

Form B03

Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd
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Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PW0340219	Scheduled Month	January 2018	
Work Order Date	01/01/2018	Completed Date	22/1/2018	
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169	
BE No	SWK01553	District	SIBU	
Be Category	Ophthalmoscopes	WO Assigned to	SIUBME1	
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> MEET Equipment		
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed		
Work Order Type	<input 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)		
BE Third Party Calibration / Statutory Certification Details				
Company Name	N/A	Cal / Cert Date	N/A	
Company Number		Cal / Cert Expiry Date		
Action Taken				
To do ppm at per checklist attached				
Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
026.	Wesley	22/1/2018	1210	1230
	Charles			
Customer Remarks				
Engineer / Technician Signature		Customer Signature		
Name	WESLEY JIMMY	Name	ARTHUR ASAK AK KIN	
Date	22/1/18	Designation	Pen Pegawai Perubatan 132	
	BIOMEDICAL TECH	Date	LPPM 5368	
	QUANTUM MEDICAL SOLUTIONS	Seal		

For Internal Use Only

First Verification

QMS Circle Incharge

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions

Final Verification

QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist

Ophthalmoscopes

BE CODE 12-815

CHECKLIST NO: CL-104
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0340219

ASSET NO ▶ SUK015553

MANUFACTURER ▶ WELCH ALLYN INC.

MODEL ▶

FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)

PPM HOURS ▶ 0-20

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	NA	

PART 4 QUALITATIVE TASKS


Tick (/) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	()	()	(/)
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	8 Fittings/ Connectors - check all fittings/connectors	(/)	()	()
3 Cables - verify integrity	()	()	(/)	9 Controls/Switches - verify proper operation of controls	(/)	()	()
4 AC Plug - verify integrity	()	()	(/)	10 Indicators - verify proper illumination and operation	()	()	(/)
5 Power Cord - verify proper insulation and integrity	()	()	(/)	11 Check Charger - verify proper operation	()	()	(/)
6 Strain Relief - verify physical integrity at both ends of line cord	()	()	(/)	12 Check lamp holder	(/)	()	()

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 Check/replace battery	(/)	()	()
2 Clean lens dial	(/)	()	()	5 Check / replace lamp	(/)	()	()
3 Clean filters	(/)	()	()	Notes: * For all Parts, NA is defined as NOT APPLICABLE			
				** If you have ticked 'NOT DONE', then justify in Part 8			
				*** Choose Whichever Applicable			

 quantum medical solutions sdn bhd 10, Jalan Puchong Perdana 1, Puchong Perdana, 47100 Puchong, Selangor, Malaysia	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Ophthalmoscopes BE CODE : 12-815		CHECKLIST NO: CL-104 REV.000
	WORK ORDER NO ▶ PW0340219		
	PART 6 QUANTITATIVE TASKS		
	Tick (✓) where appropriate		

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA

PART 7 ELECTRICAL SAFETY TEST ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 60601) <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA

PART 8 NOTES

Unit functioning well.

<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING

WORK ORDER NO ▶ _____	NEXT PPM DATE ▶ Jan 19
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PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.

COMPLETED BY:

WEDNISLEYJI JIMMY
 BIOMEDICAL TECH
 QUANTUM MEDICAL SOLUTIONS

DATE:

22/1/18