



Quantum Medical Solutions sdn bhd  
transcending boundaries, transforming life

PPM 2018

13

16

No	BE Number	BE Category	Manufacturer	Model	Clinic Code	Clinic Name	Clinic Category	State	District	SM Type	Test Equipment Requirement	PPM Freq	Nov-18	PPM Completion Date	PPM Completion Time	Remark	Assign To
1	SWNB020	Bilirubinometers Lab			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCB	PM	Esa	2	X			SMNBME3 Danson Muda
2	SWNELM023	Electrocardiographs, Multichannel	Edan	SE-301	SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	PM	Esa Patient Simulator	1	X			SMNBME3 Danson Muda
3	SWNELM024	Electrocardiographs, Multichannel	Edan	SE-301	SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	PM	Esa Patient Simulator	1	X			SMNBME3 Danson Muda
4	SWPFED127	Fetal Heart Detectors, Ultrasonic			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	PM		1	X			SMNBME3 Danson Muda
5	SWPFED128	Fetal Heart Detectors, Ultrasonic			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	PM		1	X			SMNBME3 Danson Muda
6	SWNPRV143	FREZERS, LABORATORY VACCINE, GAS	Doanets/Luxemburg	KOW30EG	SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	PM		1	X			SMNBME3 Danson Muda
7	SWNSCND08	Scanning Systems, Ultrasonic, General Purpose (Med)	Saenung Malaysia	Medison SonoAco 83	SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	PM	Esa, Us Phantom	2	X			SMNBME3 Danson Muda
8	SWPREY097	Resuscitators, Pulmonary, Manual			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	PM		1	X			SMNBME3 Danson Muda
9	SWK000707	Sterilizing Units, Steam, Tabletop	STURDY	SA-232X	SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	PM+SC	Esa	2	X			SMNBME3 Danson Muda
10	SWPPTH078	Thermometers, Electronic, Infrared, Skin			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	RI		1	X			SMNBME3 Danson Muda
11	SWPV0K404	VIEW BOXES, X-RAY (KG)			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	RI		1	X			SMNBME3 Danson Muda
12	SWPV0K405	VIEW BOXES, X-RAY (KG)			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	RI		1	X			SMNBME3 Danson Muda
13	SWPV0K406	VIEW BOXES, X-RAY (KG)			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCS	RI		1	X			SMNBME3 Danson Muda

DR. AHMAD HANIFFA BIN MOHD NOOR  
MID NO: 73881  
KK BUNAN GEGA

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

8/11/2018

\*Please make a copy after acknowledgement.

Acknowledge By:

Designation:

Signature:

Date:



# Scheduled Maintenance Notification Form



To:  
PKB/PPB:  
District: I serian  
State: SARAWAK

From:  
State:  
Zone:  
SARAWAK

Format Ref.-QMS/TSD-004 Rev.00

Quantum Medical Solutions

## Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM

Clinic Name: Klinik Kesihatan Bunan Gega

Month: Nov-18

Clinic Code: SWK140

NO	BE Number	BE Category	Schedule Maintenance Type
1	SWNBI026	Bilirubinometers Lab	PPM
2	SWNELM023	Electrocardiographs, Multichannel	PPM
3	SWNELM024	Electrocardiographs, Multichannel	PPM
4	SWPFED127	Fetal Heart Detectors, Ultrasonic	PPM
5	SWPFED128	Fetal Heart Detectors, Ultrasonic	PPM
6	SWNFRV143	FREEZERS, LABORATORY VACCINE, GAS	PPM
7	SWNSCND09	Scanning Systems, Ultrasonic, General Purpose (Med)	PPM
8	SWPREY097	Resuscitators, Pulmonary, Manual	PPM
9	SWK009707	Sterilizing Units, Steam, Tabletop	PPM
10	SWPTH078	Thermometers, Electronic, Infrared, Skin	PPM
11	SWPVXK404	VIEW BOXES, X-RAY (KK)	PPM
12	SWPVXK405	VIEW BOXES, X-RAY (KK)	PPM
13	SWPVXK406	VIEW BOXES, X-RAY (KK)	PPM
14			PPM
15			PPM
16			PPM
17			PPM
18			PPM
19			PPM

I thank You,

<b>QMS State In-charge</b> <b>Signature:</b> <b>Name:</b> <b>Date:</b>	<b>QUINTUS NG</b> <b>STATE MANAGER</b> Quantum Medical Solutions Sarawak	<b>Acknowledged by - PKB/PPB</b> <b>Signature:</b> <b>Name:</b> <b>Date:</b>	DR. APRILO WIS/AN BN MARJO NOOR MARJO NO: 75991 PKB/PPB BUNAN GECA
---	---	---	--

### Legend

PPM - Preventive Maintenance; RI - Routine Inspection; TPC - Third Party Calibration; SC - Statutory Certification; BE - Biomedical Equipment.



# Form B03

## Scheduled Maintenance Work Order



Phantom Medical Solutions sdn bhd  
 Medical Imaging Instruments & Accessories  
 10, Jalan Puchong, 47100 Puchong, Selangor, Malaysia  
 Tel: 03-8921 0000 Fax: 03-8921 0001  
 Email: sales@phantommedical.com

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

Work Order No.	PW0346769	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	08/11/2018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWPVXK405	Distict	SERIAN
BE Category	View Boxes, X-Ray (Kk)	WO Assigned to	Danson
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input checked="" type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> BEP Proposed	
Work Order Type	<input checked="" 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)	

Reschedule Date	
-----------------	--

BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA

Action Taken	- To do PM packet attend - PM done - test ok
--------------	--

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
6460244	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	08:30	09:00

Customer Remarks	
Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	AKMAL BAKAR BIN MOHD NOOR KLINIK KESIHATAN BUNAN GEAGA
08/11/2018	
	Seal

