

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.	PWO369559	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	25-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHNOXP011	Distict	BATU PAHAT
BE Category	Oximeters, Pulse	WO Assigned to	MUHD SHAZRUL
Ownership	<input 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	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
Action Taken <input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer : <input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown Modal : BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA Serial No : Remarks: * Done PPM by supplier on march 2018. * Next due is on Nov 2018. (maymedic)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL	25-06-2018	14:05	15:05

Customer Remarks	
Engineer / Technician Signature Name Date 25-06-2018 QUANTUM MEDICAL SOLUTION MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN	Customer Signature Name Designation Date Seal Nur Hazirah Nacey Abdullah (No. Pendaftaran Penuh: 54451) Jururawat U29 KK Kg. Kenangan Dato Onn 25/6/18

For Internal Use

First Verification
 QMS Circle Incharge Biomedical Engineer (Circle In-Charge)
 RAZILA MISKAN
 Quantum Medical Solutions Sdn. Bhd.

Final Verification
 QMS State Incharge

CSR NO. : 33294

RDL NO. : _____

GRIF NO.:

Date: 12/3/2018

Request By : _____

Warranty : ☒ Yes ☐ No

Contract No : _____

Quotation Ref No. : _____

Customer PO No. : _____

DO Require : ☐ Yes ☒ No

Service Request Description : PPM warranty service @ KK Lesta for one (1) unit Mindray Pulse Oximeter (PM-60) S/N CR-69174089 ;
@ KK Sri Gading for one (1) unit Mindray Pulse Oximeter (PM-60) S/N CR-69174547 and two (2) units Mindray Patient Monitor (PM10) S/N FG-69030391 , FG-69030387 .

Findings/Action Taken : _____

- ppm done

- Units working in order safe to use

- No upbent of parts

Part Replaced/Charges :[illegible]

Total

DO No : _____ Date : _____

Invoice No : _____ **Date :** _____

Collected By:

Acknowledged By :

QUANTUM MEDICAL SOLUTION
MUHAMMAD SHAZIL BIN MOHD SAMSURI
(Customer)
BIO MEDICAL TECHNICIAN

(Sale/Service/Store)
Date :

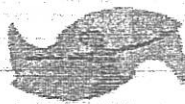
Date: 12/03/18.

For Service Center Use Only**Verified By :****Serviced By :**

(Service Center)
Date :

(Service Center)
Completion Date : 12/3/18

Customer



maycare

SERVICE CHECKLIST FORM

PATIENT MONITOR

Service Date:	12/3/2018	Model:	PM-60	Batch:	1
Customer:	KK Ks. KENANGAN / PESTA	Serial No:	CR-69174489		
Location:	QWLS	Asset No:	JHNOXP011		
Next Service Date:	Nov 2018	CSR No:	33294		

1. Visual Inspection

No.	Description	Pass	No	N/A	Remark
1	Casing is in good condition	/			
2	Identification is well readable	/			
3	Power cable well fixed & not damage	/			
4	Display readings & indication lights	/			

2. Power ON Tests

No.	Description	Pass	No	N/A	Remark
1	With power chord	/			
2	With battery	/			

3. Module Performance Tests

3.1 SPO₂ Test

No.	Description	Pass	No	N/A	Remark
1	SPO ₂ finger sensor & connector's condition	/			
2	SPO ₂ accuracy (simulator: 96% : 80bpm)	/			Actual : % : bpm

Serviced by:	Acknowledged by:	Engineering Department:
Aslyn	MURIZAH DEYANURAH (No. Pendaftaran Perub: 64461) Jawatan: U28	12/03/18
Name: ASLYN	Name:	Name: QILANTUM MEDICAL SOLUTION
Date: 12/3/18	Date: 12/3/18	Date: MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN

Remark: BSI passed.

