Form B03

Scheduled Maintenance Work Order



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

Work Order No	N/D PW0414161	Scheduled Month	January 2019				
Work Order Date	N/2 01/01/2019	Completed Date	7/1/2019				
Clinic Name	K.K SIMPORG	Clinic Code	PRK720				
BE No	PRK03e720	District	LMS				
BE Category	HEMPTELEGY PAPLY HR (M)	WO Assigned to	NOOR ODARUI				
Ownership	Existing Equipment	☐ MEET Equipment					
BE Condition	☐ Under Warranty	☐ BER Proposed					
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration	on (TPC)				
Work Order Type	Routine Inspection (RI)	☐ Statutory Certificatio	n (SC)				
Reschedule Date							
BE Third Party Ca	libration / Statutory Certification Details	S					
Company Name	wlo	Cal / Cert Date	N/a				
Contact Number	No	Cal / Cert Expiry Date	No				
	a a contract of the contract o	S/N: Purchase Kewpa No	Date: 15/10/2014 Date: 15/10/2014 Date: 15/10/2014 Date: 15/10/2014 Date: 15/10/2014 Date: 15/10/2014 Date: 15/10/2014				
Schedule Maintena	nce Execution Details						
SI No	QMS Engineer / Technician Name	Date	Start Time End Time				
1 0300	DUC	7/1/2019	8:10 10:10				
Customer Remarks							
Engineer / Technicia	NOOR AZARUL B AHAMA	Customer Signature Name NUR HAZ	NANI BINTI MOHAMAD YOSOF				
Gr	PERAK LAB SPECIALIST Wantum Medical Solution Sin Bh No 10 B, Persiaan Greent Cyn St Pentown Avenue, 30470 Ipoh, Perak fax: 05-2461991 Hp 012-89648013	Designation Juruteknologi Makmal Perubatan U29 Date Seal 07 JAN 2019					

First Verification QMS Circle Incharge Final Verification QMS State Incharge The second secon



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Analyzers, Laboratory, Hematology, Cell Counting, Automed (Medium)

BE CODE: ME-009

CHECKLIST NO:CL-015-000 REV.000

P	ART 1 ASSET DETAILS														
W	ORK ORDER NO NA								BE NO	>	Pak	.03	07	20	7
MANUFACTURER NIHON KOHOGN									MODEL		· MERG510k				
FR	EQUENCY ► 6 MONTH	ILY (/	()	12	2 MONT	HLY ()		PPM HOURS	•	2.00				
P	ART 2 SPECIAL PRECAUTION														
If th	nere is evidence of body fluid contami	ination, s	ubmit	the o	device fo	or cleanir	ng and	decontamination	on before inspecting it.						
We	ear appropriate Personnel Protection	Equipme	nt (PF	PE) d	uring wo	ork.						5 5			
We	ear grounded electrostatic wristband v	when han	ıdling	РСВ	or elect	tronic cor	npone	nts.							
Ref	fer to the safety procedure for addition	nal preca	utions	and	guidan	ce as per	manı	ıfacturer guideli	nes.						
Ма	ke sure the test equipment used are	duly calib	orated												
P/	ART 3 TEST APPARATUS														
Tici	k (√) where appropriate								· (6) - V (72)	- 40					
800	NO ASSET NO				DESC	RIPTION			SERIAL NO		CALIE	BRAT	ION E	DUE C	NC
		CI COTDI	ICAL (2455	TV AND	AL VZED				1	<i>p</i>				
	TND-	ELECTRI	CTRICAL SAFETY ANALYZER						_~	19					
										-					_
				ed memory:											
P	RT4 QUALITATIVE TASKS														
1101	k (V) where appropriate		PAS	SS	FAIL	NA					PASS	FA	AIL	NA	S
1			(/)	()	() 11	Probes- Verify	physical interigity		(/)	()	()
2	cleanliness and condition Mount/ Fasteners - verify physical in	integrity	(/)	()	() 12	Temperature s	system- verify proper operation	1	(/)	()	()
3		on and	())	()	() 13		npressor/pump- verify physical	1	(/)	()	()
4	integrity Strain Relief - verify physical integr	rity at	(/	()	()	() 14	Initialization Pr	roper operation rocess- Verify		(/)	()	()
_	both ends of line cord Fittings/ Connectors - check all		(/	. ,	()	(15	Drinter - Verify	physical operation.		(/)	,)	,)
3	fittings/connectors										,				95
6	Controls/Switches - verify proper op of controls	peration	(/)	()	() 16	User Setting -	Verify Operation		(/)	()	()
7	Indicators/Displays- verify proper op	peration	(/)	()	() 17	User calibratio	n - Verify Operation		(/)	()	()
8	Electrodes and Tranducer -verify phintegrity	hysical	(/)	()	() 18	Self Diagnostic	c - Verify Operation		(/)	()	()
9	Hydraulics and Pneumatics System	n-verify	(/)	()	() 19	Plate moveme	nt calibration - Verify Operatio	n	()	()	(/)
10	physical integrity Sensors- verify phisical integrity		(/	·)	()	(
			MYS SECRE							-ugullu-					
PA	RT 5 PREVENTIVE MAINTENANC	CE TASK	S												
Tick	$(\sqrt{\ })$ where appropriate											NC	\ T		
			DON	ΙE	NOT DONE	NA					DONE	DO		NA	- 1
1	Clean exterior and interior of the		1		**	1) 6	Clean measuri	ing area		(/)	· **	*) ((,
1	Clean exterior and interior of the equipment					() 6		3 2 0)
2	Inspect/clean interior of unit		(/) ()	() 7	Calibrate syste	em parameter		(/)	() (()
3	Clean hydraulics and pneumatic sys	stem	(/) ()	() 8	Perform Post r	routine		(/)	() (()
4	Tubings - clean/ replace ***		(/) ()	() Note	es:							
5	Clean sampling mechanism		(/) ()	()	** If you	Parts, NA is defined as NOT have ticked 'NOT DONE', the se Whichever Applicable						