For Internal Use

First Verification  
 QMS Circle Incharge

Final Verification  
 QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

View Box ,X Ray

BE CODE 14498

CHECKLIST NO: CL-167-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0346769

ASSET NO ▶ 66P0XK405

MANUFACTURER ▶ Changfa Jindu Technology

MODEL ▶ 50-018 III

FREQUENCY ▶ 6 MONTHLY ( ) 12 MONTHLY ( v )

PPM HOURS ▶ 0.5 hours

## 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 ( v ) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
	Tesla 0182	ELECTRICAL SAFETY ANALYZER	3246918	6.8.2019
		LUX-METER		

## PART 4 QUALITATIVE TASKS

Tick ( v ) where appropriate

	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	( v )	( )	( )	
2 Mount/ Fasteners - verify physical integrity	( v )	( )	( )	
3 AC Plug - verify integrity	( v )	( )	( )	
4 Power Cord - verify proper insulation and integrity	( v )	( )	( )	
5 Fittings/ Connectors - check all fittings/connectors	( v )	( )	( )	
6 Controls/Switches - verify proper operation of controls	( v )	( )	( )	
7 Label - verify physical integrity	( v )	( )	( )	

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( v ) where appropriate

	DONE	DONE **	NA	Notes:
1 Inspect, Clean Interior and Exterior	( v )	( )	( )	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Lamp - Check/Replace***	( v )	( )	( )	



## MEET Planned Preventive Maintenance Checklist

View Box , X Ray

BE CODE : 14-498

WORK ORDER NO. ▲

rw0346769

CHECKLIST NO: CL-167-000  
REV.000

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

## PART 7 ELECTRICAL SAFETY TEST

**ELECTRICAL SAFETY TEST, (attach report)**

Tick (✓) where appropriate

Standard use :

**Result :**

☐☒ PASS

FALL

NA

## PART 8 NOTES

-74t ok

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

11

NOT FUNCTIONING

WORK ORDER NO. \_\_\_\_\_

Pure 346769

NEXT PPM DATE

11/2015

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMENICAL ENGINEERING  
KUCHING, SARAWAK

DATE:

08/11/80



## Form B03



## Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd  
 10, Jalan Puchong 1, Bandar Puchong Jaya, 47100 Puchong, Selangor  
 Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PW0346910	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	08/11/2018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWPVXK404	District	SERIAN
BE Category	View Boxes, X-Ray (Kk)	WO Assigned to	Danson
Ownership	<input checked="" 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 checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	
Reschedule Date			

## BE Third Party Calibration / Statutory Certification Details

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

## Action Taken

- To do ppm Perketan attend  
 - ppm done  
 - Att ok

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0050231	DANSON ANAK MUDA QUANTUM BIO MEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	04:00	04:30

Customer Remarks

Engineer / Technician Signature

Name DANSON ANAK MUDA  
 QUANTUM BIO MEDICAL ENGINEERING  
 KUCHING SARAWAK

Date

08/11/2018

Customer Signature

Name

Designation

Date

Seal

ANAK MUDA  
 QUANTUM BIO MEDICAL ENGINEERING  
 KUCHING SARAWAK

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

View Box , X Ray

BE CODE :14498

CHECKLIST NO: CL-167-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO

**PW0346910**

ASSET NO

**560PVKE604**

MANUFACTURER

**Changsha State Technology**

MODEL

**JD-016 III**

FREQUENCY

**6 MONTHLY ( ) 12 MONTHLY ( v )**

PPM HOURS

**0.5 hours**

## 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 ( v ) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
	<b>TESA 019C</b>	ELECTRICAL SAFETY ANALYZER	<b>3246918</b>	<b>06.08.2014</b>
		LUX-METER		

## PART 4 QUALITATIVE TASKS

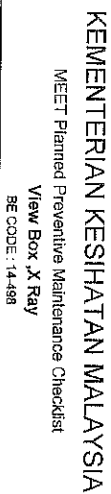
Tick ( v ) where appropriate

	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( v )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( v )	( )	( )
3 AC Plug - verify integrity	( v )	( )	( )
4 Power Cord - verify proper insulation and integrity	( v )	( )	( )
5 Fittings/ Connectors - check all fittings/connectors	( v )	( )	( )
6 Controls/Switches - verify proper operation of controls	( v )	( )	( )
7 Label - verify physical integrity	( v )	( )	( )

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( v ) where appropriate

	DONE	NOT DONE**	NA	Notes:
1 Inspect - Clean Interior and Exterior	( v )	( )	( )	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Lamp - Check/Replace***	( v )	( )	( )	



## MEET Planned Preventive Maintenance Checklist

View Box ,X Ray

BE CODE: 14-498

CHECKLIST NO: CL-167-000  
REV.000

WORK ORDER NO. ▶

PU0346910

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

## PART 7 ELECTRICAL SAFETY TESTS

## ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

**Result:**

 IEC 60601

1

IEC 61010

□

IEC 62353

☒ PASS

☐ FAIL

NA

## PART 8 NOTES

1- fjt ok.



CORRECTIVE MAINTENANCE REQUIRED

☒

## FUNCTIONING

--	--

NOT FUNCTIONING

WORK ORDER NO. \_\_\_\_\_

PW0346910

NEXT PPM DATE ▶

11/2019

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

DATE:

08/11/15

# Form B03

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
 47, Jalan Permai 1, Bandar Permai Jaya,  
 81000 Johor Bahru, Johor Darul Ta'zim 81000

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

Work Order No.	PW0346559	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	08/11/2018
Clinic Name	Klinik Kesihatan Buran Gega	Clinic Code	SWK140
BE No.	SWPREY097	District	SERIAN
BE Category	Resuscitators, Pulmonary, Manual	WO Assigned to	Danson
Ownership	<input checked="" 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

### BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA

### Action Taken

- To do ppm purchase kit ahead.  
 - ppm done

### Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0850278	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	09:30	10:00

