

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.	PWO371661	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	21/3/18
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000609	Distict	LABUAN
BE Category	Apex Locator	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 type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input checked="" 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	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	

Action Taken

Check chasis, cable & display. Clean exterior and interior. Perform test (refer to checklist)

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS 019-2572640	21/3/18	1130	1230

Customer Remarks

Engineer / Technician Signature Name Date	Che Muhammad Atillah BIOMEDICAL TECHNICIAN, QMS 019-2572640 21/3/18	Customer Signature Name Designation Date Seal	HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 20/4/18
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For Internal Use


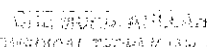
First Verification
QMS Circle Incharge

JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
019-2572640

Final Verification
QMS State Incharge

DICKY LEE
SABAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>transforming boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Apex Locator BE CODE : DE-001	CHECKLIST NO: CL-020 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ PWO 371661		ASSET NO ▶ WPR 000609					
MANUFACTURER ▶ R12		MODEL ▶ R12					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)		PPM HOURS ▶ 0.50					
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	TEESA 0085	ELECTRICAL SAFETY ANALYZER	3227039	10/1/2019			
PART 4 QUALITATIVE TASKS							
Tick (✓) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	6 Controls/Switches - verify proper operation of controls	(/)	()	()
2 Indicators/ Displays - verify proper illumination and operation	(/)	()	()	7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(/)	()	()
3 Power ON Self Test	(/)	()	()	8 Fittings/ Connectors - check all fittings/connectors	(/)	()	()
4 Battery - verify operation	(/)	()	()	9 Labelling - verify physical integrity	(/)	()	()
5 Power Cord - verify proper insulation and integrity	(/)	()	()	10 Sensitivity - verify proper operation	(/)	()	()
PART 5 PREVENTIVE MAINTENANCE TASKS							
Tick (✓) where appropriate							
	DONE	NOT DONE**	NA				
1 Inspect , Clean Interior and Exterior	(/)	()	()				
2 Battery - Check/ Replace***	(/)	()	()				

 Quantum Medical Solutions sdn bhd <small>Enhancing human lives, from conception to life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Apex Locator BE CODE : DE-001	CHECKLIST NO: CL-020 REV.000						
WORK ORDER NO ▶ <u>PWO 371661</u>								
PART 6 QUANTITATIVE TASKS								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	SENSITIVITY					() () (✓)		
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(in accordance to IEC 60601)</small> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NA								
PART 8 NOTES								
Part 5 Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) : <div style="font-size: 24px; margin-top: 20px;">↳ test CLASS II</div>								
<div style="display: flex; justify-content: space-between;"> <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>20/3/19</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;">  GIE WONG ARIAN BIOMEDICAL TECHNICIAN, QMS 019-2872840 </div> <div style="margin-top: 10px;"> DATE : <u>21/3/2018</u> </div>								

Fluke Biomedical

Date 21/03/2018

Test Setup

Operator ID	LBNBME
Calibration Tech	
Calibration Date	10/01/2019
Firmware Version	2.08.01
Serial Number	3227038
Date & Time	21/03/2018 & 11:51
JOB Name	

DUT Information

Equipment Number	WPL 000609
Serial Number	
Manufacturer	
Model	
Location	KLINIK PERGIGIAN
Other	

Template Information

Template Name	APEX, LOCATOR
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 Restore	WORST/LAST
Reverse Polarity	YES
Classification	II

PLC Configuration-Applied part setup

AP Name	AP Type	AP Num
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ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Mains Voltage				P
Live to Neutral	240.5 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	31 uA	100	-	P
Normal Condition-Reversed mains	51 uA	100	-	P

Signature

[illegible]