

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO365418	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	
Clinic Name	Klinik Kesihatan Batu Pahat	Clinic Code	JHR003
BE No.	JHR000013	Distict	BATU PAHAT
BE Category	Bilirubinometers, Laboratory	WO Assigned to	Farhan
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	
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BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken <input type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. <input type="checkbox"/> Corrective Maintenance / <input checked="" type="checkbox"/> Breakdown BE Sticker Availability : <input type="checkbox"/> Yes / <input type="checkbox"/> NA Remarks:		Manufacturer : APEL Modal : BE-501 Serial No : 502578	

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	Farhan	24/6/18	Breakdown; Under Repair	
Customer Remarks				
NA				
Engineer / Technician Signature Name MOHD NAJIB FARHAN B. ISMAIL Date 8/7/2018 BIOMEDICAL ENGINEER (012-398 7048) QUANTUM MEDICAL SOLUTIONS SDN. BHD.		Customer Signature Name AFIZA BINTI ABD. AZIZ Designation Junjara Teknologi Makmal Perubatan U32 (KUP) Date 8/7/2018 Seal Klinik Kesihatan Batu Pahat		

For Internal Use

RAZILA BINTI MISKAR
BIOMEDICAL ENGINEER

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

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

CHECKLIST NO:CL-030-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ BE NO ▶
MANUFACTURER ▶ MODEL ▶
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 type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	8 Indicators / Displays -Verify Proper Operation	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
2 Mount/ Fasteners - verify physical integrity	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	9 Audible / Visual Alarms - Verify proper Operation, Automatic and Activation	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
3 Power Cord - verify proper insulation and integrity	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	10 System Printer - Verify Integrity	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
4 Strain Relief - verify physical integrity at both ends of line cord	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	11 Lamp - Verify Integrity	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
5 Circuit Breaker / Fuses-Verify Integrity of External Circuit Breaker or rating of Fuses	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	12 Capillary Holder-Verify Physical integrity	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
6 Fittings/ Connectors - Check all Fittings/ Connectors	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	13 Interference filter - Check Adjustment	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
7 Controls /Switches -Verify proper operation of controls	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	14 Accessories - Verify Physical Integrity and Operation	(<input 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 type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Inspect / Clean Interior of unit	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	
3 Battery - Check /Replace ***	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	



KEMENTERIAN KESIHATAN MALAYSIA

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

CHECKLIST NO:CL-030-000 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					()	()	()
	QC Result (Attach Result)					()	()	()

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601

☐ IEC 61010

☐ IEC 62353

Result :

☐ PASS

☐ FAIL

☐ NA

PART 8 NOTES

☐

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:

DATE :