Form B03 Scheduled Maintenance Work Order



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

Work Order Date O1/03/2018 Completed Date Whinik Pergigian Di Klinik Kesihatan Lat Clinic Code WPL001 BE No. WPL000588 Distict LABUAN BE Category Lights, Dental, Intraoral WO Assigned to Che Muhammad Atillah Work Order Type Work Order Type Output Distict D		The second secon										
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First Verification

QMS Circle Incharge

Julius Dansun Biomedicadengineer, gms 019-5620179

Final Verification QMS State Incharge DICKY LPE DICKY LPE OUANTEM NEUDAL BOLLPYONG SON BHI

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Quantum Medical Solutions Sdn Bhd

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

CHECKLIST NO: CL-093 REV.000

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PAR	12 SPECIAL PRECAUTION			li.											
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	appropriate Personnel Protec														
Wear grounded electrostatic wristband when handling PCB or electronic components. Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.															
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	Chassis - verify physical integral cleanliness and condition	ity	(/)	() (()	9	Controls/Swite controls	ches - verify p	oroper operatio	n of	(/)	() ()
2 [Mount/ Fasteners - verify phys	ical integrity	(/)	() (()	10	Indicators/ Dis		proper		(/)	() ()
Casters/Brakes - if mounted, verify physical integrity				()	11	Alarms/ Interlo	ocks - check	all alarms		()	() (/)		
4 AC Plug - verify integrity			(/)	()	()	12	12 Power ON Self Test					() ()
5	Power Cord - verify proper ins	ulation and	(/)	()	()	13	Label - verify	physical inte	grity		(<u>/</u>)	() (.)
	integrity														
	Strain Relief - verify physical both ends of line cord	integrity at	(/)	()	()	14	Timer - verify	operation			(/)	() (.)
	Circuit Breaker/ Fuse - verify i external circuit breaker and/or external fuse	ntegrity of rating of	(/)	()	(15	Light intensity	/ - verify oper	ration		()	() ()
8	Fittings/ Connectors - check a fittings/connectors	ull	(/)	()	(
PAR	RT 5 PREVENTIVE MAINTE	NANCE TAS	KS												
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1	Inspect , Clean Interior and E	xterior)	()	** lf yo	ou have ticke	. is defined as l d 'NOT DONE ver Applicable					
2	Bulb/ Battery - check/ replace)***	(/) ()	()	···· Und	oose valicite.	ver Aphilicanie					

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Lights, Dental, Intraoral

CHECKLIST NO: CL-093 REV.000

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ART 6	QUANTITATIVE	TASKS								
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Fluke Biomedical

Date 28/03/2018

Test Setup

Operator ID

Calibration Tech

Calibration Date Firmware Version

Serial Number Date & Time JOB Name

LBNBME

10/01/2019 2.08.01

32276 5月 28/03/2018 & 10:40

DUT Information

Equipment Number Serial Number Manufacturer Model

Location Other

WPL 000588

KLINIK PERGIGIAN

Template Information

Template Name Pause after Power ON LIGHT, INTRAORAL Power ON delay Test Speed Halt on Test Failure RAPID YES Include Time YES Insulation Resistance Voltage 250V

Multi Enclosure Test NO Standard

Pause before Power OFF Power OFF delay Test Mode Multi PE Test

Multi Resstore Reverse Polarity Classification

IEC62353-Differential

NO 0 ÃUTO NO

WORST/LAST

YES ii.

PLC Configuration-Applied part setup

AP Name

AP Type

AP Num

ESA615 Test Results

Test Name	•	Value	High Limits	Low Limits	Status
Mains Voltage Live to Neutral Equipment Current Differential Leakage Normal Condition Normal Condition-Reversed mains		240.8 V 0.0 A 29 uA 40 uA	 - 100 100		5 5 5 5 5
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Signature