ES601: ES110900331 Ver.: 3.23

I.D.: MY ES601

DEVICE ID: JHNOXP011

DATE/TIME: 12 MAR 2018 16:14:06

PARENT ID:

DESCRIP.: PULSE OXIMETER MAKE: MINDRAY
SERIAL #: CR-69174489 MODEL: PM-60
FACILITY: KK PESTA LOC.: BP
TECH CODE: TECH TIME: 3 MINUTES

***** SAFETY TEST *****
STANDARD: IEC60601 LIMITS: PER STANDARD
AUTOSEQ.: 12 CLASS: II

GROUND FAULT: NONE

LINE VOLTAGE: L1-L2 L1-GND L2-GND
229.0 232.7 4.3 VOLTS RMS

LOAD CURRENT: 0.02 AMPS RMS

INSULATION RESISTANCE	LIMIT	UNITS
L1/L2 TO GND: ---.-	---.-	MEGOHMS
AP TO GND: ---.-	---.-	MEGOHMS

----- EARTH LEAKAGE -----
----TEST CONDITION----- (uArms) (uAdc) LIMIT
NP:NC (ON /APO) 1 0 5000 PASS
NP:SF L20 (ON /APO) 1 0 10000 PASS
RP:NC (ON /APO) 1 0 5000 PASS
RP:SF L20 (ON /APO) 1 0 10000 PASS

----- TOUCH CURRENT -----
----TEST CONDITION----- (uArms) (uAdc) LIMIT
NP:NC (ON /APO/---) 0 0 100 PASS
NP:SF L20 (ON /APO/---) 0 0 500 PASS
NP:SF EO (---/---/---) - - -
RP:NC (ON /APO/---) 0 0 100 PASS
RP:SF L20 (ON /APO/---) 0 0 500 PASS
RP:SF EO (---/---/---) - - -

----- DEVICE ID: JHNOXP011 -----
GROUP: 1 SENSOR NO. AP: 1 TYPE: BF ISOLATED

--PATIENT LEAKAGE (uArms)--
-AP- ----TEST CONDITION----- VALUE LIMIT
-- NP:NC (ON /---/---) 0 100 PASS
-- NP:SF MAP (ON /---/---) 3 5000 PASS
-- NP:SF L20 (ON /---/---) 0 500 PASS
-- NP:SF EO (---/---/---) - - -
-- RP:NC (ON /---/---) 0 100 PASS
-- RP:SF MAP (ON /---/---) 3 5000 PASS
-- RP:SF L20 (ON /---/---) 0 500 PASS
-- RP:SF EO (---/---/---) - - -

--PATIENT LEAKAGE (uAdc)---

AP	TEST CONDITION	VALUE	LIMIT	
NP:NC	(ON /---/---)	0	10	PASS
NP:SF MAP	(ON /---/---)	0	5000	PASS
NP:SF L20	(ON /---/---)	0	50	PASS
NP:SF E0	(---/---/---)	-	-	-
RP:NC	(ON /---/---)	0	10	PASS
RP:SF MAP	(ON /---/---)	0	5000	PASS
RP:SF L20	(ON /---/---)	0	50	PASS
RP:SF E0	(---/---/---)	-	-	-

----- DEVICE ID: JHNOXP011 -----
 PART: 01 RA TYPE: BF ISOLATED

----- AUXILIARY LEAKAGE (uArms) -----
 --TEST CONDITION-- VALUE LIMIT
 NP:NC (---) - -
 NP:SF L20 (---) - -
 NP:SF E0 (---) - -
 RP:NC (---) - -
 RP:SF L20 (---) - -
 RP:SF E0 (---) - -

----- AUXILIARY LEAKAGE (uAadc) -----
 --TEST CONDITION-- VALUE LIMIT
 NP:NC (---) - -
 NP:SF L20 (---) - -
 NP:SF E0 (---) - -
 RP:NC (---) - -
 RP:SF L20 (---) - -
 RP:SF E0 (---) - -

DEVICE ID: JHNOXP011
 THIS EQUIPMENT HAS PASSED

Technician: _____ Date: _____

