

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.	PWO373420	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	20/3/18
Clinic Name	Poliklinik Labuan	Clinic Code	WPL006
BE No.	WPPSPL001	Distict	LABUAN
BE Category	Spirometers, Low	WO Assigned to	Che Muhammad Atillah
Ownership	<input type="checkbox"/> Existing Equipment	<input checked="" 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	NA	Cal / Cert Expiry Date	NA

Action Taken

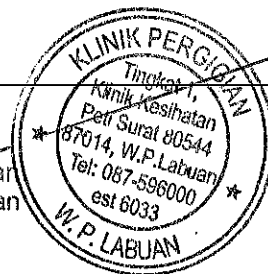
- ↳ Check class and condition unit.
- ↳ Clean exterior and interior
- ↳ Perform test, unit perform well (Good Functioning)

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN, QMS 019-2872640	30/3/18	11.00 am	11.15 am

Customer Remarks

Engineer / Technician Signature	Customer Signature
Name	HERMAN NOWI
Date	30/3/18
	Juruteknologi Pergigian Klinik Pergigian Labuan
	Seal



For Internal Use

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

Final Verification
QMS State Incharge

QMS STATE INCHARGE
QMS STATE INCHARGE



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BEMS Planned Preventive Maintenance Checklist

Spirometers, Low

BE CODE : ME-020

CHECKLIST NO: CL-145
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ Pw0 373420 ASSET NO ▶ WPPSP001
MANUFACTURER ▶ n123 MODEL ▶ 012-
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/) PPM HOURS ▶ 0.28

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

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Fittings/ Connectors - check all fittings/connectors	(/)	()	()
2 Controls/Switches - verify proper operation of controls	()	()	(/)
3 Indicators/ Displays - verify proper operation	(/)	()	()
4 Label	(/)	()	()



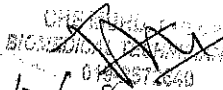
PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA
1 Clean/Inspect the Exterior & Interior	(/)	()	()
2 Adjust/ align mechanical components	()	()	(/)

Notes:

- * For all Parts, NA is defined as NOT APPLICABLE
- ** If you have ticked 'NOT DONE', then justify in Part 8
- *** Choose Whichever Applicable

 Quantum Medical Solutions sdn bhd <small>Transcending boundaries, redefining the future</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Spirometers, Low <small>BE CODE : ME-020</small>	CHECKLIST NO : CL-145 REV.000				
WORK ORDER NO ▶ <u>imo 373420</u>						
PART 6 QUANTITATIVE TASKS						
<i>Tick (✓) where appropriate</i>						
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS FAIL NA
						() () (✓)
PART 7 ELECTRICAL SAFETY TEST						
ELECTRICAL SAFETY TEST, (attach report) <small>(in accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>						
PART 8 NOTES						
						
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING </div> <div style="display: flex; justify-content: space-between;"> <div> WORK ORDER NO ▶ <u>NA</u> </div> <div> NEXT PPM DATE ▶ <u>29/3/2019</u> </div> </div>						
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  <small>019-2634231</small> </div> <div style="text-align: center;"> MOHD. ASIMAWI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> DATE: <u>30/3/2018</u> </div> </div>						