

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.	PWO372202	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	20/3/2018
Clinic Name	Klinik Pergigian Sekolah Rendah Jenis	Clinic Code	WPL004
BE No.	WPL000052	Distict	LABUAN
BE Category	Lights, Dental	WO Assigned to	Che Muhammad Atillah
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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BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken ↳ Check chassis, fittings, cable, bulb and holder bulb. ↳ Clean exterior then perform test ↳ Unit perform well, (FUNCTIONING GOOD)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMANI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2834231	20/3/2018	2.45pm	3.15pm

Customer Remarks	
Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Seal
 MOHD. ASHMANI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2834231 20/3/2018	 HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 20/3/18




For Internal Use

First Verification
QMS Circle Incharge

JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

Final Verification
QMS State Incharge

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Lights, Dental BE CODE :12-351	CHECKLIST NO: CL-092 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ <u>FWO 372202</u>		ASSET NO ▶ <u>UPR 058 052</u>					
MANUFACTURER ▶ <u>ALN</u>		MODEL ▶ <u>A14</u>					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)		PPM HOURS ▶ <u>0.5</u>					
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			
1	<u>TEEM 0085</u>	ELECTRICAL SAFETY ANALYZER	<u>3227039</u>	<u>10/1/2019</u>			
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"/>)	()	()	8 Fittings/ Connectors - check all fittings/connectors	(<input checked="" type="checkbox"/>)	()	()
2 Mount/ Fasteners - verify physical integrity	(<input checked="" type="checkbox"/>)	()	()	9 Controls/Switches - verify proper operation of controls	(<input checked="" type="checkbox"/>)	()	()
3 Casters/Brakes - if mounted, verify physical integrity	(<input checked="" type="checkbox"/>)	()	()	10 Indicators/ Displays - verify proper illumination and operation	()	()	(<input checked="" type="checkbox"/>)
4 AC Plug - verify integrity	(<input checked="" type="checkbox"/>)	()	()	11 Label - verify physical integrity available	(<input checked="" type="checkbox"/>)	()	()
5 Power Cord - verify proper insulation and integrity	(<input checked="" type="checkbox"/>)	()	()				
6 Strain Relief - verify physical integrity at both ends of line cord	(<input checked="" type="checkbox"/>)	()	()				
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(<input checked="" type="checkbox"/>)	()	()				
PART 5 PREVENTIVE MAINTENANCE TASKS							
Tick (✓) where appropriate							
	DONE	NOT DONE **	NA				
1 Inspect, Clean Interior and Exterior	(<input checked="" type="checkbox"/>)	()	()	Notes: * For all Parts, NA is defined as NOT APPLICABLE **If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Bulb check/ replace***	(<input checked="" type="checkbox"/>)	()	()				
2 Align/ Adjust Mechanical components	(<input checked="" type="checkbox"/>)	()	()				



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BEMS Planned Preventive Maintenance Checklist

Lights, Dental
BE CODE 112-351

CHECKLIST NO: CL-092
REV.000

WORK ORDER NO ▶

PWO 37 2202

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

Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :

FS7 CLASS I



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

N/A

NEXT PPM DATE ▶

28/3/2019

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

COMPLETED BY:

MOHD. ASHMAWI B MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2534231

DATE :

30/3/2018

Fluke Biomedical

Date 30/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3227039
Date & Time 30/03/2018 & 15:10
JOB Name

DUT Information

Equipment Number WPL 000052
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name LIGHTS, DENTAL
Pause after Power ON NO
Power ON delay 2
Test Speed RAPID
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage 250V
Multi Enclosure Test NO

Standard IEC62353-Differential
Pause before Power OFF NO
Power OFF delay 0
Test Mode AUTO
Multi PE Test NO
Multi Resstore WORST/LAST
Reverse Polarity YES
Classification I

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Protective Earth Resistance	0.17 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	240.9 V	-	-	P
Live to Earth	11.6 V	-	-	P
Neutral to Earth	240.2 V	-	-	P
Equipment Current	10.9 A	-	-	P
Differential Leakage				P
Normal Condition	29 uA	500	-	P
Normal Condition-Reversed mains	41 uA	500	-	P

Signature

MOHD. ASHMAWI B MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2334231