

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.	PWO371093	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	13-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHPSPL198	Distict	BATU PAHAT
BE Category	Spirometers, Low	WO Assigned to	MUHD SHAZRUL
Ownership	<input type="checkbox"/> Existing Equipment	<input checked="" 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	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	

Action Taken

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

Manufacturer :

☐ Corrective Maintenance / ☐ Breakdown

Modal :

BE Sticker Availability : ☐ Yes / ☒ NA

Serial No :

Remarks:

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL	13-06-2018	12:05	13:05

Customer Remarks	NA
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Engineer / Technician Signature

Name

Date

QUANTUM MEDICAL SOLUTION
MUHAMMAD SHAZRUL BIN MOHD SAMSURI
BIOMEDICAL TECHNICIAN

Customer Signature

Name

Designation

Date

Seal

Nur Hazirah Nacey Abdullah
(No. Pendaftaran Penuh: 54451)
Jururawat U29
KK Kg. Kenangan Dato Onn

For Internal Use

First Verification

QMS Circle Incharge

RAZILA MISKAN
Biomedical Engineer (Circle In-Charge)
Quantum Medical Solutions Sdn. Bhd.

Final Verification

QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Spirometers, Low
BE CODE : ME-020

CHECKLIST NO: CL-145-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 371093 . ASSET NO ▶ ~~444~~ JHPSPL 198
MANUFACTURER ▶ Carefusion MODEL ▶ Micropeak .
FREQUENCY ▶ 3 MONTHLY () 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
		NA		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Fittings/ Connectors - check all fittings/connectors	(✓) () ()		
2 Controls/Switches - verify proper operation of controls	(✓) () ()		
3 Indicators/ Displays - verify proper operation	(✓) () ()		
4 Label	(✓) () ()		

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA
1 Clean/Inspect the Exterior & Interior	(✓) () ()		
2 Adjust/ align mechanical components	(✓) () ()		

Notes:

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



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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)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601

☐ IEC 61010

☐ IEC 62353

Result:
☒ PASS

☐ FAIL

☒ NA

PART 8 NOTES

NA



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NA

NEXT PPM DATE ▶

JUNE 19

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

COMPLETED BY: MUHD SHAZRU

DATE: 13-06-2018