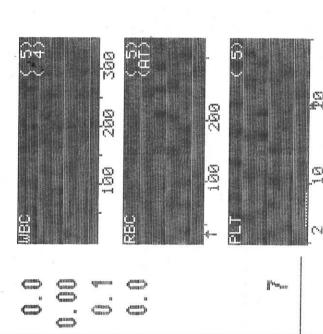
KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

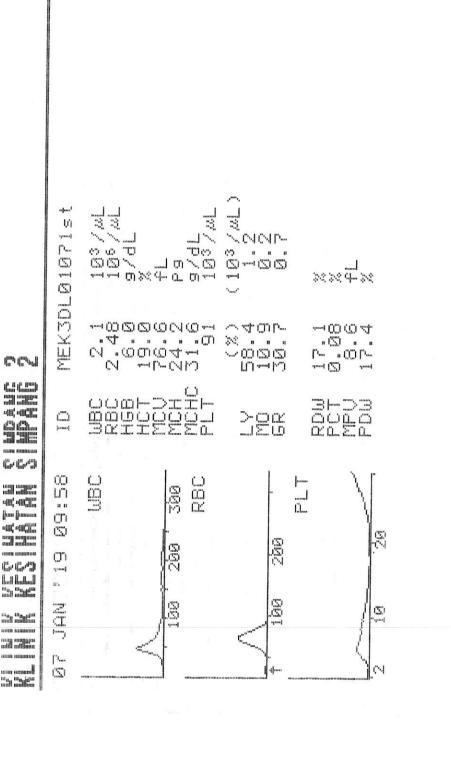
CHECKLIST NO:CL-015-000 REV.000

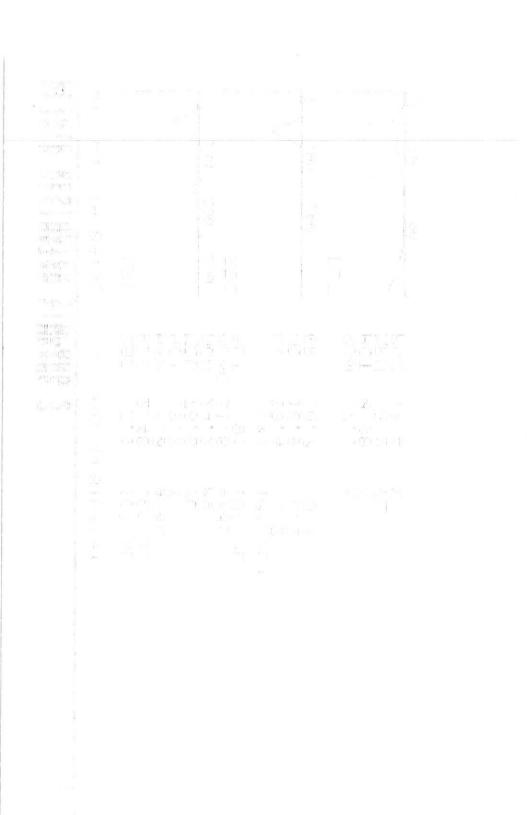
13	and the second	Analyzers, Laboratory, He	ematology, (iting, Autome	ed (Medium)			
ORK (ORDER NO > 6	/p							
ART 6	QUANTITATIVE T	ASKS							
$k(\sqrt{)}$	where appropriate		1	1		Ť			
No		Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1.	Backs	FROUND CHECK -1	RFFF	RA	TTPCI	& MEAT.	- /		
).	QC 76.	97 -R	AFFOR	P	TTOCH	MENT-			
		- N.A							
		-							
RT7	ELECTRICAL SAF	ETY TEST							
	CAL SAFETY TEST								
	where appropriate	20.00							
	Standard use :			Result:					