Customer Remarks

Engineer / Technician Signature

Name

Date

DANSON ANAK MUDA  
 QUANTUM BIOMEDICAL ENGINEERING  
 KUCHING SARAWAK

08/11/2018

Customer Signature

Name

Designation

Date

Seal

DR. APRIYATI WATI  
 1331 MD : 73591  
 KR. SERIAN GEGA

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Resuscitators, Pulmonary, Manual

BE CODE : 13-367

CHECKLIST NO: CL-123-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO

800346554

BE NO

60PRBY097

MANUFACTURER

Handstar medical prod. co

MODEL

H58311A-00

FREQUENCY

6 MONTHLY ( ) 12 MONTHLY (✓)

PPM HOURS

0.50

## 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

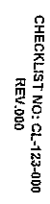
Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis - Verify physical integrity, cleanliness and condition	(✓) ( ) ( )		
2 Fittings/ Connectors - check all fittings/connectors	(✓) ( ) ( )		
3 Resuscitation Bag - Verify condition	(✓) ( ) ( )		
4 Diaphragm/Valve - Verify condition	(✓) ( ) ( )		
5 Ventilation mask - Verify condition	(✓) ( ) ( )		

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA	Notes:
1 Clean exterior and interior of the equipment	(✓) ( ) ( )			* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose whichever Applicable



BE CODE: 13-367

11

[illegible][illegible]

**ELECTRICAL SAFETY TEST, (attach report)**

**Standard use :**

Standard use :

**Result:**

IEC 60601 IEC 61010 IEC 62353

☐ PASS ☐ FAIL ☐ / NA

## PART 8 NOTES

1 Test ok

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO. 100346359

**NEXT PPM DATE** ▶

11/2015

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

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

05/11/15



## Form B03



## Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd  
 45, Jalan Puchong 1, Bandar Puchong Jaya,  
 47100 Puchong, Selangor, Malaysia

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

Work Order No.	PW0346860	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	8/11/2018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWPFED128	Distict	SERIAN
BE Category	Fetal Heart Detectors, Ultrasonic	WO Assigned to	Danson
Ownership	<input checked="" 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

## BE Third Party Calibration / Statutory Certification Details

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

## Action Taken

- To do from purchase first attend.  
 - PM done

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
6880277	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	09:00	09:30

Customer Remarks

Engineer / Technician Signature

Name DANSON ANAK MUDA  
 QUANTUM BIOMEDICAL ENGINEERING  
 KUCHING SARAWAK

Date

08/11/2018

Customer Signature

Name

Designation DR. AHMAD WAHAB/DR. MOHD INOOR

Date

Seal

AM/IN 73591  
 KK BUNAN GEGA

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Fetal Heart Detectors, Ultrasonic

BE CODE : 11-696

CHECKLIST NO:CL-070-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ **Pw0346860**  
MANUFACTURER ▶ **BISTOS**  
FREQUENCY ▶ **12 MONTHLY (✓)**

BE NO ▶ **50N Feb 125**  
MODEL ▶ **ET-200**  
PPM HOURS ▶ **0.50**

## 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		PASS	FAIL	NA
1 Chassis - Verify physical integrity, cleanliness and condition.	(✓)	( )	( )	7 Indicators/Displays - Verify proper illumination and operation.	(✓)	( )	( )
2 Mount/Fasteners - Verify physical integrity.	( )	( )	(✓)	8 Alarm/Audible Signal - Verify operation.	(✓)	( )	( )
3 Power Cord - Verify proper insulation and integrity.	( )	( )	(✓)				
4 Strain Relief - Verify physical integrity at both ends of line cord.	(✓)	( )	( )				
5 Transducers/Cables - Verify integrity and condition.	(✓)	( )	( )				
6 Controls/Switches/Keypad - Verify proper operation of controls.	(✓)	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Cleaning the exterior/interior.	(✓)	( )	( )
2 Clean Transducers/Cables.	(✓)	( )	( )
3 Check/Replace battery ***	(✓)	( )	( )

Notes:

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



## MEET Planned Preventive Maintenance Checklist Fetal Heart Detectors, Ultrasonic

BE CODE : 11-696

CHECKLIST NO:CL-070-000  
REV.000

WORK ORDER NO. ▲

Plus 346868

## 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
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			

## PART 8 NOTES

- 1st ok.

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

DATE:

05/11/15



# Scheduled Maintenance Work Order

Work Order No.	PW0346602	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	08/11/2018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWNELM024	District	SERIAN
BE Category	Electrocardiographs, Multichannel	WO Assigned to	Danson
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input checked="" 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

## BE Third Party Calibration / Statutory Certification Details

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

## Action Taken

- To do pm pre booked attend.  
 - pm done.

## Schedule Maintenance Execution Details

Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
0860278	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	08:00	09:00

Customer Remarks

Engineer / Technician Signature

Name DANSON ANAK MUDA  
 QUANTUM BIOMEDICAL ENGINEERING  
 KUCHING SARAWAK

Date

08/11/2018

Customer Signature

Name  
 Designation  
 Date  
 Seal

UN. AMALID MUDA, BERNI MOHD NOOR  
 08/11/2018  
 KR. Danson GEGA

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





KEMENTERIAN KESIHATAN MALAYSIA  
MEET Planned Preventive Maintenance Checklist  
Electrocardiographs, Multichannel

CHECKLIST NO.-CL-063-  
000 REV.000

BE CODE : 114-11

PART 1 ASSET DETAILS

WORK ORDER NO ▶ **PJ0346602** ASSET NO ▶ **SN ELM024**  
MANUFACTURER ▶ **EDM** MODEL ▶ **SE-301**  
FREQUENCY ▶ 3 MONTHLY ( ) 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

