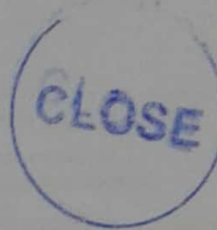


Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref - QMS/TSD-022 Rev.01

Work Order No.	PWO365232	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	26.6.18
Clinic Name	Klinik Kesihatan Tanjung Sedili	Clinic Code	JHR048
BE No.	JHNANR014 ✓	Distict	KOTA TINGGI
BE Category	ANALYZERS, LABORATORY, URIN	WO Assigned to	1674mmf
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	N/A.
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BE Third Party Calibration / Statutory Certification Details

Company Name	<i>[Signature]</i>	Cal / Cert Date	<i>[Signature]</i>
Contact Number	<i>[Signature]</i>	Cal / Cert Expiry Date	<i>[Signature]</i>

Action Taken

☒ PM / RI job done as per checklist. Unit tested functioning good & ready to use.

Manufacturer: *Mission*

☐ Corrective Maintenance / ☐ Breakdown

Model: *USO0*

BE Sticker Availability: ☒ Yes / ☐ NA

Serial No: *2917*

Remarks: *asset under warranty. end date march 2019.*

297 1106029A

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
<i>N/A</i>	<i>SHALWANA</i>	<i>26.6.18</i>	<i>1045</i>	<i>1100</i>

Customer Remarks

N/A.

Engineer / Technician Signature	<i>[Signature]</i>	Customer Signature	<i>[Signature]</i>
Name	<i>MARSHALWANA BINTI LATIP</i>	Name	<i>CEVLAN ANAK JIHOB</i>
Date	<i>26/6/18</i>	Designation	<i>JURUTEROKOGI MAKMAL PERUBATAN L23</i>
	<i>012-3962428</i>	Date	<i>26/6/18</i>
		Seal	<i>KLINIK KESIHATAN TANJUNG SEDILI</i>

For Internal Use

MUHD RAMADHAN B. TAMAR JAYA

First Verification
QMS Circle Incharge
Technical Service Department
Quantum Medical Solutions Sdn. Bhd.
Tel: +60 12-396 1697

Final Verification
QMS State Incharge

**KEMENTERIAN KESIHATAN MALAYSIA**

MEET Planned Preventive Maintenance Checklist
Analyzers, Laboratory, Urine, Semiautomated (Medium)
BE CODE : ME-010

CHECKLIST NO: CL-019-000 REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0365 232

BE NO ▶ JH NAKROH

MANUFACTURER ▶ Mission

MODEL ▶ W500

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
	TEESA0010	ELECTRICAL SAFETY ANALYZER	3218071	11/8/2018

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	9 Test Strip Tray - Verify Physical integrity	(/)	()	()
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	10 Motor - Verify proper operation	(/)	()	()
3 AC Plug / Power Card - verify Physical Integrity and Proper Insulation	(/)	()	()	11 Date /Time Verify Proper Setting	(/)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	12 LED- Verify Proper Operation	(/)	()	()
5 Fittings/ Connectors - check all fittings/connectors for Physical Integrity	(/)	()	()				
6 Controls/Switches/Keypad - verify proper operation of controls	(/)	()	()				
7 Indicators/Displays Verify Proper Operation	(/)	()	()				
8 Printer - Verify Operation	(/)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA		DONE	NOT DONE	NA
1 Cleanliness-Clean Interior and Exterior of the Unit	(/)	()	()	5 Carryout Calibration As needed	()	()	(/)
2 Clean the Test Strip Tray	(/)	()	()				
3 Lubricate Moving Parts	(/)	()	()				
4 Clean Printer Assembly	(/)	()	()				

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