	NOTES	IEC 60601 LIEC 61010 LIEC 62	2353		PASS	FAIL	∠ NA		ellestes de la Santania de la Carta
	OSE.								
WOR	☐ (CORRECTIVE MAINTENANCE REQUIRED		7	FUNCTIONING		NOT FUNCTIONIN		acy Je
		NOOR AZARUL B AHAMAA PERAK LAB SPECIALIST Quantum Medical Solution for 7/Mio 10 B, Persiaan Jaces Awar		ng to the i	ntended purpo	ose.			

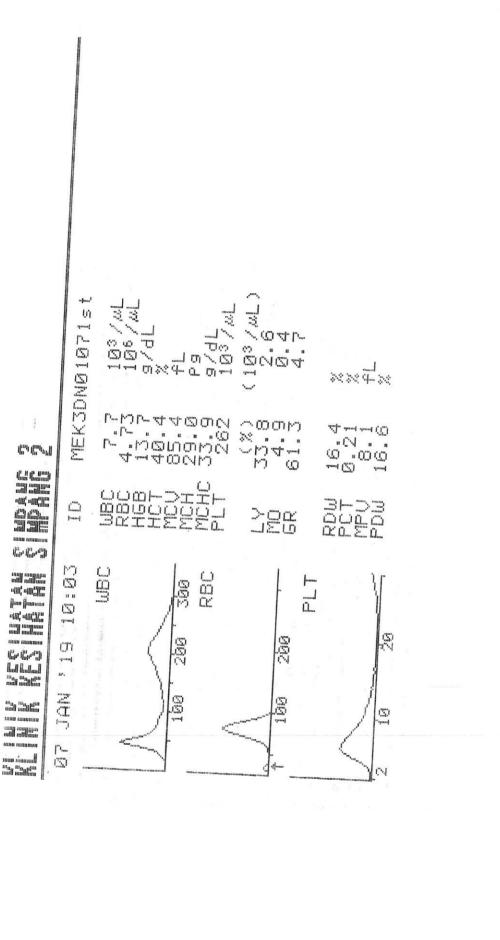
Greentown Avenue, 30450 Ipoh, Perak Tel/fax: 05-2461991 Ho: 012-39648013







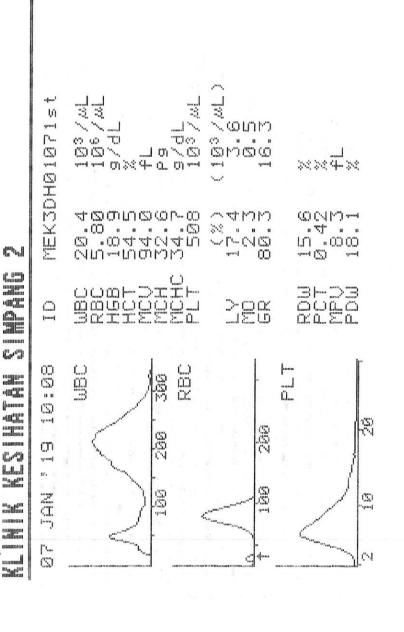




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	3.5	4. MEMASTIKAN FUNGSI ALIRAN AIR OK	2. MENGUJI FUNGSI PAM "E.SHOWER"		4. MEMASTIKAN FUNGSI ALIRAN AIR OK	3. MEMASTIKAN FUNGSI "EYE SPLASH" OK	E.SHOWER"
				MAC			