DESCRIPTION	ASSET NO / SERIAL NO	CALIBRATION DUE ON
<input checked="" type="checkbox"/> ELECTRICAL SAFETY ANALYZER	<b>3246918</b>	<b>06.08.2019</b>
<input type="checkbox"/> ECG SIMULATOR		

PART 4 QUALITATIVE TASKS

Tick ( ✓ ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1. Chassis - verify physical integrity, cleanliness and condition	( ✓ )	( )	( )	8. Fittings/ Connectors - check all fittings/connectors	( ✓ )	( )	( )
2. Mount/ Fasteners - verify physical integrity	( )	( )	( ✓ )	9. Controls/ Switches/ Keypad - verify proper operation of controls	( ✓ )	( )	( )
3. Casters/Brakes - if mounted, verify physical integrity	( ✓ )	( )	( )	10. Indicators/ Displays - verify proper illumination and operation	( ✓ )	( )	( )
4. Power Cord - verify proper insulation and integrity	( ✓ )	( )	( )	11. Alarm/ Audible Signal - verify operation	( ✓ )	( )	( )
5. Strain Relief - verify physical integrity at both ends of line cord	( ✓ )	( )	( )	12. Printer -Verify operation and condition	( ✓ )	( )	( )
6. Leads/ Electrodes- Verify integrity and condition	( ✓ )	( )	( )	13. Keypad- Verify operation and condition	( / )	( )	( )
7. Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( ✓ )	( )	( )				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ✓ ) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1. Cleanliness - clean interior and exterior of the equipment	( ✓ )	( )	( )	4. Clean/Lubricate			
				a) Thermal head	( ✓ )	( )	( )
2. Clean leads & electrode	( ✓ )	( )	( )	b) Paper empty sensor			
				c) Paper mark sensor			
3. Battery - check and replace if necessary	( ✓ )	( )	( )				

Notes:  
\*For all parts, NA defined as NOT APPLICABLE  
\*\*If you have ticked NOT DONE, then input relevant remarks  
\*\*\*Choose whichever applicable. Please indicate in Part 8 for







CHECKLIST NO:CL-063-000  
REV.000

Pu0346602

BE CODE: 11-411

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]





KEMENTERIAN KESIHATAN MALAYSIA  
MEET Planned Preventive Maintenance Checklist  
Electrocardiographs, Multichannel  
BE CODE : TT-411

CHECKLIST NO: CL-063-000  
REV.000

WORK ORDER NO ▶

R20346602

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)  
Tick (✓) where appropriate

Standard use : ☒ IEC 60601 ☐ IEC 61010 ☐ IEC 82363 ☒ PASS ☐ FAIL ☐ NA

PART 8 NOTES

- TMA OK.

Reference:

☐ CORRECTIVE MAINTENANCE REQUIRED ☒ FUNCTIONING  
WORK ORDER NO ▶ R20346602  
☐ NOT FUNCTIONING  
NEXT PPM DATE ▶ 11/2019

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

COMPLETED BY :

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

DATE :

08/11/19



## Form B03.



## Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd  
 41, Jalan Puchong, Bandar Puchong Jaya  
 47100 Puchong, Selangor Darul Ehsan, Malaysia

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

Work Order No.	PW0346423	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	08/11/2018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWPVXK406	Dislct	SERIAN
BE Category	View Boxes, X-Ray (Kk)	WO Assigned to	Danson
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input checked="" type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> BEP Proposed	
Work Order Type	<input checked="" 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)	

Reschedule Date

## BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number	011-11111111	Cal / Cert Expiry Date	01/11/2018

## Action Taken

- To do ppm pedhelst attend  
 - ppm done  
 - test ok.

## Schedule Maintenance Execution Details

SI No	OMS Engineer / Technician Name	Date	Start Time	End Time
010224	DANSON ANAK MUDA QUANTUM BIOLOGICAL ENGINEERING KUCHING SARAWAK	08/11/2018	08:00	08:30

Customer Remarks

Engineer / Technician Signature

Name

Date

DANSON ANAK MUDA  
 QUANTUM BIOLOGICAL ENGINEERING  
 KUCHING SARAWAK  
 08/11/2018

Customer Signature

Name

Designation

Date

Seal

DR. APRIYATI HANIN SRI AGHID NIDOR  
 08/11/2018  
 KIRI SARAWAK GEGA

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

View Box ,X Ray

BE CODE :14498

CHECKLIST NO: CI-167-000  
REV:000

## PART 1 ASSET DETAILS

WORK ORDER NO **-1W0346423**

ASSET NO **-C0PVXK 406**

MANUFACTURER **- Changsha Jinde Technology**

MODEL **- JD-01B III**

FREQUENCY **▶ 6 MONTHLY ( ) 12 MONTHLY ( V )**

PPM HOURS **▶ 0.5 hours**

## 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 ( V ) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
		ELECTRICAL SAFETY ANALYZER		
		LUX-METER		

## PART 4 QUALITATIVE TASKS

Tick ( V ) where appropriate

	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( V )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( V )	( )	( )
3 AC Plug - verify integrity	( V )	( )	( )
4 Power Cord - verify proper insulation and integrity	( V )	( )	( )
5 Fittings/ Connectors - check all fittings/connectors	( V )	( )	( )
6 Controls/Switches - verify proper operation of controls	( V )	( )	( )
7 Label - verify physical integrity	( V )	( )	( )

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( V ) where appropriate

	DONE	NOT DONE **	NA
1 Inspect, Clean Interior and Exterior	( V )	( )	( )
2 Lamp - Check/Replace***	( V )	( )	( )

Notes:

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

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

\*\*\* Choose Whichever Applicable



## MEET Planned Preventive Maintenance Checklist

View Box ,X Ray

BE CODE: 14-498

CHECKLIST NO: CL-167-000  
REV.060

WORK ORDER NO. ▲

100346423

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

## 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

754

☐ CORRECTIVE MAINTENANCE REQUIRED ☒ FUNCTIONING

WORK ORDER NO. PW0346423

NOT FUNCTIONING  
NEXT PPM DATE 11/20/15

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

DATE:



