

# 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.  | PWO372254   | Schedule Month   | March 2018                   |
| Work Order Date | 01/03/2018  | Completed Date   | 21/3/18                      |
| Clinic Name     | Klinik Pergigian Sekolah Rendah Jenis                           | Clinic Code  | WPL004                       |
| BE No.          | WPL000041   | Distict  | LABUAN                       |
| BE Category     | Handpieces, Dental  | WO Assigned to   | Ashmawi                      |
| 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 |  |
|-----------------|--|

|  |  |                        |  |
|--|--|------------------------|--|
| <b>BE Third Party Calibration / Statutory Certification Details</b>  |  |                        |  |
| Company Name   |  | Cal / Cert Date        |  |
| Contact Number   |  | Cal / Cert Expiry Date |  |
| <b>Action Taken</b>  |  |                        |  |
| Check chasis and button holder handpiece. Clean exterior and do some alignmen. Perform test (refer to checklist) |  |                        |  |


| <b>Schedule Maintenance Execution Details</b> |  |         |            |          |
|---|--|---------|------------|----------|
| SI No   | QMS Engineer / Technician Name   | Date    | Start Time | End Time |
|   | MOHD. ASHMAWI & MOHD HISHAM<br>BIOMEDICAL TECHNICIAN, QMS<br>019-2634231 | 21/3/18 | 9.45am     | 10.00am  |
|   |  |         |            |          |
|   |  |         |            |          |

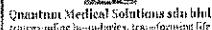
|  |  |  |  |
|--|--|--|--|
| Customer Remarks   |  | <br>Herman Nowi<br>Juruteknologi Pergigian<br>Klinik Pergigian Labuan<br>20/3/18 |  |
| Engineer / Technician Signature<br>Name<br>Date<br>MOHD. ASHMAWI & MOHD HISHAM<br>BIOMEDICAL TECHNICIAN, QMS<br>019-2634231<br>21/3/18 |  |  |  |

For Internal Use

First Verification  
QMS Circle Incharge  
JULIUS LIANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3620179

Final Verification  
QMS State Incharge  
HERMAN NOWI  
Juruteknologi Pergigian  
Klinik Pergigian Labuan  
20/3/18

| <br><small>Quantum Medical Solutions sdn bhd<br/>transcending boundaries, transforming life</small>   | <b>Quantum Medical Solutions Sdn Bhd</b><br>BEMS Planned Preventive Maintenance Checklist<br><b>Handpieces, Dental</b><br><small>BE CODE : 11-161</small> | CHECKLIST NO: CL-075<br>REV.000 |           |                    |
|--|---|---------------------------------|-----------|--------------------|
| <b>PART 1 ASSET DETAILS</b>  |   |                                 |           |                    |
| WORK ORDER NO ▶ <i>W32254</i>  |   | ASSET NO ▶ <i>WPH000041</i>     |           |                    |
| MANUFACTURER ▶ <i>N/A</i>  |   | MODEL ▶ <i>RS/k</i>             |           |                    |
| FREQUENCY ▶ 3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY ( <input checked="" type="checkbox"/> )   |   | PPM HOURS ▶ <i>0.28</i>         |           |                    |
| <b>PART 2 SPECIAL PRECAUTION</b>   |   |                                 |           |                    |
| If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.<br>Wear appropriate Personnel Protection Equipment (PPE) during work.<br>Wear grounded electrostatic wristband when handling PCB or electronic components.<br>Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.<br>Make sure the test equipment used are duly calibrated. |   |                                 |           |                    |
| <b>PART 3 TEST APPARATUS</b>   |   |                                 |           |                    |
| <i>Tick (✓) where appropriate</i>  |   |                                 |           |                    |
| NO   | ASSET NO  | DESCRIPTION                     | SERIAL NO | CALIBRATION DUE ON |
|  |   |                                 |           |                    |
|  |   |                                 |           |                    |
|  |   |                                 |           |                    |
|  |   |                                 |           |                    |
|  |   |                                 |           |                    |
|  |   |                                 |           |                    |
| <b>PART 4 QUALITATIVE TASKS</b>  |   |                                 |           |                    |
| <i>Tick (✓) where appropriate</i>  |   |                                 |           |                    |
|  | PASS  | FAIL                            | NA        |                    |
| 1 Chassis - verify physical integrity, cleanliness and condition   | ( <input checked="" type="checkbox"/> )   | ( )                             | ( )       |                    |
| 2 Fittings/ Connectors - check all fittings/connectors   | ( <input checked="" type="checkbox"/> )   | ( )                             | ( )       |                    |
| 3 Mechanical - Verify condition bearing/O-ring   | ( <input checked="" type="checkbox"/> )   | ( )                             | ( )       |                    |
| 4 Label - verify physical integrity  | ( <input checked="" type="checkbox"/> )   | ( )                             | ( )       |                    |
| 5 Burr holder - Check proper operation   | ( <input checked="" type="checkbox"/> )   | ( )                             | ( )       |                    |
| <b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>   |   |                                 |           |                    |
| <i>Tick (✓) where appropriate</i>  |   |                                 |           |                    |
|  | DONE  | NOT DONE**                      | NA        |                    |
| 1 Clean exterior and interior of the equipment   | ( <input checked="" type="checkbox"/> )   | ( )                             | ( )       |                    |
| 2 Lubricate - Mechanical parts   | ( <input checked="" type="checkbox"/> )   | ( )                             | ( )       |                    |



### BEMS Planned Preventive Maintenance Checklist

## Handpieces, Dental

BE CODE : 11-161

CHECKLIST NO:CL-075  
REV.000

WORK ORDER NO

Two 37225-1

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS☐ FAIL

☒ NA

## PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING☐ NOT FUNCTIONING

WORK ORDER NO. NEA

NEXT PPM DATE ▶ 2013/11/9

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

COMPLETED BY:

MOHD. ASHMAWI B MOHD HISHAM  
BIOMEDICAL TECHNICIAN, QMS  
019-2634231

DATE: 2/3/18