Acknowledge By: Signæture: Date:

*Please make a copy after acknowledgement.

THRISE NIUB Leuraph Program Uss (1861) 21/11 | Oct 8

DANSON ANAMOMOLA MAINEERING BANGON MAINEERING MAINEERING MICHAEL MAINEERING MICHAEL MAINEERING MICHAEL MICHAEL

выМ поэлед 8ЭМВИМ8	7/41)		χı	B63	Wd. 1	HING EWO	SARAWAK KUC	PERGIGIAN	Virnik Pergigian Sekolah Rendah Kebangasan Chung Hua Siburan Di Pelabat Pergigian Desrah Kuching	SMK594		Alcromotor	V4K007797	S S
EMMBME3 Canson Muda	/		X	699	McJ (HING EWO	SATSAWAK KUC	ИАІВІВЯНЧ	cuti pand accepted of deband deletes acludent diality	PRZXMS		Intonnini, Intraci, etrigi-	MKDSSDDR	S t
SWNBAIRS Cented Muda		1 1 1 K	X	E08	Wd 9	HING EWO	SARAWAK KUC	PERGIGIAN	Klinik Pergigian Sekolah Rendah Kobangsaan Chung Hua Siburan Di Pelabat Pergician Daerah Kuching	SANKSB4		Lights, Decital, Intraoral	WK007604	s e
SMUBAIE3 Danson Muda	-√ Nif(()	7	1 × .	es <u>a</u>		HING EWOS	BARAWAK KUC	PERGIGIAM	Kilolik Perululah Selvolah Bendah Kebangsaan Chubu Hua	SWK284		finD gnilidaiC	MK008930	8 2
EbuM gaeged £3M8NM\$	7		U х ।	Esa		HING EWO	SARAWAK KUC	PERGIGIAN	Июк Репдіріяя Sekolah Rendah Kobangasan Chung Hua Siburan II Palabat Pergicijan Daarah Kuching	\$MK584		e i o tamaglam/	WK007801	∕S I
e) ugiszA	Hedish.	. PPM Completion Date 1976 Completion Time	BI-volv Nada	Test Equipment	Mg 19pe	District	ojers	Clinic Yrogalst	Chinc Mane	Clinic Code	lE Calegriy Mapulacturer Model		iadmul/ 3	e ov

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Scheduled Maintenance Notification Form

<u>.</u>

PKB/PPB:

District: | kuching State: SARAWAK

State: From:

Zone:

Quantum Medical Solutions transcussing boundaries, transforming the

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

SARAWAK **Quantum Medical Solutions**

Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM

Clinic Name:

<u>Klinik Pergigian Sekolah Rendah Kebangsaan</u>

<u>Chung Hua Siburan Di Pejabat Pergigian</u>

<u>Daerah Kuching</u>

Clinic Code: SWK284 Month: Nov-18

NO	BE Number	BE Category	Schedule Maintenance Type
	SWK007801	Amalgamators	PPM
2	SWK005830	Distilling Unit	PPM
ω	SWK007804	Lights, Dental, Intraoral	Mdd
4	SWK022005	Lights, Dental, Intraoral	Mdd
თ	SWK007797	Micromotor	PPM
6			Mdd
7			Mdd
00			PPM
9			Mdd
10			Mdd
1			Mdd
12			Mdd
13			PPM
14			Mdd
15			Mdd
16			Mdd
17			Mdd
18			Mdd
19			PPM

Thank You,

Charge In-charge	CONTUS NO	Acknowle	whedped by - PKB/PPB	
Salature	Quantum Medical Soutions	Signature		
Ž.	To see the second secon		THRISE NIUB Landerapi Penjajan USZ (TBK)	
Date	- THE TAXABLE PROPERTY OF TAXABLE PROPERTY	Date:	21/11/ONTR	

tegend

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



Scheduled Maintenance Work Order



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

Work Order No.	PWO346915	Sche	Schedule Month	November 2018	
Work Order Date	01/11/2018	Com	Completed Date	2	3100
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clini	Clinic Code	SWK284	•
BE No.	SWK022005	Distict	ct	KUCHING	
BE Category	Lights, Dental, Intraoral	WO	WO Assigned to	Danson	
Ownership	Existing Equipment		Purchase	New	
BE Condition			BER Proposed		
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
More Order Type	Routine Inspection (RI)		Statutory Certification	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name	11.	Cal,	Cal / Cert Date	-)
Contact Number	\	cal,	Cal / Cert Expiry Date	~ N	
Action Taken				į	,,,,,
- To do ppu	perchelist attend				
-ppm done					
+4 or.					
Schedule Maintenance Execution Details	xecution Details				
SINo	QMS Engineer / Technician Name		Date	Start Time	End Time
470880	DANSON ANAK MUDA QUANTUM BIOMENKAL ENSINEERING KUCHING SARAWAK		8/04/11/12	04:00 am	woot:50
Customer Remarks					
Engineer / Technician Signature Name DANSON ANAY MUDA QUANTUM BIOMENICA NOINEERING Date KUCHING SARAMAK 24 11/16	EERING	Custor Name Desigr Date Date Seal	Customer Signature Name THRUSE NIUB Designation Lutteral Pergian U22 (188) Date 21/11/18 Seal	IZ (TEK)	

For Internal Use

First Verification

QMS Circle Incharge

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MEET Planned Preventive Maintenance Checklist

Lights, Dental, Intraoral

CHECKLIST NO:CL-093-000 REV.000

PARTI ASSET DETAILS

Tick ($\sqrt{\ }$) where appropriate ω N PARIS PREVENTIVE MAINTENANCE TASKS 4 O O1 Tick (\forall) where appropriate ယ N PART 4 QUALITATIVE TASKS Tick (\checkmark) where appropriate Make sure the test equipment used are duly calibrated. Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines Wear appropriate Personnel Protection Equipment (PPE) during work PARTS TEST APPARATUS Wear grounded electrostatic wristband when handling PCB or electronic components FREQUENCY MANUFACTURER WORK ORDER NO there is evidence of body fluid confamination, submit the device for cleaning and decontamination before inspecting it. PART 2 SPECIAL PRECAUTION N_O Allign/ Adjust Mechanical Components Bulb/ battery - check/ replace *** Cleanliness - clean exterior and interior of the equipment Controls/Switches/ Levers/ Knobs - verify proper operation of controls Fittings/ Connectors - check all fitting/connector for physical condition & Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse Line Cord - verify proper insulation and integrity AC Plug/ Receptacle - verify physical integrity and irregularities Chassis - verify physical integrity, cleanliness and condition Mount/ Fasteners - verify physical integrity of mounts (wall, equipment, cart, etc) 1036 0812 ASSET NO * By Light ₹ Slygbiond 6 MONTHLY (RADIOMETER ELECTRICAL SAFETY ANALYZER <u>`</u> ₹ DONE 3 <u>S</u> PASS DONE * 12 MONTHLY (V FAIL DESCRIPTION š Š < Notes 10 Labelling - verify caution and warning labels Indicators/ Displays - verify proper illumination and operation Accessories - verify physical integrity and operation * For all Parts, NA is defined as NOT APPLICABLE

** If you have ticked 'NOT DONE', then justify in Part 8

*** Choose Whichever Applicable 3769418 SERIAL NO PPM HOURS MODEL BE NO ₹ 104GATG Euko2i 0.50 PASS 6 CALIBRATION DUE ON 8.2019 Z Z

KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist

		ning to the intended purpose (A) Up THRISE NIUB Lumeran Pergoden UZ (TBK) O) / 11/18	ing to the inte	tunctionin	COMPLETED BY: DANSON ANYAK MUDA QUANTUM BIT MENGAL ENGINEERING KUCHING SANAWA DATE: 11 18 OTHERS Devil performed to the intended purpose. COMPLETED BY: DANSON ANYAK MUDA THRISE NIUB KUCHING SANAWA OTHERS OF THRISE NIUB ATTENDED TO THE THRISE NIUB OTHERS OF THRISE NIUB OTHERS OTHERS OTHERS OTHERS OTHERS OTHERS OTHERS OTHERS OTHERS OTHERS OTHERS OTHERS OTHERS OTHERS OT	COMPLETED BY: DANSON A RUANTUM BI KUCHING SAI	COMPL COMPL
NOT FUNCTIONING NEXT PPM DATE (1)		FUNCTIONING			pwb 3469/5	WORK ORDER NO V	5
	,			÷			
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						10t or	
NA	FAIL NA	PASS		53	0.60601	PARTS NOTES	
			Result:]	Standard use :	
					attach report)	ELECTRICAL SAFETY TEST, (attach report) Tick ($^{\vee}$) where appropriate	Tick
					Y TEST	PART / ELECTRICAL SAFETY/TEST	Σ
	>300		3	mW/cm²		1 Light Curing	1
PASS FAIL NA	Limit/Tolerance	Measured Values	/ Set Values	Units /	Description	No	T
						Tick (V) where appropriate	Tica
					110346918	WORK ORDER NO	y ≶
OFFICENCIAL MODICAL PROGRAMM REV.000		¥.	Lights, Dental, Intraoral BE CODE: 12-352	ghts, Den	Ę	The second secon	7—

Scheduled Maintenance Work Order



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

Work Order No.	PWO346496	46496	Sch	Schedule Month	November 2018	
Work Order Date	01/11/2018	2018	Con	Completed Date	3	206
Clinic Name	Klinik	Klinik Pergigian Sekolah Rendah Keba	Clini	Clinic Code	-	×
BE No.	SWK005830	05830	Distict	ict	KUCHING	
BE Category	Distilli	Distilling Unit	WO	WO Assigned to	Danson	D. Orași
Ownership	£.	Existing Equipment		Purchase	New	
BE Condition		Active		BER Proposed		
Work Order Type	<	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
i ju		Routine Inspection (RI)		Statutory Certification	on (SC)	17.11
Reschedule Date						
BE Third Party Calibration) / Statu	Third Party Calibration / Statutory Certification Details				
Company Name			Cal,	Cal / Cert Date		;
Contact Number		N X X	Cal,	Cal / Cert Expiry Date		
Action Taken	Ţ					
	77	pechalist attend				
-Alm com		•				
-tdp 11-						1 1 1 1 1 1
Schedule Maintenance Execution Details	ecution	n Details				
SI No	QMg	QMS Engineer / Technician Name		Date	Start Time	End Time
abs0274	DANSON ANAK N QUANTUM BIOMENT KUCHING SARAWAK	DANSON ANAK MUDA QUANTUM BIUMENICAL ENGINEERING KUCHING SARAWAK		21 /11/2018	20 ch: 40	10:400
Customer Remarks	}					Ş
Engineer / Technician Signature	ure	786	Custo	ner Signat	i.	
Date DaySon ANAK	N ANAK MUDA MUDA TRIBUTAN ANAK MUDA		Name Design	Name THRISE NIUB Designation Indept Projest USC (18K)	DE (TBR)	
A III K			Date Seal	21/11/18		

