



# Scheduled Maintenance Work Order

Work Order No	n/a pwo 407715	Scheduled Month	January 2019
Work Order Date	n/a 01/01/2019	Completed Date	11/1/2019
Clinic Name	k.k PENGKALAN HULU	Clinic Code	PAK 014
BE No	PAK 030250	District	HULU PERAK
BE Category	urinal analyzer (m)	WO Assigned to	NCER ADARUL
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> MEET Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM) <input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	
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## BE Third Party Calibration / Statutory Certification Details

Company Name	n/a	Cal / Cert Date	n/a
Contact Number	n/a	Cal / Cert Expiry Date	n/a

## Action Taken

PPM completed as per checklist.

Manufacturer: OFI CO. LTD.  
Model: COMPOSTIK R300  
S/N: 221206222  
Purchase Date: ...  
Kewpa No: KKM/JRM/PEO/KK/08-08-01/11/14/2

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1	ADARUL	11/1/2019	11:30	12:30

## Customer Remarks

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Engineer / Technician Signature Name: NOOR AZARUL B AHAMAD Date: 11/1/2019 PERAK LAB SPECIALIST Quantum Medical Solution Sdn. Bhd No 10 B, Persiaan Greentown 4c Greentown Avenue, 30450 Ipoh, Perak Tel/fax : 05-2461991 Hp : 012-39648013	Customer Signature Name: MOHD EZHAR BIN SANUSI Designation: Juruteknologi Medikal Perubatan U29 Date: ... Seal: Klinik Kesihatan Pengkalan Hulu 33100 Pengkalan Hulu, Perak
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For Internal Use only

First Verification  
QMS Circle InchargeFinal Verification  
QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Analyzers, Laboratory, Urine, Semiautomated (Medium)  
BE CODE : ME-010

CHECKLIST NO: CL-019-000 REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ *n/o* BE NO ▶ *PRK030352*  
MANUFACTURER ▶ *DFI CO. LTD.* MODEL ▶ *COMBESTIK R300*  
FREQUENCY ▶ 6 MONTHLY ( / ) 12 MONTHLY ( ) PPM HOURS ▶ 1.00

## 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
	<i>n/o</i>	ELECTRICAL SAFETY ANALYZER	<i>n/a</i>	

## PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( / )	( )	( )	9 Test Strip Tray - Verify Physical integrity	( / )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( / )	( )	( )	10 Motor - Verify proper operation	( / )	( )	( )
3 AC Plug / Power Card - verify Physical Integrity and Proper Insulation	( / )	( )	( )	11 Date /Time Verify Proper Setting	( / )	( )	( )
4 Strain Relief - verify physical integrity at both ends of line cord	( / )	( )	( )	12 LED- Verify Proper Operation	( / )	( )	( )
5 Fittings/ Connectors - check all fittings/connectors for Physical Integrity	( / )	( )	( )				
6 Controls/Switches/Keypad - verify proper operation of controls	( / )	( )	( )				
7 Indicators/Displays Verify Proper Operation	( / )	( )	( )				
8 Printer - Verify Operation	( / )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA		DONE	NOT DONE	NA
1 Cleanliness-Clean Interior and Exterior of the Unit	( / )	( )	( )	5 Carryout Calibration As needed	( / )	( )	( )
2 Clean the Test Strip Tray	( / )	( )	( )				
3 Lubricate Moving Parts	( / )	( )	( )				
4 Clean Printer Assembly	( / )	( )	( )				

\* For all Parts, NA is defined as NOT APPLICABLE

\*\* If you have ticked 'NOT DONE', then justify in Part 8

Notes: \*\*\* Choose Whichever Applicable



WORK ORDER NO ▶ 26

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick ( \ ) where appropriate

Standard use :

Result :

☐ IEC 60601

☐ IEC 61010

 IEC 62353

PASS

☐ FAIL☒ NA

## PART 8 NOTES

\* NOT APPLICABLE FOR ELECTRICAL SAFETY TEST DUE TO UNIT USING AC/DC ADAPTER FOR OPERATION

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶          *R/D*

NEXT PPM DATE ▶ JULY 2014

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

COMPLETED BY:

NOOR AZARUL B AHAMAD

PERAK LAB SPECIALIST

Quantum Medical Solution Sdn. Bhd.

No 10 B, Persiaan Greentown

Greentown Avenue, 30450 Ipoh, Perak

DATE: \_\_\_\_\_

TEL/FAX : 02-2461991 Hp : 012-39648013



JAN/11/2019 12:19:35

\*\* Calibration status \*\*

REF R=332 G=333 B=333  
BLD R=334 G=334 B=331  
BIL R=332 G=334 B=332  
URO R=333 G=333 B=332  
KET R=333 G=333 B=332  
GLU R=332 G=334 B=332  
PRO R=333 G=334 B=332  
ALB R=332 G=334 B=332  
CRE R=332 G=334 B=332  
NIT R=334 G=332 B=331  
LEU R=334 G=334 B=331  
pH R=333 G=333 B=332  
S.G R=333 G=332 B=333  
VTC R=334 G=334 B=331  
TOP R=334 G=334 B=333  
BOT R=332 G=332 B=331  
(SN=33130623)

JAN/11/2019 12:23:02  
Name:  
Ward:  
URINE (10)M (0003)  
Sex:  
Age:

BLD -  
BIL -  
URO norm  
KET -  
GLU -  
PRO -  
NIT -  
LEU -  
pH 6.5  
S.G 1.010  
neg  
neg  
neg  
neg  
neg  
neg  
neg  
neg

JAN/11/2019 12:23:08  
Name:  
Ward:  
URINE (10)M (0005)  
Sex:  
Age:

BLD +++  
BIL +++  
URO +++  
KET +/  
GLU +++  
PRO +++  
NIT +++  
LEU +++  
pH 7.0  
S.G 1.020  
neg  
neg  
neg  
neg  
neg  
neg  
neg  
neg

(SN=33130623)  
ID( )  
OP(00000000) LOT(000000)  
JAN/11/2019 12:23:05  
Name:  
Ward:  
URINE 2MAC (0004)  
Sex:  
Age:

ALB 10mg/l  
CRE 4.4mmol/l

JAN/11/2019 12:23:11  
Name:  
Ward:  
URINE 2MAC (0006)  
Sex:  
Age:

ALB 150mg/l  
CRE 17.7mmol/l

(SN=33130623)  
ID( )  
OP(00000000) LOT(000000)  
A:C <3.4 mg/mmol  
Normal

(SN=33130623)  
ID( )  
OP(00000000) LOT(000000)  
A:C 3.4-33.9mg/mmol  
Abnormal

07-01-2019 12:23:08  
Name:  
Ward:  
URINE (10)M (0005)  
Sex:  
Age: