Form B03

Scheduled Maintenance Work Order



Work Order No	No puo 405095	Scheduled Month	January 2019				
Work Order Date	n/2 01/01/2019	Completed Date	18/1/2019				
Clinic Name	k. K GUNNAG RAPAT	Clinic Code	PR/C 031				
BE No	PRK006585	District	KINTA				
BE Category	HEMPTOLOGY PRACYLER(
Ownership	Existing Equipment	☐ MEET Equipment					
BE Condition	Under Warranty	☐ BER Proposed					
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)					
Trank Gradi Type	☐ Routine Inspection (RI)	Statutory Certification (SC)					
Reschedule Date							
BE Third Party Ca	alibration / Statutory Certification Detail	s					
Company Name	~/0	Cal / Cert Date	N/o				
Contact Number	W/B	Cal / Cert Expiry Date	No				
		Purchase Kewpa N	1265 Date: 1617/2012 o: JKN PRE1059201/41, 202				
Schedule Maintena	THE RESIDENCE OF THE PARTY OF T						
61.11	ance Execution Details						
SI No	QMS Engineer / Technician Name	Date	Start Time End Time				
7		Date 18/1/2019	Start Time End Time				
7	QMS Engineer / Technician Name						
7	QMS Engineer / Technician Name						
Customer Remarks	QMS Engineer / Technician Name	1841/2019	14:30 /6:30				
Customer Remarks	QMS Engineer / Technician Name	1841/2019	14:30 /6:30				
Customer Remarks	QMS Engineer / Technician Name PRH (PRH (1841/2019	14:30 /6:30				
Engineer / Technicia Name Oate / S / Justitut No 10 Greentov	QMS Engineer / Technician Name PRACE OR AZARUL B AHAMAD SRAY LAB SPECIALIST In Medical Solution Sdn. Bh Wen Avenue, 30450 Ipoh, Perak 5-2461991 Hp: 012-39648013	Customer Signature Name Designation	14:30 /6:30				

First Verification QMS Circle Incharge

Final Verification QMS State Incharge

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KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Analyzers, Laboratory, Hematology, Cell Counting, Automed (Medium) BE CODE : ME-009

CHECKLIST NO:CL-015-000 REV.000

PART 1 ASSET DETAIL								,	
	~/p		0529	5		BE NO	· PRI	coci	658
MANUFACTURER ►	susm E	X				MODEL	·XP	100	
REQUENCY >	6 MONTHLY (/)	12 MONTH	ILY ()	PPM HOURS	▶ 2.00		
PART 2 SPECIAL PREC		, ,							
f there is evidence of body		n, submit the	e device for	cleaning	g and decontamination	on before inspecting it.			
Vear appropriate Personn									
Vear grounded electrostat	tic wristband when	nandling PC	B or electro	onic com	ponents.				
Refer to the safety procedu	ure for additional pro	ecautions ar	nd guidance	e as per	manufacturer guideli	ines.			
Make sure the test equipm	ent used are duly c	alibrated.							
PART 3 TEST APPARA	TUS					nini/aktorili; itti			
ick (√) where appropriate						Minimum a limit			
NO ASSET	NO		DESCR	IPTION		SERIAL NO	CALI	BRATION	DUE ON
TO - ELEC		ECTRICAL SAFETY ANALYZER			-~	-~/a-			
1 , , , ,									
PART 4 QUALITATIVE 1	TASKS								
ick ($\sqrt{\ }$) where appropriate		DAGG	FAU	k 1.2			D4.00	FA''	
		PASS	FAIL	NA			PASS	FAIL	NA
Chassis - verify physic	cal integrity	(/)	()	į i	11 Probes- Verify	physical interigity	(/)	()	(
cleanliness and condi	tion	2.							
2 Mount/ Fasteners - ve		/			NO. 100 M. 100 M. 100 M.	system- verify proper operation			
Power Cord - verify pr integrity	oper insulation and			()	And the second of the second o	npressor/pump- verify physica roper operation	(/)	()	(
4 Strain Relief - verify poth ends of line cord	hysical integrity at	(/)	()	()	14 Initialization Pr		(/)	()	(
5 Fittings/ Connectors -	check all	(/)	()	()	15 Printer - Verify	physical operation.	(/)	()	(
fittings/connectors 6 Controls/Switches - verify proper operation (()	()	16 User Setting -	Verify Operation	(/)	()	(
of controls 7 Indicators/Displays- ve	erify proper operation	on (/)	()	()	17 User calibratio	n - Verify Operation	(/)		
8 Electrodes and Trand		/			18 Self Diagnostic	Maria Anna Anna Anna Anna Anna Anna Anna An	(/)		()
integrity		E			2000 00 0000		F		P 1347
 Hydraulics and Pneun physical integrity 		/	()	10 100	19 Plate moveme	ent calibration - Verify Operation	on ()	()	(/)
10 Sensors- verify phisica	al integrity	(/)	()	()					
PART 5 PREVENTIVE M	AINTENANCE TA	SKS							
ick ($\sqrt{}$) where appropriate									
		DONE	NOT DONE	NA			DONE	NOT DONE	NA
			**					**	
 Clean exterior and inte equipment 	erior of the	(/)	() (()	6 Clean measuri	ing area	(/)	()	(
2 Inspect/clean interior	of unit	(/)	()	()	7 Calibrate syste	em parameter	(/)	()	(
3 Clean hydraulics and	pneumatic system	(/)	()(()	8 Perform Post r	routine	(/)	()	(
4 Tubings - clean/ repla	ce ***	(/)		, î					
A STATE OF THE STA		***				लाई का राष्ट्र स्थापन		_	
5 Clean sampling mechanism (/) () () * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable									

CHECKLIST NO:CL-015-000 REV.000

■ BIAO M99 TX3N

101 MUNI соврестіуе мыйтемьйсе ресолівер NOT FUNCTIONING FUNCTIONING * MET DOPIL CORLE FOR ECCTALOPO SOFTWORF BOSE PART 8 NOTES AN FAIL SSA9 IEC 01010 IEC 05323 IEC 60601 Standard use: Kesult: Tick (V) where appropriate ELECTRICAL SAFETY TEST, (attach report) PART 7 ELECTRICAL SAFETY TEST . 6 Describrion AN TIAR SSA9 Limit/Tolerance ON Tick (V) where appropriate PART 6 QUANTITATIVE TASKS sbesotrond NORK ORDER NO ▶ BE CODE: WE-009 Analyzers, Laboratory, Hematology, Cell Counting, Automed (Medium) MEET Planned Preventive Maintenance Checklist KEMENTERIAN KESIHATAN MALAYSIA

Avenue, 30490 Ipoh, Perak

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

MOOR AZARUL B AHAMAD PERAK LAB SPECIALIST Guantum Medical Solonof Sdn

entown 4c

: 3TAQ

COMPLETED BY:

MORK ORDER NO ▶