

## Form B03

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO372133	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	27/3/18
Clinic Name	Klinik Pergigian Sekolah Kebangsaan f	Clinic Code	WPL002
BE No.	WPL000078	Distict	LABUAN
BE Category	Aspirators, Dental	WO Assigned to	Che Muhammad Atillah
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		Cal / Cert Expiry Date	

## Action Taken

- ↳ Check chassis, fittings, cable, baffle suction and motor.
- ↳ Clean exterior and interior.
- ↳ Perform test, unit perform well (FUNCTIONING GOOD)

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUHAMMAD ATILAH	27/3/18	1630	1700
	BIOMEDICAL TECHNICIAN, QMS		0800	0830
	019-2572640			


## Customer Remarks


Engineer / Technician Signature Name Date CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN, QMS 019-2572640 27/3/18	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 27/3/18	
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## For Internal Use

First Verification  
QMS Circle Incharge  
JULIUS LIANSUN  
BIOMEDICAL ENGINEER, QMS  
019-5620179

Final Verification  
QMS State Incharge  
DICKY LEE  
SABAH STATE MANAGER  
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Aspirator, Dental</b> BE CODE : 10-212	CHECKLIST NO: CL-022 REV.000					
<b>PART 1 ASSET DETAILS</b>							
WORK ORDER NO ▶ <u>PMW 372133</u>		ASSET NO ▶ <u>WPL000078</u>					
MANUFACTURER ▶ <u>w/b</u>		MODEL ▶ <u>w/12</u>					
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( / )		PPM HOURS ▶ <u>0.5</u>					
<b>PART 2 SPECIAL PRECAUTION</b>							
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.							
<b>PART 3 TEST APPARATUS</b>							
<i>Tick (✓) where appropriate</i>							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
1	<u>HSAC0085</u>	ELECTRICAL SAFETY ANALYZER	<u>3227039</u>	<u>10/1/2019</u>			
2	<u>NA</u>	PRESSURE GAUGE	<u>NA</u>	<u>NA</u>			
<b>PART 4 QUALITATIVE TASKS</b>							
<i>Tick (✓) where appropriate</i>							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( / )	( )	( )	8 Fittings/ Connectors - check all fittings/connectors	( / )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( / )	( )	( )	9 Controls/Switches - verify proper operation of controls	( / )	( )	( )
3 Tubes/Hoses - Check for any Leak or Kink	( / )	( )	( )	10 Indicators/ Displays - verify proper illumination and operation	( )	( )	( / )
4 AC Plug - verify integrity	( / )	( )	( )	11 Motor /Bump unit - verify proper operation	( / )	( )	( )
5 Power Cord - verify proper insulation and integrity	( / )	( )	( )	12 Suction jar - verify physical integrity and condition	( / )	( )	( )
6 Strain Relief - verify physical integrity at both ends of line cord	( / )	( )	( )	13 Label - verify physical integrity	( / )	( )	( )
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( / )	( )	( )	14 Safety valve - verify proper operation	( )	( )	( / )
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Inspect , Clean Interior and Exterior	( / )	( )	( )	4 Motor - check, lubricate if necessary	( / )	( )	( )
2 Filter, Check/Replace***	( / )	( )	( )	Notes: * For all parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose whichever applicable			
3 Diaphragm/Seal, Check/Replace***	( / )	( )	( )				

 Quantum Medical Solutions sdn bhd <small>transforming lives, one device at a time</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Aspirator, Dental</b> BE CODE : 10-212	CHECKLIST NO: CL-022 REV.000				
WORK ORDER NO ▶ <u>RND 392133</u>						
<b>PART 6 QUANTITATIVE TASKS</b>						
<i>Tick (✓) where appropriate</i>						
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS   FAIL   NA
						( ) ( ) ( )
<b>PART 7 ELECTRICAL SAFETY TEST</b>						
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>						
<b>PART 8 NOTES</b>						
Empty space for notes						
<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. <b>COMPLETED BY:</b> <div style="text-align: center; margin-top: 10px;"> <b>ONE MUND. ATILLAH</b>          BIOMEDICAL TECHNICIAN, QMS          019-2572640       </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>DATE:</b> <u>27/3/18</u> </div> </div>						

# Fluke Biomedical

Date 27/03/2018

## Test Setup

Operator ID LBNBME  
Calibration Tech  
Calibration Date 10/01/2019  
Firmware Version 2.08.01  
Serial Number 3227038  
Date & Time 27/03/2018 & 08:21  
JOB Name

## DUT Information

Equipment Number WPL 000078  
Serial Number  
Manufacturer  
Model  
Location KLINIK PERGIGIAN  
Other

## Template Information

Template Name ASPIRATORS, UNITS  
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 I

## PLC Configuration-Applied part setup

AP Name AP Type AP Num

## ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Protective Earth Resistance	0.19 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	241.7 V	-	-	P
Live to Earth	12.9 V	-	-	P
Neutral to Earth	240.6 V	-	-	P
Equipment Current	10.5 A	-	-	P
Differential Leakage				P
Normal Condition	37 uA	500	-	P
Normal Condition-Reversed mains	43 uA	500	-	P

  
Signature

ONTARIO, CANADA  
1000-1000-1000-1000  
012-345-6789