

## 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.	PWO365441	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	12/6/18
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken	Clinic Code	JHR015
BE No.	JHR002025	Distict	BATU PAHAT
BE Category	Freezers, Laboratory, Vaccine	WO Assigned to	Fathan
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	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
<b>Action Taken</b>			
<input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use.		Manufacturer: DOMETIC	
<input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown		Modal: TCU3000	
BE Sticker Availability: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA		Serial No: 0151547	
Remarks:			

<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	Fathan	12/6/18	1200	1300

Customer Remarks	NA
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Engineer / Technician Signature	Customer Signature
Name:	Name:
Date: 12/6/18	Date: 12/6/18
Stamp: MOID HAJIDI FATHAN B. ISMAIL BIOMEDICAL ENGINEER (012-388 7048) QUANTUM MEDICAL SOLUTIONS SDN. BHD.	Stamp: Nur Hazirah Nocey Azzah (No. Pendaftaran Penuh: 54451, Jururawat U29 KK Kc, Kenangan Dato Onn

For Internal Use

First Verification  
QMS Circle Incharge

**RAZILA MISKAN**  
Biomedical Engineer (Circle In-Charge)  
Quantum Medical Solutions Sdn. Bhd.

Final Verification  
QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Freezers, Laboratory, Vaccine  
BE CODE : ME-015

CHECKLIST NO: CL-073-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ BE NO ▶ **3472 00205**  
MANUFACTURER ▶ **DOMETIC** MODEL ▶ **TW 3000**  
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
	<b>TEESMOOT</b>	ELECTRICAL SAFETY TESTER	<b>2226906</b>	<b>10/11/18</b>
	<b>TEESA 0138</b>	THERMOMETER	<b>150423878</b>	<b>10/11/18</b>

## PART 4 QUALITATIVE TASKS

Tick ( ☒ ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( <input checked="" type="checkbox"/> )	( )	( )	7 Controls/ Switches/ Keypad - verify proper operation of controls	( <input checked="" type="checkbox"/> )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( <input checked="" type="checkbox"/> )	( )	( )	8 Indicators/ Displays - verify proper illumination and operation	( <input checked="" type="checkbox"/> )	( )	( )
3 Power Cord - verify proper insulation and integrity	( <input checked="" type="checkbox"/> )	( )	( )	9 Alarm/ Audible Signal - verify operation	( <input checked="" type="checkbox"/> )	( )	( )
4 Strain Relief - verify physical integrity at both ends of line cord	( <input checked="" type="checkbox"/> )	( )	( )	10 Check Compressor - verify physical Integrity	( <input checked="" type="checkbox"/> )	( )	( )
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( <input checked="" type="checkbox"/> )	( )	( )	11 Check Thermostate - verify physical Integrity	( <input checked="" type="checkbox"/> )	( )	( )
6 Door Gasket, Hinges - verify physical Integrity	( <input checked="" type="checkbox"/> )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ☒ ) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Cleaning the inside with a vacuum cleaner	( <input checked="" type="checkbox"/> )	( )	( )	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Clean compressor	( <input checked="" type="checkbox"/> )	( )	( )	





## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

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WORK ORDER NO ▶

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PAS S FAIL NA
	Temperature	°C	8	6	2 - 8	( / ( ( ) )

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

Result :



IEC 60601



IEC 61010



IEC 62353



PASS



FAIL



NA

## PART 8 NOTES



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NA

NEXT PPM DATE ▶

Jun 19

PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.

COMPLETED BY:

Fahen

DATE :

12/6/18





## Test Setup

Operator ID :  
Calibration Tech : DINA  
Calibration Date : 9/10/2017  
Firmware Version : 2.08.01  
Serial Number : 3226906  
Date & Time : 06/12/2018 & 12:35  
JOB Name :

## DUT Information

Equipment Number : JHR002025  
Serial Number :  
Manufacturer : DOMETIC  
Model : TCW3000  
Location : KK PESTA  
Other :

## Template Information

Template Name : JHR002025  
Pause after Power ON: NO  
Power ON delay: 2  
Test Speed: NORMAL  
Halt on Test Failure: YES  
Include Time: YES  
Insulation Resistance \ 500V  
Multi Enclosure Test : NO

Standard : IEC60601-1-2nd Ed  
Pause before Power O NO  
Power OFF delay: 0  
Test Mode: AUTO  
Multi PE Test: NO  
Multi Resstore: WORST/LAST  
Reverse Polarity: YES  
Classification: II

## PLC Configuration-Applied part setup

AP Name AP Type AP Num

## ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Insulation Resistance				P
Mains to Non-Earth Accessible Conductive Par	999 MOhn -	-		P
Mains Voltage				P
Live to Neutral	236.3 V -	-		P
Equipment Current	0.0 A -	-		P
Enclosure Leakage Current				P
Normal Condition	0.6 uA-OPI	100 -		P
Open Neutral	0.6 uA-OPI	500 -		P
Open Neutral- Reversed Mains	0.7 uA-OPI	500 -		P
Normal Condition- Reversed Mains	0.5 uA-OPI	100 -		P
Earth Leakage Current				P
Open Neutral	122.6 uA-C	1000 -		P

  
MOHD NAJIB FARHAN B. ISMAIL  
BIOMEDICAL ENGINEER  
(012-396 7048)  
QUANTUM MEDICAL SOLUTIONS SDN. BHD.  
Signature

