

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.	PWO372203	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	30/3/2018
Clinic Name	Klinik Pergigian Sekolah Rendah Jenis	Clinic Code	WPL004
BE No.	WPL000059	Distict	LABUAN
BE Category	Handpieces, Dental	WO Assigned to	Che Muhammad Atillah
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	
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BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken ↳ Check chassis, fittings and burr holder ↳ Clean exterior and do some alignment ↳ Perform test, unit perform well (FUNCTIONING GOOD)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN, QMS 019-2534231	30/3/2018	2:00pm	2:15pm
	MOHD. ASIMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231			

Customer Remarks	
Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Seal
CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN, QMS 019-2534231 30/3/2018	HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 30/4/18




For Internal Use

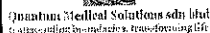
First Verification
QMS Circle Incharge

JULIUS TANJUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

HERMAN NOWI
Juruteknologi Pergigian
Klinik Pergigian Labuan

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transcending time</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Handpieces, Dental BE CODE : 11-161	CHECKLIST NO: CL-075 REV.000	
PART 1 ASSET DETAILS			
WORK ORDER NO ▶	pwo 37 2203	ASSET NO ▶	WPL00009
MANUFACTURER ▶	PLA	MODEL ▶	E1m
FREQUENCY ▶	3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)	PPM HOURS ▶	0.25
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	CALIBRATION DUE ON
PART 4 QUALITATIVE TASKS			
Tick (✓) where appropriate			
	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()
2 Fittings/ Connectors - check all fittings/connectors	(/)	()	()
3 Mechanical - Verify condition bearing/O-ring	(/)	()	()
4 Label - verify physical integrity	(/)	()	()
5 Burr holder - Check proper operation	(/)	()	()
PART 5 PREVENTIVE MAINTENANCE TASKS			
Tick (✓) where appropriate			
	DONE	NOT DONE **	NA
1 Clean exterior and interior of the equipment	(/)	()	()
2 Lubricate - Mechanical parts	(/)	()	()
			Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable



BEMS Planned Preventive Maintenance Checklist

Handpieces, Dental

BE CODE : 11-181

CHECKLIST NO:CL-075
REV.000

WORK ORDER NO ▶ PWO 3722 03

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60801)

☐ PASS☐ FAIL☒ NA

PART 8 NOTES

CORRECTIVE MAINTENANCE REQUIRED

FUNCTIONING

11

NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE 4/3/2019

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

COMPLETED BY:

DATE :

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