## Form B03.



Quantum Medical Solutions sdn bhd  
 67, Jalan Puchong 1, Puchong Jaya, 47100 Puchong, Selangor, Malaysia

## Scheduled Maintenance Work Order

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

Work Order No.	PW0377854	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	08/11/2018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWK009707	District	SERIAN
BE Category	Sterilizing Units, Steam, Tabletop	WO Assigned to	Danson
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input 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

## BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA

## Action Taken

- To do ppm percutasi awal  
 - ppm done  
 - test ok

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0850277	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	09:30	10:30

Customer Remarks

Engineer / Technician Signature

Name DANSON ANAK MUDA  
 QUANTUM BIOMEDICAL ENGINEERING  
 Date KUCHING SARAWAK

Customer Signature

Name DR. AHMAD FAHMI BIN MOHD NOOR  
 Designation CHIEF MEDICAL OFFICER  
 Date 08/11/2018  
 Seal KUCHING SARAWAK

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Sterilizing units, Steam, Tabletop

BE CODE : 16-142

CHECKLIST NO:CL-149-002  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ **PW0347054** ASSET NO ▶ **SLK009707**  
MANUFACTURER ▶ **Starkey** MODEL ▶ **SL-252X**  
FREQUENCY ▶ 6 MONTHLY (✓) 12 MONTHLY ( ) PPM HOURS ▶ 1 hour

## 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
		TEMPERATURE METER		
		PRESSURE METER		

## PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )	9 Over pressure cut of valve - Verify physical integrity	(✓)	( )	( )
2 Power Cord - verify proper insulation and integrity	(✓)	( )	( )	10 Boyedick / Helix Test - Verify	(✓)	( )	( )
3 Strain Relief - verify physical integrity at both ends of line cord	(✓)	( )	( )	11 Door lock - Verify physical integrity	(✓)	( )	( )
4 Fittings/ Connectors - check all fittings/connectors	(✓)	( )	( )	12 Door gasket Verify physical integrity	(✓)	( )	( )
5 Controls/Switches - verify proper operation of controls	(✓)	( )	( )	13 Check water tank leak	(✓)	( )	( )
6 Indicators/ Displays - verify proper illumination and operation	(✓)	( )	( )	14 Check drain valve -Physical integrity	(✓)	( )	( )
7 Check fuse, circuit breaker	(✓)	( )	( )	15 Safety feature - verify condition	(✓)	( )	( )
8 Heater - verify physical integrity	(✓)	( )	( )				

## 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 Lubricate all moving parts	(✓)	( )	( )
2 Check / replace gasket ***	(✓)	( )	( )	Notes:			
3 Check/ clean solenoids	(✓)	( )	( )				

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



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Sterilizing units, Portable  
BE CODE : DE-031

CHECKLIST NO:CL-147-000 REV.001

WORK Order No

PM0377854

PART 6 SERVICE CHECKLIST

No	Description	Checked	Service/ Clean	Replaced	Not Applicable	No	Description	Checked	Service/ Clean	Replaced	Not Applicable
1	Fuses	(✓)	( )	( )	( )	16	Chamber Guard Seal (if applicable)	(✓)	( )	( )	( )
2	Main Control Board	(✓)	( )	( )	( )	17	Solid State Relay (if applicable)	(✓)	( )	( )	( )
3	Fan Running Rear & Side (if applicable)	(✓)	( )	( )	( )	18	Thermostat Assembly	(✓)	( )	( )	( )
4	Clean Water Reservoir	(✓)	( )	( )	( )	19	Thermal Printer (if applicable)	(✓)	( )	( )	( )
5	Electric Door Lock	(✓)	( )	( )	( )	20	Vacuum Pump (if applicable)	( )	( )	( )	(✓)
6	Pressure Door Lock	(✓)	( )	( )	( )	21	Temperature Sensor	(✓)	( )	( )	( )
7	Discharge Door Lock	(✓)	( )	( )	( )	22	Filters	(✓)	( )	( )	( )
8	Pressure Transducer	(✓)	( )	( )	( )						
9	Pressure Gauge	(✓)	( )	( )	( )						
10	Safety Valve	(✓)	( )	( )	( )						
11	Air Valve/Steam Solenoid Valve (if applicable)	(✓)	( )	( )	( )						
12	Discharge Valve	(✓)	( )	( )	( )						
13	Feed Water Valve (if applicable)	(✓)	( )	( )	( )						
14	Heating Element	(✓)	( )	( )	( )						
15	Door Gasket/Cassette Seal	(✓)	( )	( )	( )						

PART 7 Technician Remarks

- good Conduction

## Form B03.



## Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd  
Incorporating Biomedical, Fresh Air and  
Formal Ref: - QMS/TSD-022 Rev.01

Work Order No.		Schedule Month	November 2014
Work Order Date	01/11/2014	Completed Date	01/11/2014
Clinic Name	Klinik Khatolan huan 9694	Clinic Code	Sub 140
BE No.	EWSCN 004	District	SEKEM
BE Category	Surrounding System (Purified Water)	WO Assigned to	DANSON
Ownership	<input checked="" type="checkbox"/>	Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM) <input type="checkbox"/> Routine Inspection (RI)	Third Party Calibration (TPC)	<input type="checkbox"/> Statutory Certification (SC)
Reschedule Date			

BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number	— N/A —	Cal / Cert Expiry Date	— N/A —
Action Taken			

Perform PPM, as per check list.

