

Scheduled Maintenance Work Order

CMP



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref:- QMS/TSD-022 Rev.01

Work Order No	PW0409224	Scheduled Month	January 2019
Work Order Date	01/01/19	Completed Date	10/1/19
Clinic Name	KD. Motang Jelutong	Clinic Code	PRK185
BE No	PRK 003582	District	Kenian
BE Category	Scales	WO Assigned to	Razin
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 checked="" type="checkbox"/> Preventive Maintenance (PM) <input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	NA
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BE Third Party Calibration / Statutory Certification Details

Company Name	NA	Cal / Cert Date	NA
Contact Number	NA	Cal / Cert Expiry Date	NA

Action Taken

- PPM done as per checklist
- Actual BE Category, Scales, Mechanical Platform, Already inform to end user.

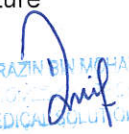

Manufacturer : Seag
Model : NA
S/N : 1714334042968
Purchase Date : 2005
Kewpa No: KEM/OTM/ PKO/KO/08-04-31/4/25/3

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1.	Razin	10/1/19	1600	1630

Customer Remarks

NA

Engineer / Technician Signature Name Date  MUHAMMAD RAZIN BIN MUHAMMAD RAZIN JUNIOR ENGINEER QUANTUM MEDICAL SOLUTIONS SDN BHD 10/1/19	Customer Signature Name Designation Date Seal  SHAMLIYAH BT MAT YAACOB JURURAWAT MASYAHAKAT U19 10/1/19
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For Internal Use only

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge

Actual Category correct - Scales, Mech platform



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Scales, Patient, Platform, Mechanical
BE CODE : 18-457

CHECKLIST NO: CL-133-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO409224 BE NO ▶ PRK007584
MANUFACTURER ▶ Seca MODEL ▶ NA
FREQUENCY ▶ 12 MONTHLY (✓) PPM HOURS ▶ 0.50

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
1	Teera 0566	WEIGHTS 5kg	127729	01/10/19
2	Teera 0567	Weight 10kg	127291	01/10/19
3	Teera 0568	Weight 20kg	127300	24/7/19

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis - Verify physical integrity, cleanliness and condition.	(✓)	()	()
2 Mount/Fasteners - Verify physical integrity.	(✓)	()	()
3 Fittings/Connectors - Check all fittings/connectors.	(✓)	()	()
4 Indicators - Verify operation.	()	()	(✓)
5 Platform - Verify physical integrity.	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Clean 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

PART 6 QUANTITATIVE TASKS						WORK ORDER NO ▶ Pw0409224	
KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist Scales, Patient, Platform, Mechanical <small>BE CODE: 18-457</small>							
CHECKLIST NO.: CL-133-000 REV.000							
No	Description	Units / NOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL NA
1	Weight	Kg	5	5.0	4.5 - 5.5	/	
			10	9.8	9.5 - 10.5	/	
			20	19.9	19.5 - 20.5	/	
PART 7 ELECTRICAL SAFETY TEST							
ELECTRICIAL SAFETY TEST, (attach report) Tick (✓) where appropriate Standard use : <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <input type="checkbox"/> IEC 60601 <input type="checkbox"/> IEC 61010 <input type="checkbox"/> IEC 62353 </div>							
Result : <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>							
PART 8 NOTES							
<p>* test not required due to not electrical usage.</p>							
<div style="display: flex; justify-content: space-between;"> <div> WORK ORDER NO ▶ <u>NA</u> CORRECTIVE MAINTENANCE REQUIRED <input type="checkbox"/> FUNCTIONING <input checked="" type="checkbox"/> NOT FUNCTIONING <input type="checkbox"/> </div> <div> NEXT PPM DATE ▶ <u>Jan 20</u> </div> </div>							
MI has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: _____ <div style="text-align: right;"> MUHAMMAD RAZIN BIN MOHAMAD FAUZI <small>QUANTUM MEDICAL SOLUTIONS SDN BHD</small> </div>							