Form B03

Scheduled Maintenance Work Order



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

Work Order No.	PWO372159	Schedule N	Month	March 2018						
Work Order Date	01/03/2018	Completed Date		30/4/2018						
Clinic Name	Klinik Pergigian Sekolah Rendah Jenis	Clinic Code		WPL004						
BE No.	WPL000049	Distict		LABUAN						
BE Category	Aspirators, Dental	WO Assigned to		Che Muhammad	Atillah					
Ownership	✓ Existing Equipment	Р	urchase	New						
BE Condition	✓ Active	BER Proposed								
W + O - I - T	✓ Preventive Maintenance (PM)	Т	hird Party Calibra	on (TPC)						
Work Order Type	Routine Inspection (RI)	s	tatutory Certificati	tion (SC)						
Reschedule Date										
BE Third Party Calibration / Statutory Certification Details										
Company Name	NIA	Cal / Cert D	Date	Ala						
Contact Number	/ Nr 2	Cal / Cert E	xpiry Date							
Lo Check chasis, fiftings, cable, bottle suction and moto Lo Clean exterior and interior Lo Perform fest, unit tenform well (Functioning Good)										
Schedule Mainten	ance Execution Details		· · · · · ·							
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time					
	517 / J.		30/3/2018	2.15pm	2.45pm					
	MOHD. ASHMANI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231									
Customer Remarks	() Brander and									
				J. IN	IK PERO					
Engineer / Technician Signature Name Name Name HERMAN NOWI Date MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231 Customer Signature Name HERMAN NOWI Designation Name Name Name Date None Name Name Name Designation Name Name										
For Internal Use										

First Verification

QMS Circle Incharge

BIOMEDICAL ENGINEER, QMS 019-3620179

Final Verification QMS State Incharge



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Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Aspirator, Dental BE CODE: 10-212

CHECKLIST NO;CL-022 REV,000

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		SPECIAL PRECAUTION													
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		opriate Personnel Protection							-1-						
		nded electrostatic wristband e safety procedure for additio								nes.					
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2	Moun	ıt/ Fasteners - verify physical	I integrity	(/)	() (()	9		hes - verify proper o	peration of	()	()	(
									controls						
3	Tubes	s/Hoses - Check for any Lea	ık or Kink	(/)	()	()	10	Indicators/ Dis	plays - verify proper	Illumination	(/)	()	(
					,		, .			عند عند م	marchian	1 /	,	`	,
4	AC P	lug - verify integrity		(/)	()	()	11	Motor /Pump i	unit - verify proper o	peration	(/)	()	(
5	Powe	er Cord - verify proper insulat	tion and	(/)	()	()	12	Suction jar - v	erify physical integri	ty and	(/)	()	(
	integr	rity			`	,	. ,		condition						
6		Relief - verify physical inte	grity at	(/)	()	()	13	Label - verify (physical integrity			()	(
	both (ends of line cord													. /
7		it Breaker/ Fuse - verify inte nal circuit breaker and/or rat			()	()	14	Safety valve -	verify proper opera	tion	()	()	
	exter	nai fuse													
		PREVENTIVE MAINTENAN	NGE TASI	15											
Tick	(V) H	vhere appropriate			NC	т								NOT	
				DONE	10d **	NE *	NA			• •		DONE		ONE **	NA
1	Inspe	ect , Clean Interior and Exter	ior	(/)	()	(4	Motor - check	, lubricate if necess	ary	(/) ()	(
4				1											
2	Filter	r, Check/Replace***) ()	()							
3	Diapl	hragm/Seal, Check/Replace	gricus A) ()	() Not	* For all par ** If you hav	ts, NA is defined as e ticked 'NOT DON' hichever applicable	NOT APPL E', then justi	ICABLE fy in Part 8			

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BEMS Planned Preventive Maintenance Checklist

Aspirator, Dental BE CODE : 10-212

CHECKLIST NO:CL-022 REV.000

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Fluke Biomedical

Date 30/03/2018

Test Setup

Operator ID Calibration Tech

Calibration Date Firmware Version

Serial Number Date & Time JOB Name

LBNBME

10/01/2019 2.08.01

322 A 27 30/03/2018 & 14:36

DUT Information

Equipment Number Serial Number Manufacturer Model Location Other

WPL 000049

KLINIK PERGIGIAN

Template Information

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

ASPIRATORS, UNITS

Standard Pause before Power OFF

Power OFF delay Test Mode Multi PE Test Multi Resstore Reverse Polarity

Classification

IEC62353-Differential

NO AUTO NO

WORST/LAST

YES

PLC Configuration-Applied part setup

AP Name

AP Type

AP Num

ESA615 Test Results

Value	High Limits	Low Limits	Status
0.13 Ohm	0.3	-	P
			P
999 MOhm	-	-	Р
			P
241.7 V	_	-	P
12.3 V	-	-	P
240.9 V	_	_	₽
10.5 A		-	Р
			Р
39 uA	500	_	P
47 uA	500	- 11	P
	0.13 Ohm 999 MOhm 241.7 V 12.3 V 240.9 V 10.5 A 39 uA	0.13 Ohm 0.3 999 MOhm - 241.7 V - 12.3 V - 240.9 V - 10.5 A - 39 uA 500	0.13 Ohm

MOHE AS THAM B MORD HISHAM BIOMEDICAL TECHNICIAN, GMS 019-2334231

Signature