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First Verification

QMS Circle Incharge





MEET Planned Preventive Maintenance Checklist

Distilling Unit

Distilling Unit
BE CODE: 15-136

CHECKLIST NO:CL-061-000 REV.000

PARITI ASSET DETAILS

Tick ($\sqrt{}$) where appropriate 2 PARTS PREVENTIVE MAINTENANCE TASKS O G ω N Tick ($\sqrt{}$) where appropriate PART 4 QUALITATIVE TASKS Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines Tick ($\sqrt{\prime}$) where appropriate PART3 TESTAPPARATUS Make sure the test equipment used are duly calibrated. Wear grounded electrostatic wristband when handling PCB or electronic components Wear appropriate Personnel Protection Equipment (PPE) during work If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting FREQUENCY MANUFACTURER PART 2 SPECIAL PRECAUTION WORK ORDER NO Align /adjust mechanical components Replace deteriorated components Strain Relief - verify physical integrity at both ends of line cord Cleanliness - Clean interior and exterior of (\checkmark the equipment N_O Power Cord - verify proper insulation and integrity Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse AC Plug/Receptacle - verify integrity Mount/Fasteners - verify physical integrity Fittings/ Connectors - check all fittings/connectors Chassis - verify physical integrity, cleanliness and condition がかし ASSET NO 200 ₹ ₹ Euranda Phospit 496 6 MONTHLY (ELECTRICAL SAFETY ANALYZER DONE $\hat{\varsigma}$ ς PASS < _ < < DONE NOT 12 MONTHLY (V ĒΑIL DESCRIPTION _ S < Z Notes: $\stackrel{\rightharpoonup}{\Rightarrow}$ 10 ω ထ operations. Heater - Clean heating element Motor / Fan -verify proper operation Controls/Switches - verify proper operation of * For all Parts, NA is defined as NOT APPLICABLE
** If you have ticked 'NOT DONE', then justify in Part
*** Choose Whichever Applicable verify physical integrity and 3169426 SERIAL NO MODEL BE NO PPM HOURS -Swk005830 - AQUADICT Î 1.00 PASS 5 6 CALIBRATION DUE ON FAIL 2/8 5

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	5	g to the intended purpose. Adulule . THRUSE NIUB underapi Pergigian usz (TBN) 21 / 11 / 18	THI	s runctionii	COMPLETED BYANSON ANAK MUDA QUANTUM BIOMENICAL ENGINEERING THRUSE NIUB KUCHING SARAWAK DATE: 21 U & ST 111 18	COMPLETED BYANSON ANAK MUDA QUANTUM BIGMENKAL ENGINEERING KUCHING SARAWAK DATE: 21 U B
NOT FUNCTIONING NEXT PPM DATE > 05/20/5		FUNCTIONING			CORRECTIVE MAINTENANCE REQUIRED	WORK ORDER NO >
						- 76 + 12T -
MA	FAIL	N PASS	Result:	53	EC 60601 IEC 61010 IEC	Ticl: (\(\) where appropriate Standard use: IEC 6060
					NEIY (ESI	PART / EUECTRICAL SAFETY TEST. ELECTRICAL SAFETY TEST, (attach report)
PASS FAIL NA	Limit/Tolerance	Measured Values	Set Values	Units /	Description	No
					TASKS TWY 44 AL	PART 6 QUANTITATIVE TASKS Tick (\(\) where appropriate
CHECKLIST NO:CL-061-000 REV.000	YSIA	ance Checklist	Maintena g Unit	N KESIHAT Preventive Maint Distilling Unit BE CODE: 15-136	KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist Distilling Unit BE code: 15-136	

Scheduled Maintenance Work Order



Quantum Redical Solutions solubed

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

Work Order No.	PWO346731	Cohadrilo Month		
		Scriedule Month	November 2018	
Work Order Date	01/11/2018	Completed Date	21 11/18	
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK284	
BE No.	SWK007801	Distict	KUCHING	
BE Category	Amalgamators	WO Assigned to	Danson	
Ownership	Existing Equipment	Purchase	New	
BE Condition	√ Active	BER Proposed		į
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)	tion (TPC)	
1)	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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cal / Cert Expiry Date	1 24	150
Action Taken				
mpl ap ot-	pechabit arten)			
-ppm don	-			
नंबर गा				
Schedule Maintenance Execution Details	ecution Details			
SINo	QMS Engineer / Technician Name	Date	Start Time E	End Time
\$420.38	DANSON ANAK MUDA QUANTUM HOMENKAL ENBINEERING KUCHING SARAWAN	31 /11 /m18	UF:20 cm 05:00	** 00:
Customer Remarks				
Customer Remarks				
Engineer / Technician Signature	ure	Customer Signature		
e			UB.	
Date OUAL NAK N N N N	CON ANAK MUUA HING SARAMAK HING SARAMAK	Designation Junteral Pergentian (182 (184)) Date $21/11/18$	32 (TBI)	
9100 11 12	76	Seal		

For Internal Use

First Verification

QMS Circle Incharge

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KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Amalgamators

BE CODE: 10-082

CHECKLIST NO:CL-002-000 REV.000

stify in Part 8	If you have ticked 'NOT DONE', then justify in Part 8 'Choose Whichever Applicable	*** Choos		Service / lubricate motor - as applicable
PLICABLE	Parts, NA is defined as NOT AP	* For all	(Cleanliness - clean exterior and interior of the equipment
		Notes:	NOT DONE DONE NA	
			~	PARTS PREVENTIVE MAINTENANCE TASKS
				7 Controls/Switches - verify proper operation of controls
			(🗸) () ()	6 Fittings/ Connectors - check all fitting/connector for physical integrity
(V) () ()	Labelling - verify caution and warning labels	12 Labelling - veri		5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse
	Accessories - verify physical integrity and operation	11 Accessories - v	(v) () ()	Strain Relief - verify physical integrity at both ends of line cord
	peration	10 Motor - verify operation		AC Plug/Power Cord - verify physical integrify and proper insulation
	Audible/Visual Alarms - verify proper operation, automatic and activation	9 Audible/Visual Alarms - varionatic and activation	() () (\sqrt	2 Mount/ Fasteners - verify physical integrity
<u>\$</u>	Indicators/ Displays - verify proper illumination and operation	8 Indicators/ Disp and operation	?	Chassis - verify physical integrity, cleanliness and condition
PASS FAIL NA			PASS FAIL NA	льх (v) миеге appropriate
				PART4 QUALITATIVE TASKS
6.8.2019	4246418		ELECTRICAL SAFETY ANALYZER	6869812 ELECT
CALIBRATION DUE ON	SERIAL NO		DESCRIPTION	ASSET NO
				Tick (\forall) where appropriate
			librated.	Make sure the test equipment used are duly calibrated
	nes.	ponents. manufacturer guidelir	anding PCB or electronic com Cautions and guidance as per r	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines
		•	nent (PPE) during work.	Wear appropriate Personnel Protection Equipment (PPE) during work
	on before inspecting it.	and decontaminatio	submit the device for cleaning	If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.
0.50	PPM HOURS ►)) 12 MONTHLY (✓	FREQUENCY • 6 MONTHLY (
ultranat z	MODEL .			MANUFACTURER ► SO
SWK007801	BE NO ►.			WORK ORDER NO → NO34673

	KEMENTERIA MEET Planned	KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist	YSIA	
	5	Amalgamators BE CODE: 10-082		Wilconson RO.GL-002-000 REV.000
PART 6 QUANTITATIVE TASKS	1229450mg		And the state of t	
Tick (V) where appropriate				
No	Description	Units / Set Measured UOM Values Values	Limit/Tolerance	PASS FAIL NA
PAINT / EVECTRICAL SAFETY TEST	1 TO			
ELECTRICAL SAFETY TEST, (attach report)				
Tick (v) where appropriate Standard use:		Result :		
∑ IEC 60601	60601 IEC 61010 IEC 62353	3 PASS	FAIL NA	
- Test or.				
CORR	CORRECTIVE MAINTENANCE REQUIRED	FUNCTIONING	NOT FUNCTIONING	TIONING
WORK ORDER NO ▶	1849A8am	Ι.	NEXT PPM DATE •	DATE - 11/2019
COMPLETED BY: COMPLETED BY: DANSON ANAK MIDA GUANTUM BIOMENICAL EX KUCHING SARAWAK		equipment is functioning to the intended purpose. A July . HIMSE NIUB burdengi Penggan USZ (TBK)	SK	

DATE: '2

21/11/18

Scheduled Maintenance Work Order



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

Work Order No.	PWO346436	Sch	Schedule Month	November 2018	
Work Order Date	01/11/2018	S.	Completed Date	=	20
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	읔	Clinic Code	SWK284	
BE No.	SWK007804	Distict	fict	KUCHING	
BE Category	Lights, Dental, Intraoral	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)	
	Routine Inspection (RI)		Statutory Certification	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details	:			
Company Name	414	Cal /	/ Cert Date		
Contact Number	2	Cal	Cal / Cert Expiry Date	\ **	
Action Taken - 10 do ppr	~ pechalist attend		,		
web wido-					
-tula or				15 15	
Schedule Maintenance Execution Details	ecution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
8850277	DANSON ANAK MUDA GUANTUH BIOMENKAL ENAMEERING KUCHING SARAWAK		21) 11/18	08:000	08:30 am
Gustomer Remarks					
Engineer / Technician Signature Name DANSON ANAK MUDA Date GUANTUM BIOMERIKA MUSINEERING SARAWAX 21 / 11 // 8	RING	Custor Name Desigr Date Date Seal	Customer Signature Name THRISE NIUB Designation Interpression Interpression (18) Date Seal	CABA)	

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First Verification

QMS Circle Incharge

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MEET Planned Preventive Maintenance Checklist
Lights, Dental, Intraoral
BE CODE: 12-352

CHECKLIST NO:CL-093-000 REV.000

PART 1 ASSETDETAILS

Tick (V) where appropriate N PARTIS PREVENTIVE MAINTENANCE TASKS o Ch 4 ω 2 Tick (\forall) where appropriate PART - QUALITATIVE TASKS Tick (\forall) where appropriate Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines Wear grounded electrostatic wristband when handling PCB or electronic components PARI 3 TEST APPARATUS Wear appropriate Personnel Protection Equipment (PPE) during work. Allign/ Adjust Mechanical Components Make sure the test equipment used are duly calibrated If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it FREQUENCY MANUFACTURER Bulb/ battery - check/ paper WORK ORDER NO Cleanliness - clean exterior and interior of the equipment PART 2 SPECIAL PRECAUTION Controls/Switches/ Levers/ Knobs - verify proper operation of controls Fittings/ Connectors - check all fitting/connector for physical condition & Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse Line Cord - verify proper insulation and integrity AC Plug/ Receptacle - verify physical integrity and irregularities Mount/ Fasteners - verify physical integrity of mounts (wall, equipment, cart, etc) Chassis - verify physical integrity, cleanliness and condition JUSS 252 ASSET NO S Derung 6 MONTHLY (4946 RADIOMETER ELECTRICAL SAFETY ANALYZER <u>Ş</u> DONE Ŝ < ζ < PASS < 7 DONE 12 MONTHLY (V FAIL DESCRIPTION Z ζ Σ 10 φ co Labelling - verify caution and warning labels Accessories - verify physical integrity and operation and operation Indicators/ Displays - verify proper illumination * For all Parts, NA is defined as NOT APPLICABLE
** If you have ticked 'NOT DONE', then justify in Part 8
*** Choose Whichever Applicable 31246918 SERIAL NO BE NO PPM HOURS 3 0.50 HACUN 50 SX ς PASS 5 6 200 _ CALIBRATION DUE ON 28.8 FAIL なるが ₹



MEET Planned Preventive Maintenance Checklist
Lights, Dental, Intraoral
BE CODE: 12-352

CHECKLIST NO:CL-093-000 REV.000

Scheduled Maintenance Work Order



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

Mad) Mi	1 · · · · · · · · · · · · · · · · · · ·			
Work Order No.	PWO346820	Schedule Month	November 2018	
Work Order Date	01/11/2018	Completed Date	21/11/12	30
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK284	
BE No.	SWK007797	Distict	KUCHING	
BE Category	Micromotor	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)	
	Routine Inspection (RI)	Statutory Certification (SC)	on (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				
- This mit al	ready Bos /BERE /812			
- Refer RER No	NO (BER KWK BRN/NON/17/002)			
Schedule Maintenance Execution Details	cution Details			
	QMS Engineer / Technician Name	Date	Start Time	End Time
OKSOZ 7 DAN	DANSON ANAK MODE BIJANTUM BIOMENICAL ENGINEERING KUCHING SARAWAK	24 11 18	01:00an	09:40 a
Customer Remarks				
Name Danson Anak muda Date Danson Anak muda	ERMG	Customer Signature (10) . Name THRISE NIUB Designation Juntary Program 112 (15%)	2 (TBK)	
2 In 18		Date ՁI/II/I® Seal		

