NO	DESCRIPTION	SERIAL NO	
			CALIBRATION DUE ON
Tick (\forall) where appropriate			
Chassis - Verify physical integrity, cleanliness and condition.	PASS FAIL NA (V) () () 7 Indicators/Display and operation	Indicators/Displays - Verify proper illumination and operation	PASS FAIL NA
Mount/Fasteners - Verity physical integrity.			
 Power Cord - Verify proper insulation and integrity. 	and () () (<)		
4 Strain Relief - Verify physical integrity at both ends of line cord.	at (\script{\script{\script{\script{\columnture}}}}) () () ()		
5 Transducers/Cables - Verify integrity and condition.	nd (Ç) () ()		
6 Controls/Switches/Keypad - Verify proper operation of controls.	per (८) () ()		-
PARTS PREVENTIVE MAINTENANCE TASKS	ASKS		
ick (\forall) where appropriate			
1 Cleaning the exterior/interior.	DONE NOT NA (V) () ()		
2 Clean Transducers/Cables.	Notes: Notes: For all Parts	s, NA is defined as NOT APPLI	
3 Check/Replace battery. ***	Choose Which	Choose Whichever Applicable	Tarco

DATE: 08/11/18	PPIM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: DANSON ANAK MUDA QUANTUM BIOMENICAL ENGINEERING KUCHING SARAMAL	CORRECTIVE MAINTENANG WORK ORDER NO - PP 3 465/3	- Test good tw	601	PART 7 ELECTRICAL SAFETY (IEST.) ELECTRICAL SAFETY TEST, (attach report)		Not Applicable	No Description	PART 6 QUANTITATIVE TASKS Tick (V) where appropriate	WORK ORDER NO
	skifst and the equipment is functioning to the inte	DE REQUIRED	tunctioning.	Result :			LOW	ion Units / Set	119h Ean	MEINEN I ERIAN KESHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist Fetal Heart Detectors, Ultrasonic BE CODE: 11-896
	nded purpose.	FUNCTIONING NOT FUNCTIONING		PASS FAIL NA			s Values Land Obstance	Measured		AN MALAYSIA nance Checklist trasonic
		NCTIONING - IL 2017		NA			PASS FAIL NA	- 1		CHECKLIST NO:CL_070-000 REV.000

Scheduled Maintenance Work Order



Quantum Medical Solutions odn båd Gresseridbeg konstarben trendomsteg ött

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

Work Order No. PV	PWO346620	Sche	Schedule Month	November 2018	
Work Order Date 01	01/11/2018	Com	Completed Date	8/11/2018	810
Clinic Name Ki	Klinik Kesihatan Bunan Gega	Clini	Clinic Code	SWK140	i
BE No. SI	SWNFRV143	Distict	ct	SERIAN	7.00
BE Category Fr	Freezers, Laboratory Vaccine, Gas	WO,	WO Assigned to	Danson	į
Ownership [Existing Equipment		Purchase	New	į
BE Condition	✓ Active		BER Proposed	-	11.11
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
1360	Routine Inspection (RI)		Statutory Certification (SC)	on (SC)	
Reschedule Date					
BE Third Party Calibration / S	Third Party Calibration / Statutory Certification Details				
Company Name		Cal /	Cal / Cert Date		
Contact Number		Cal/	Cal / Cert Expiry Date	-	
Action Taken					
Por	perform ppm, as per checkert.	kack	W.		
Schedule Maintenance Execution Details	ution Details				
SINo	QMS Engineer / Technician Name		Date	Start Time	End Time
DANSI DANSI BURNIN	DANSON ANAK MUDA QUANTUM BIUMENICAL EHBAREERING KUCHING SARAWAK		810/11/20	09:30	10:30
Customer Remarks					
Engineer / Technician Signature		Custo	Customer Signature	7)	
Name DANSON ANAK MUDA Date QUANTUM BIOMENIA ENGINEERING KUCHING SARAWAK	-	Name Design	Name Designation APS D WARD SN MAND NOOR NAME OF STREET	#5 NOOR	
(08/11/2018	Seal	KK/BUWAN GEGA		

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MEET Planned Preventive Maintenance Checklist Freezers, Laboratory, Vaccine
BE CODE: ME-015

CHECKLIST NO:CL-073-000 REV.000

PART1 ASSET DETAILS

WORK ORDER NO oc99.420md

BE NO

· JWNFRU 143

MANUFACTURER

FREQUENCY

· Donner tiz

MODEL

Rsw Soff1

6 MONTHLY (

PPM HOURS ▼ 1.00

12 MONTHLY (√)

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.

Ma	viake sur	Make sure the test equipment used are duly calibrated.	duly calibrati	ed.					
Tick	(1/)	Tick (√) where appropriate							
	NO.	ASSET NO		D	DESCRIPTION	İ		SERIAL NO	CALIBRATION DUE ON
		7810 A22 T	ELECTRICAL SAFETY TESTER	L SAFETY	TESTER			3167472	66.08.2019
			THERMOMETER	ER					
P	5	PART 4 QUALITATIVE TASKS							
Tick	(V) *	Tick ($$) where appropriate	ī	PASS FAIL	îL NA				PASS FAIL NA
	Chas clean	Chassis - verify physical integrity, cleanliness and condition	<u> </u>	<u><</u>) ()	7	Controls/ Switches/ operation of controls	Controls/ Switches/ Keypad - verify proper operation of controls	
2	Moun	Mount/ Fasteners - verify physical integrity	ntegrity (·	<u> </u>	00	Indicators/ Displa and operation	Indicators/ Displays - verify proper illumination and operation	<u>\$</u>
ယ	Power (integrity	Power Cord - verify proper insulation and integrity		\hat{z}) (ဖ	Alarm/ Audible Si	Alarm/ Audible Signal - verify operation	
4	Strain both e	Strain Relief - verify physical integrity at both ends of line cord		Ŝ) (10		Check Compressor - verify physical integrity	
(Ji	Circui extern	Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	−h	<u>\$</u>) (Check Thermosta	Check Thermostate - verify physical Integrity	<u>\$</u>
_o	Door Ga Integrity	Door Gasket,Hinges - verify physical Integrity		<u>, </u>) (
PART 5 Tick (V)	V) w/	PARTS PREVENTIVE MAINTENANCE TASKS	ETASKS						
	Cleani	Cleaning the inside with a vacuum cleaner		DONE NOT	NA (Notes:	* *	For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8	Stify in Part 8
2	Clean	Clean compressor	<u> </u>	<u>\(\) \(\)</u>) ()		**** Choose (*** Choose Whichever Applicable	



	MEET Planned Preventive Maintenance Checklist Freezers, Laboratory, Vaccine	CHECKLIST NO:CL-073-J000 REV.000
WORK ORDER NO	10034660Z	
PART 6 QUANTHATIVE TASKS Tick (\forall) where appropriate		1. The state of th
No	Description Units / Set Measured Limit/Tolerance	ance PAS FAIL NA
Temperature	2.90	د °
PARTY BLECTRICAL SAFETY TEST	FETYTEST	
Tick (√) where appropriate Standard use:	e Result :	
BARTA NOTES	☐ IEC 60601	- NA
- good f	Auctioning	
	CORRECTIVE MAINTENANCE REQUIRED FUNCTIONING	NOT FUNCTIONING
WORK ORDER NO ▼	Nw 3 46 602	NEXT PPM DATE -65, 2017
PPM has been performed in accompleted by:	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY:	
DANSON QUANTUM	DANSON ANAK MUDA QUANTUM BIOMEN MENBINEERING KUCHING SARMUM ENBINEERING	,