Schedule Maintenance Execution Details				
SI No.	OMS Engineer / Technician Name	Date	Start Time	End Time
686211	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2014	10:30	12:30
Customer Remarks				
Engineer / Technician Signature				
Name	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	Customer Signature		
Date	08/11/2014	Name		
		Designation		
		Date		
		Seal		

For Internal Use

First Verification  
QMS Circle Incharge

Final Verification  
QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Scanning Systems, Ultrasonic, General Purpose

BE CODE : 15.976

CHECKLIST NO-CL-135-000  
REV.008

## PART 1 ASSET DETAILS

WORK ORDER NO ▶  
MANUFACTURER ▶ *Imvury*  
FREQUENCY ▶ 6 MONTHLY ( ☒ ) 12 MONTHLY ( )  
BE NO ▶ *2018040 001*  
MODEL ▶  
PPM HOURS ▶ 2.00

## 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
		ELECTRICAL SAFETY ANALYZER		
		TISSUE PHANTOM GAMMEX Ultrasound 403GS LE Grey Scale		

## PART 4 QUALITATIVE TASKS

Tick ( ✓ ) where appropriate			
	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( ✓ )	( )	( )
2 Mount/Fasteners - verify physical integrity	( )	( )	( ✓ )
3 Casters/Brakes - if mounted, verify physical integrity	( ✓ )	( )	( )
4 Power cord - verify proper insulation and integrity	( ✓ )	( )	( )
5 Strain relief - verify physical integrity at both ends of line cord	( ✓ )	( )	( )
6 Transducers/Cables - verify integrity and condition	( ✓ )	( )	( )
7 Circuit Breaker/Fuse - verify integrity of external circuit breaker and/or rating of fittings/connectors - check all fittings/connectors	( ✓ )	( )	( )
	( ✓ )	( )	( )

	PASS	FAIL	NA
9 Controls/Switches/Keypad - verify proper operation of controls	( ✓ )	( )	( )
10 Indicators/Displays - verify proper illumination and operation	( ✓ )	( )	( )
11 Alarm/ Audible Signal - verify operation	( ✓ )	( )	( )
12 Printer - verify operation and condition	( ✓ )	( )	( )
13 Trackball - verify smooth movement of cursor and cleanliness of trackball	( ✓ )	( )	( )
14 Transducer - verify echo is good and no darkband on all probe echo	( ✓ )	( )	( )
15 Calibration If Applicable	( ✓ )	( )	( )

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓), where appropriate			
		NOT DONE **	NA
1	Clean exterior and interior of the equipment	( ✓ ) ( ) ( )	4 Exhaust Fan - clean and check condition. ( ✓ ) ( ) ( )
2	Clean Transducers/Cables	( ✓ ) ( ) ( )	
3	Cleanliness of power board - check and clean power board of any dust.	( ✓ ) ( ) ( )	Note * For all parts, NA defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8





## 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.		Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	08/11/2018
Clinic Name	Klinik Keihatan Bunan gugu	Clinic Code	SWK140
BE No.	SWN B18 026	District	SEKILAN
BE Category	Biliranbiometeor Lab	WO Assigned to	DANSON
Ownership	<input checked="" type="checkbox"/> Existing equipment	Purchase	<input checked="" type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM)	Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	Statutory Certification (SC)	
Reschedule Date			

## BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number	— NR —	Cal / Cert Expiry Date	— NR —

## Action Taken

Perform PPM, as per checklist.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0850276	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	11:30	03:30

## Customer Remarks

Engineer / Technician Signature

Name DANSON ANAK MUDA  
 QUANTUM BIOMEDICAL ENGINEERING  
 KUCHING SARAWAK

Date

08/11/18

Customer Signature

Name  
 Designation  
 Date  
 Seal

AKMAL WAZIRAN BIN LATIF NOOR  
 KK SARAWAK GEGA

For Internal Use

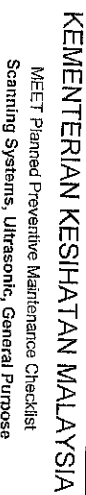
First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





**MEET Planned Preventive Maintenance Checklist  
Scanning Systems, Ultrasonic, General Purpose**  
BE CODE : 15-976

CHECKLIST NO:CL-135-000  
REV.000

WORK ORDER NO. 1

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Tissue Phantom Testing					(✓)	( )	( )
	i) Lateral Resolution Check	mm	2	2	2 ±	(✓)	( )	( )
		mm	3	2.9	3 ±	(✓)	( )	( )
		mm	4	4	1 ±	(✓)	( )	( )
		mm	5	5	1 ±	(✓)	( )	( )
	ii) Axial Resolution Check	mm	1	1	1 ±	(✓)	( )	( )
		mm	2	1.9	5 ±	(✓)	( )	( )
		mm	3	3	4 ±	(✓)	( )	( )
		mm	4	4	2 ±	(✓)	( )	( )
		mm	5	5	2 ±	(✓)	( )	( )
	iii) Near and Far Region Check	mm	1	1	1 ±	(✓)	( )	( )
	iv) Pin Distance Check	mm	10	10	1 ±	(✓)	( )	( )
	v) Panel Button Test (All lights on)					(✓)	( )	( )





KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Scanning Systems, Ultrasonic, General Purpose

BE CODE : 15-976

CHECKLIST NO:CL-136-000  
REV.000

WORK ORDER NO. ▶

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

Result :

☒ IEC 60601 ☐ IEC 61010 ☐ IEC 62363

☒ PASS ☐ FAIL ☐ NA

PART 8 NOTES

-Test OK.

