

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
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Format Ref. -QMS/TSD-003 Rev. 00

| | | | |
|-----------------|---|--|--------------|
| Work Order No | PW0340926 | Scheduled Month | January 2018 |
| Work Order Date | 01/01/2018 | Completed Date | 22/1/2018 |
| Clinic Name | Klinik Kesihatan Jalan Oya | Clinic Code | SWK169 |
| BE No | SWK 008596 | District | SIBU |
| Be Category | Ophthalmoscopes | WO Assigned to | SIUBME1 |
| 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 type="checkbox"/> Preventive Maintenance (PM) | <input type="checkbox"/> Third Party Calibration (TPC) | |
| | <input checked="" type="checkbox"/> Routine Inspection (RI) | <input type="checkbox"/> Statutory Certification (SC) | |

BE Third Party Calibration / Statutory Certification Details

| | | | |
|----------------|-----|------------------------|-----|
| Company Name | N/A | Cal / Cert Date | N/A |
| Company Number | | Cal / Cert Expiry Date | |

Action Taken

To do ppm at percheleli A attached

Schedule Maintenance Execution Details

| SI No | QMS Engineer / Technician Name | Date | Start Time | End Time |
|-------|--------------------------------|-----------|------------|----------|
| 001 | WEDNESLEY JIMMY charles | 22/1/2018 | 11:40 | 12:00 |
| | | | | |
| | | | | |
| | | | | |

Customer Remarks

| | |
|---|--|
| Engineer / Technician Signature Name WEDNESLEY JIMMY Date 22/1/18 BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS | Customer Signature Name ARTHUR ASAK AK RIZAL Designation Pen Pegawai Perubatan U32 Date Seal LPPM 5398 |
|---|--|

For Internal Use Only

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge

James RO
Sr. Biomedical Engineer
Quantum Medical Solutions



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BEMS Planned Preventive Maintenance Checklist

Ophthalmoscopes

BE CODE 12-315

CHECKLIST NO: CL-104
REV.000**PART 1 ASSET DETAILS**

WORK ORDER NO ▶ PWO340926

ASSET NO ▶ SWK608596

MANUFACTURER ▶ WELCH ALlyn INC.

MODEL ▶

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

PPM HOURS ▶ 0-20

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 |
|----|----------|----------------------------|-----------|--------------------|
| | | ELECTRICAL SAFETY ANALYZER | NA | |
| | | | | |
| | | | | |
| | | | | |

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

| | PASS | FAIL | NA | | PASS | FAIL | NA |
|---|------|------|-----|---|------|------|-----|
| 1 Chassis - verify physical integrity, cleanliness and condition | (✓) | () | () | 7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse | () | () | (✓) |
| 2 Mount/ Fasteners - verify physical integrity | (✓) | () | () | 8 Fittings/ Connectors - check all fittings/connectors | (✓) | () | () |
| 3 Cables - verify integrity | () | () | (✓) | 9 Controls/Switches - verify proper operation of controls | (✓) | () | () |
| 4 AC Plug - verify integrity | () | () | (✓) | 10 Indicators - verify proper illumination and operation | () | () | (✓) |
| 5 Power Cord - verify proper insulation and integrity | () | () | (✓) | 11 Check Charger - verify proper operation | () | () | (✓) |
| 6 Strain Relief - verify physical integrity at both ends of line cord | () | () | () | 12 Check lamp holder | (✓) | () | () |

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

| | DONE | NOT DONE** | NA | | DONE | NOT DONE** | NA |
|--|------|------------|-----|--|------|------------|-----|
| 1 Clean exterior and interior of the equipment | (✓) | () | () | 4 Check/replace battery | (✓) | () | () |
| 2 Clean lens dial | (✓) | () | () | 5 Check / replace lamp | (✓) | () | () |
| 3 Clean filters | (✓) | () | () | Notes: * For all Parts, NA is defined as NOT APPLICABLE | | | |
| | | | | ** If you have ticked 'NOT DONE', then justify in Part 8 | | | |
| | | | | *** Choose Whichever Applicable | | | |

WORK ORDER NO ▶ PWO340926

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 80601)

PASS

FAIL

NA

PART 8

not functioning well.

11

CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING

☐

NOT FUNCTIONING

WORK ORDER NO. ▶ _____

NEXT PPM DATE ▶

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

COMPLETED BY:

WEDNESLEY JIMMY
BIOMEDICAL TECH
QUANTUM MEDICAL SOLUTIONS

DATE :

22/1/14