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QMS Circle Incharge

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KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist Micromotor BE CODE: DE-019

PART 1 ASSET DETAILS

CHECKLIST NO:CL-096-000 REV.000

WORK ORDER NO VIEW COX	080	サンドゥスのマ PENO ・Suranting・	'
MANUFACTURER •			
FREQUENCY • 6 MONTHLY (·LY () 12 MONTHLY (\(\sigma \)	PPM HOURS ► 1.60	
If there is evidence of body fluid contain	If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it	econtamination before increasion if	
Wear appropriate Personnel Protection Equipment (PPE) during work.	Equipment (PPE) during work.		
Refer to the safety procedure for addition	wear grounded electrostatic wristband when handling PCB or electronic components Refer to the safety procedure for additional precautions and mistages are re-	93	
Make sure the test equipment used are duly calibrated	Make sure the test equipment used are duly calibrated.	cturer guidelines.	
PARTS ITEST APPARATUS			-14
NO ASSET NO	DESCRIPTION	SERIAL NO	
	ELECTRICAL SAFETY ANALYZER		}
7	TACHOMETER		
PART4 QUALITATIVE JASKS			8
Tick (V) where appropriate	PASS EAII NA		-23.20
Chassis - verify physical integrity, cleanliness and condition	() () () 8 Lab	Label - verify physical integrity () () (
· ·	rity () () () 9	Indicators/ Displays - verify proper () () ()	
3 AC Plug / Power Cord - verify physical integrity and proper insulation	() () () 10	Motor - verify proper operation () () () physical integrity	
	t () () () 11	Accessories-verify physical integrity and () () () operations.	
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	() () () 12	Foot/Knee control-verify proper operation () () ()	
6 Fittings/ Connectors - check all fittings/connectors			
7 Controls/Switches - verify proper operation of controls	ation () () ()		
PART 5 PREVENTIVE MAINTENANCE TASKS ick (\forall) where appropriate	ASKS		
	DONE DONE NA	NOT DONE DONE NA	
 Cleanliness - clean interior and exterior of the equipment 	()()()	(*	
2 Service micromotor head/chuck	() () () Notes: **		
3 Allign / adjust mechanical components		*** Choose Whichever Applicable	



MEET Planned Preventive Maintenance Checklist
Micromotor
BE CODE: DE-019

CHECKLIST NO:CL-096-000 REV.000

WORK ORDER NO ▼	on stand		
PART 6 QUANTITATIVE TASKS			
Tick (1) where appropriate			
No Description	Units / Set Measured UOM Values Values	Limit/Tolerance	PASS FAIL NA
Speed	35,000	± 5%	() () ()
PART 7 ELECTRICAL SAFETY (EST			
ELECTRICAL SAFETY TEST, (attach report) Tick (V) tuhosa conversion			
Standard use :	Result :		
IEC 60601	EC 62353 PASS	FAIL [NA
PART O NOTES			
- This unit already Bos / AER	AER		
CORRECTIVE MAINTENANCE REQUIRED	QUIRED FUNCTIONING	N _S	NOT FUNCTIONING
WORK ORDER NO - 1657 46 820		Z.	NEXT PPM DATE ▼
DDA			
COMPLETED BY:	quipment is functioning to the intended purpos	, u	
DANSON ANAK MUDA QUANTUM BIOMPHICAL PHOINGERING KUCHING SARAYAK	I HRUSE NIUB Juruterapi Pergigian US2 (TBK)		
2 7 11/8	21 18		