☐ CORRECTIVE MAINTENANCE REQUIRED ☒ FUNCTIONING ☐ NOT FUNCTIONING

WORK ORDER NO. ▶

NEXT PPM DATE

05/2019

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

DATE :

08/11/18





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Biliubidimeters, Laboratory

BE CODE : ME-012

CHECKLIST NO:CL-030-000  
REV:000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶

BE NO ▶ **6WNG18626**

MANUFACTURER ▶ **ONE BOAM**

MODEL ▶ **Q1NEVR1**

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
		ELECTRICAL SAFETY ANALYZER		

## PART 4 QUALITATIVE TASKS

Tick ( ☒ ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	8 Indicators / Displays - Verify Proper Operation	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
2 Mount/ Fasteners - verify physical integrity	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )	9 Audiable / Visual Alarms - Verify proper Operation, Automatic and Activation	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
3 Power Cord - verify proper insulation and integrity	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	10 System Printer - Verify Integrity	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
4 Strain Relief - verify physical integrity at both ends of line cord	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	11 Lamp - Verify Integrity	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
5 Circuit Breaker / Fuses- Verify Integrity of External Circuit Breaker or rating of Fuses	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	12 Capillary Holder- Verify Physical integrity	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
6 Fittings/ Connectors - Check all Fittings/ Connectors	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	13 Interference filter - Check Adjustment	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
7 Controls / Switches - Verify proper operation of controls	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	14 Accessories - Verify Physical Integrity and Operation	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ☒ ) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Clean the Exterior	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	* For all Parts, NA is defined as NOT APPLICABLE
2 Inspect / Clean Interior of unit	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	** If you have ticked 'NOT DONE', then justify in Part 8
3 Battery - Check /Replace ***	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	*** Choose Whichever Applicable







KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Biliptinometers, Laboratory  
BE CODE : ME-012

CHECKLIST NO:CL-000-000 REV.000

WORK ORDER NO ▶

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Blank Check		0.0048.00	0.0048	5 ±	(✓)	( )	( )
	QC Result (Attach Result)					( )	( )	( )

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☒ IEC 60601

☐ IEC 61010

☐ IEC 62363

Result :

☒ PASS

☐ FAIL

☐ NA

PART 8 NOTES

- 7.4.5 ok

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶ 05/2019

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

DATE :

08/11/2018



## Form B03



Quantum Medical Solutions sdn bhd  
 11, Jalan Puchong, Puchong, 47100 Puchong, Selangor Darul Ehsan, Malaysia

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

## Scheduled Maintenance Work Order

Work Order No.	PW0346788	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	8/11/2018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWNELM023	Distict	SERIAN
BE Category	Electrocardiographs, Multichannel	WO Assigned to	Danson
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input checked="" 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

## BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA

Action Taken

perform ppm, as per checklist.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0866274	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	08:30	09:00

Customer Remarks

Engineer / Technician Signature

Name

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

Date

08/11/2018

Customer Signature

Name

DESIGNATION  
 BUNAN GEGA

Date

Seal

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





KEMENTERIAN KESIHATAN MALAYSIA  
MEET Planned Preventive Maintenance Checklist  
Electrocardiographs, Multichannel

CHECKLIST NO. CL-063-  
000 REV.000

BE CODE : 11-471

PART 1 ASSET DETAILS

WORK ORDER NO ▶ Pw0342788

MANUFACTURER ▶ EDM

ASSET NO ▶ S2NNELM023

FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( ✓ ) PPM HOURS ▶ 1.00  
MODEL ▶ SE-301

PART 2 SPECIAL PRECAUTION

If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.  
Wear appropriate Personal 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

DESCRIPTION	ASSET NO / SERIAL NO	CALIBRATION DUE ON
<input checked="" type="checkbox"/> ELECTRICAL SAFETY ANALYZER		
<input type="checkbox"/> ECG SIMULATOR		

PART 4 QUALITATIVE TASKS

Tick ( ✓ ) where appropriate

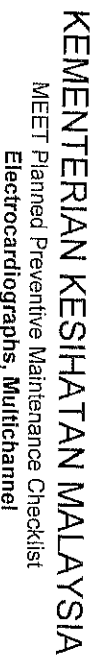
	PASS	FAIL	NA		PASS	FAIL	NA
1. Chassis - verify physical integrity, cleanliness and condition	( ✓ )	( )	( )	8. Fittings/ Connectors - check all fittings/connectors	( ✓ )	( )	( )
2. Mount/ Fasteners - verify physical integrity	( )	( )	( ✓ )	9. Controls/ Switches/ Keypad - verify proper operation of controls	( ✓ )	( )	( )
3. Casters/Brakes - if mounted, verify physical integrity	( ✓ )	( )	( )	10. Indicators/ Displays - verify proper illumination and operation	( ✓ )	( )	( )
4. Power Cord - verify proper insulation and integrity	( ✓ )	( )	( )	11. Alarm/ Audible Signal - verify operation	( ✓ )	( )	( )
5. Strain Relief - verify physical integrity at both ends of line cord	( ✓ )	( )	( )	12. Printer -Verify operation and condition	( ✓ )	( )	( )
6. Leads/ Electrodes- Verify integrity and condition	( ✓ )	( )	( )	13. Keypad- Verify operation and condition	( ✓ )	( )	( )
7. Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( ✓ )	( )	( )				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ✓ ) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1. Cleanliness - clean interior and exterior of the equipment	( ✓ )	( )	( )	4. Clean/Lubricate a) Thermal head b) Paper empty sensor c) Paper mark sensor	( ✓ )	( )	( )
2. Clean leads & electrode	( ✓ )	( )	( )				
3. Battery - check and replace if necessary	( ✓ )	( )	( )				

Notes:  
\*For all parts, NA defined as NOT APPLICABLE  
\*\*If you have ticked 'NOT DONE', then input relevant remarks  
\*\*\*Choose whichever applicable. Please indicate in Part 8 for



BE CODE : 11-411

WORK ORDER NO. ▶ Pw0346788

WORK ORDER NO. ▲

**PART 6 QUANTITATIVE TASKS**

Tick (✓) where appropriate

[illegible]



KEMENTERIAN KESIHATAN MALAYSIA  
MEET Planned Preventive Maintenance Checklist  
Electrocardiographs, Multichannel  
BE CODE: 11411

