

# Form B03

## Scheduled Maintenance Work Order



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

Work Order No.	PWO346823	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	27/11/18
Clinic Name	Klinik Pergigian Lundu, Hospital Lundu	Clinic Code	SWK310
BE No.	SWK001890	Distict	KUCHING
BE Category	Trimmers, Model, Dental	WO Assigned to	Foster Anak Engkasan
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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<b>BE Third Party Calibration / Statutory Certification Details</b>			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
<b>Action Taken</b>			
<p>- To do ppm per checkist attached.</p> <p>- ppm done.</p>			

<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
01	FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK.	27/11/18	09:00	10:00
02	Darson Ak Mula	27/11/18	11	11

Customer Remarks
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Engineer / Technician Signature Name <b>FOSTER ANAK ENKASAN</b> Date <b>27/11/18</b>	Customer Signature Name Designation <b>COLLINE AK BRANDI</b> Date <b>Pembantu Pembedahan Pergigian U24</b> Seal <b>27 NOV 2018</b>
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For Internal Use

First Verification  
QMS Circle Incharge

Final Verification  
QMS State Incharge



# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Trimmers, Model, Dental  
BE CODE : 99-902

CHECKLIST NO: CL-160-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWS 346823 BE NO ▶ SWK 001890  
MANUFACTURER ▶ Yoshida Dental MODEL ▶ Y 230  
FREQUENCY ▶ 6 MONTHLY ( ) 12 MONTHLY ( ✓ ) PPM HOURS ▶ 1.00

## 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
		ELECTRICAL SAFETY ANALYZER		

## PART 4 QUALITATIVE TASKS

Tick ( ✓ ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( ✓ )	( )	( )	8 Controls/Switches - verify proper operation of controls	( ✓ )	( )	( )
2 Casters/Brakes - if mounted, verify physical integrity	( ✓ )	( )	( )	9 Fittings/ Connectors - check all fittings/connectors	( ✓ )	( )	( )
3 Line Cord/AC Plug - verify proper insulation and physical integrity	( ✓ )	( )	( )	10 Carbon Brush - verify physical integrity	( ✓ )	( )	( )
4 Strain Relief - verify physical integrity at both ends of line cord	( ✓ )	( )	( )	11 Fan/Motor - verify physical integrity and proper operation	( ✓ )	( )	( )
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( ✓ )	( )	( )	12 Label - Verify physical integrity	( ✓ )	( )	( )
6 Mount/Fasteners - verify physical integrity	( ✓ )	( )	( )				
7 Cables - verify integrity	( ✓ )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ✓ ) where appropriate

	DONE	NOT DONE **	NA
1 Cleanliness - clean interior and exterior of the equipment	( ✓ )	( )	( )
2 Check for Water Inlet and Outlet tubing	( ✓ )	( )	( )
3 Motor - check, lubricate if necessary	( ✓ )	( )	( )
4 Align/adjust mechanical components	( ✓ )	( )	( )

Notes:

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