

Form B03

Scheduled Maintenance Work Order



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

Work Order No.	PWO373419	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	30/3/2018
Clinic Name	Poliklinik Labuan	Clinic Code	WPL006
BE No.	WPPSPL002	Distict	LABUAN
BE Category	Spirometers, Low	WO Assigned to	Ashmawi
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		Cal / Cert Expiry Date	

Action Taken

↳ Check chasis and condition unit.

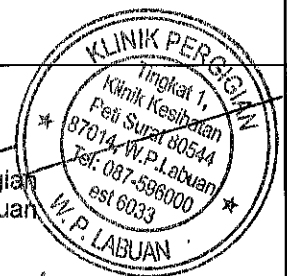
↳ Clean exterior and interior

↳ Perform test, unit perform well (Good functioning)

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2334231	30/3/2018	11:15 am	11:30 am

Customer Remarks	
Engineer / Technician Signature Name: MOHD. ASHMAWI & MOHD HISHAM Date: 30/3/2018 BIOMEDICAL TECHNICIAN, QMS 019-2334231	Customer Signature Name: HERMAN NOWI Designation: Juruteknologi Pergigian Date: 30/3/18 Seal: Klinik Pergigian Labuan



For Internal Use

First Verification
QMS Circle Incharge
JULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620175

Final Verification
QMS State Incharge

DESIGN LEE
SARAN STATE MINTA QMS
QUANTUM MEDICAL SOLUTIONS



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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 ▶ Pmo 383419

ASSET NO ▶ WPPS PL002

MANUFACTURER ▶ n12

MODEL ▶ n13-

FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)

PPM HOURS ▶ 0.25

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/ Display - 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>Transforming the way we think about healthcare</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Spirometers, Low BE CODE : ME-020	CHECKLIST NO : CL-145 REV.000
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WORK ORDER NO ▶ 8W0 373419

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 ▶ 29/3/2019 2019

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

COMPLETED BY: **MOHD. ASHIMAWI B MOHD HISHAM**
 BIOMEDICAL TECHNICIAN, QMS
 019-2334231

DATE: 130/3/2018