CHECKLIST NO: CL-063-000  
REV:000

WORK ORDER NO ▶ **Pw0246788**

**PART 7 ELECTRICAL SAFETY TEST**

ELECTRICAL SAFETY TEST. (attach report)  
Tick (✓) where appropriate

Standard use :  
☐ IEC 60801    ☐ IEC 61010    ☐ IEC 62363    Result: ☐ PASS    ☐ FAIL    ☐ NA

**PART 8 NOTES**

Reference:

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ **Pw0346788**

NEXT PPM DATE ▶ **08/2018**

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

DATE :  
DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK





## Form B03.



## Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd  
 47, Jalan Puchong Perdana, Puchong Perdana,  
 47100 Puchong Perdana, Selangor Darul Ehsan, Malaysia

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

Work Order No.	PW0346913	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	08/11/2018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWPFED127	Distict	SERIAN
BE Category	Fetal Heart Detectors, Ultrasonic	WO Assigned to	Danson
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input checked="" type="checkbox"/> Purchase	<input checked="" 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

## BE Third Party Calibration / Statutory Certification Details

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

Action Taken

perform PPM as per checklist.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0850274	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	09:00	09:30

Customer Remarks

Engineer / Technician Signature

Name

Date

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

08/11/2018

Customer Signature

Name

Designation

Date

Seal

MR. ABANG HAZRI BIN HARYAD MOOR  
MANAGER  
KLINIK BUNAN GEGA

08/11/2018

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Fetal Heart Detectors, Ultrasonic

CHECKLIST NO: C-070-900  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ **FW0346913**

MANUFACTURER ▶

**BISTOS**

BE NO ▶ **FWF0127**

MODEL ▶ **BT-200**

FREQUENCY ▶ 12 MONTHLY (✓)

PPM HOURS ▶ 0.50

## 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		PASS	FAIL	NA
1 Chassis - Verify physical integrity, cleanliness and condition.	(✓)	( )	( )	7 Indicators/Displays - Verify proper illumination and operation.	(✓)	( )	( )
2 Mount/Fasteners - Verify physical integrity.	( )	( )	(✓)	8 Alarm/Audible Signal - Verify operation.	(✓)	( )	( )
3 Power Cord - Verify proper insulation and integrity.	( )	( )	(✓)				
4 Strain Relief - Verify physical integrity at both ends of line cord.	(✓)	( )	( )				
5 Transducers/Cables - Verify integrity and condition.	(✓)	( )	( )				
6 Controls/Switches/Keypad - Verify proper operation of controls.	(✓)	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

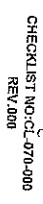
Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Cleaning the exterior/interior.	(✓)	( )	( )
2 Clean Transducers/Cables.	(✓)	( )	( )
3 Check/Replace battery. ***	(✓)	( )	( )

Notes:

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

\*\*  
\*\*\*



BE CODE : 11-696

01507146217

WORK ORDER NO. ▲

## 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 B NOTES

- Test good functioning.

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

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

08/11/15

## Form B03



Quantum Medical Solutions sdn bhd  
 10, Jalan 1/11, Taman 1/11, 43000 Kajang, Selangor Darul Ehsan, Malaysia

## Scheduled Maintenance Work Order

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

Work Order No.	PWO346620	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	8/11/2018
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140
BE No.	SWNFRV143	Distict	SERIAN
BE Category	Freezers, Laboratory Vaccine, Gas	WO Assigned to	Danson
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input checked="" type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> BEER 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

## BE Third Party Calibration / Statutory Certification Details

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

Action Taken

perform ppm, as per checklist.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0850218	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	08/11/2018	09:30	10:30

Customer Remarks

Engineer / Technician Signature

Name  
 DANSON ANAK MUDA  
 QUANTUM BIOMEDICAL ENGINEERING  
 KUCHING SARAWAK

Date

08/11/2018

Customer Signature

Name

Designation: AHMAD NAWAZ DAN MATHIQ NOOR

Date

Seal

10/11/2018 10:30 AM  
 KUCHING SARAWAK

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

## MEET Planned Preventive Maintenance Checklist

Freezers, Laboratory, Vaccine

BE CODE: ME-015

CHECKLIST NO: CL-073-000  
REV.000

### PART 1 ASSET DETAILS

WORK ORDER NO **AP0346620**

BE NO **SWNFBV 143**

MANUFACTURER **Domohit**

MODEL **KW50E41**

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
	<b>TESA0182</b>	ELECTRICAL SAFETY TESTER	<b>3246918</b>	<b>06.08.2019</b>
		THERMOMETER		

### PART 4 QUALITATIVE TASKS

Tick ( ✓ ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( ✓ )	( )	( )	7 Controls/ Switches/ Keypad - verify proper operation of controls	( ✓ )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( )	( )	( ✓ )	8 Indicators/ Displays - verify proper illumination and operation	( ✓ )	( )	( )
3 Power Cord - verify proper insulation and integrity	( ✓ )	( )	( )	9 Alarm/ Audible Signal - verify operation	( ✓ )	( )	( )
4 Strain Relief - verify physical integrity at both ends of line cord	( ✓ )	( )	( )	10 Check Compressor - verify physical integrity	( ✓ )	( )	( )
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( ✓ )	( )	( )	11 Check Thermostat - verify physical integrity	( ✓ )	( )	( )
6 Door Gasket/ Hinges - verify physical integrity	( ✓ )	( )	( )				

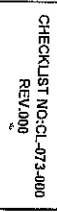
### PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ✓ ) where appropriate

	DONE	NOT DONE **	NA
1 Cleaning the inside with a vacuum cleaner	( ✓ )	( )	( )
2 Clean compressor	( ✓ )	( )	( )

Notes:

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



Rev 346602

Tick (✓) where appropriate

## PART 7 ELECTRICAL SAFETY TESTS

Tick (✓) where appropriate

**Result:**

NA

- good functioning

☐ NOT FUNCTIONING

NEXT PPM DATE 05-20-19

COMPLETED BY:

DATE: