

# 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.	PWO372017	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	28/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000593	Distict	LABUAN
BE Category	Handpieces, Dental	WO Assigned to	Ashmawi
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	NA	Cal / Cert Expiry Date	NA
<b>Action Taken</b> ↳ Check chasis, fittings and burr holder ↳ Clean exterior and do some lagnent. ↳ Perform test, unit <del>for</del> perform well (Functioning Good)			

<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	28/3/2018	9.45am	10.00am

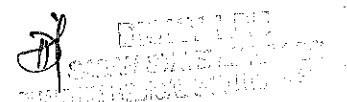
Customer Remarks	
Engineer / Technician Signature Name Date MOHD. ASHMAWI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 28/3/2018	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 28/3/18




For Internal Use

First Verification  
QMS Circle Incharge  
JULIUS MANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3620179

Final Verification  
QMS State Incharge



 <small>Quantum Medical Solutions sdn bhd transcending boundaries, transcending life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Handpieces, Dental</b> <small>BE CODE : 11-161</small>	CHECKLIST NO: CL-075 REV.000		
<b>PART 1 ASSET DETAILS</b>				
WORK ORDER NO ▶ <u>Pmo 37 2017</u> MANUFACTURER ▶ <u>RS / u</u> FREQUENCY ▶ 3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY ( <input checked="" type="checkbox"/> )	ASSET NO ▶ <u>WPL 000593</u> MODEL ▶ <u>a 12</u> PPM HOURS ▶ <u>0.25</u>			
<b>PART 2 SPECIAL PRECAUTION</b>				
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.				
<b>PART 3 TEST APPARATUS</b>				
<i>Tick (✓) where appropriate</i>				
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
<b>PART 4 QUALITATIVE TASKS</b>				
<i>Tick (✓) where appropriate</i>				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	( <input checked="" type="checkbox"/> )	( )	( )	
2 Fittings/ Connectors - check all fittings/connectors	( <input checked="" type="checkbox"/> )	( )	( )	
3 Mechanical - Verify condition bearing/O-ring	( <input checked="" type="checkbox"/> )	( )	( )	
4 Label - verify physical integrity	( <input checked="" type="checkbox"/> )	( )	( )	
5 Burr holder - Check proper operation	( <input checked="" type="checkbox"/> )	( )	( )	
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>				
<i>Tick (✓) where appropriate</i>				
	DONE	NOT DONE**	NA	
1 Clean exterior and interior of the equipment	( <input checked="" type="checkbox"/> )	( )	( )	
2 Lubricate - Mechanical parts	( <input checked="" type="checkbox"/> )	( )	( )	



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## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Handpieces, Dental

BE CODE : 11-181

CHECKLIST NO: CL-075  
REV.000

WORK ORDER NO ▶

*POW 372017*

### PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA

### PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

### PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ *NA*

NEXT PPM DATE ▶ *27/3/2019*

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

COMPLETED BY:

DATE: *28/3/2018*