

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.	PWO371668	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	21/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Lat	Clinic Code	WPL001
BE No.	WPL000606	Distict	LABUAN
BE Category	Apex Locator	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 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)	

Reschedule Date	
-----------------	--

BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken			
Check chasis, cable & display. Clean exterior and interior. Perform test (refer to checklist)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS 019-2572040	21/3/2018	1200	1230

Customer Remarks	
Engineer / Technician Signature Name: <i>Che Muhammad Atillah</i> Date: <i>21/3/2018</i> CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS 019-2572040	Customer Signature <i>[Signature]</i> Name: HERMAN NOWI Designation: Juruteknologi Pergigian Klinik Pergigian Labuan Date: <i>20/4/18</i> Seal: <i>[Seal]</i>



For Internal Use

First Verification
QMS Circle Incharge
JULIUS HANSON
BIOMEDICAL ENGINEER, QMS
019-2572040

Final Verification
QMS State Incharge
DICKY LEE
SABAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD



Quantum Medical Solutions sdn bhd
Transcending boundaries, transforming life

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Apex Locator
BE CODE : DE-001

CHECKLIST NO:CL-020
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PNB 371663

ASSET NO ▶ WPC00606

MANUFACTURER ▶ N/A

MODEL ▶ N/A

FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 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	PEE S0085	ELECTRICAL SAFETY ANALYZER	3227039	10/11/2019

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	6 Controls/Switches - verify proper operation of controls	(✓)	()	()
2 Indicators/ Displays - verify proper illumination and operation	(✓)	()	()	7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()
3 Power ON Self Test	(✓)	()	()	8 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()
4 Battery - verify operation	()	()	(✓)	9 Labelling - verify physical integrity	(✓)	()	()
5 Power Cord - verify proper insulation and integrity	(✓)	()	()	10 Sensitivity - verify proper operation	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA
1 Inspect, Clean Interior and Exterior	(✓)	()	()
2 Battery - Check/ Replace***	(✓)	()	()

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

Apex Locator

BE CODE : DE-001

CHECKLIST NO:CL-020
REV.000

WORK ORDER NO ▶

puo 371 668

PART 6 QUANTITATIVE TASKS

Tick (\checkmark) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60801)

☒ PASS☐ FAIL☐ NA

PART 8 NOTES

Part 5

Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

NA

NEXT PPM DATE

20/3/18 19

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

COMPLETED BY:

DATE:

2/13/18

Fluke Biomedical

Date 21/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3227035
Date & Time 21/03/2018 & 12:24
JOB Name

DUT Information

Equipment Number WPL 000606
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name APEX, LOCATOR
Pause after Power ON NO
Power ON delay 2
Test Speed RAPID
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage 250V
Multi Enclosure Test NO

Standard IEC62353-Differential
Pause before Power OFF NO
Power OFF delay 0
Test Mode AUTO
Multi PE Test NO
Multi Resstore WORST/LAST
Reverse Polarity YES
Classification II

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Mains Voltage				P
Live to Neutral	240.7 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	29 uA	100	-	P
Normal Condition-Reversed mains	41 uA	100	-	P


Signature

Fluke Biomedical
010-2012010