

Form B03

# Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
transcending boundaries. transcending life

Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PWO 340165	Scheduled Month	January 2018
Work Order Date	01/01/2018	Completed Date	23/1/2018
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169
BE No	SWPOTO001	District	SIBU
Be Category	Otoscopy	WO Assigned to	SIUBME1
Ownership	<input 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 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)	

## BE Third Party Calibration / Statutory Certification Details

Company Name	— MHA —	Cal / Cert Date	— MHA —
Company Number		Cal / Cert Expiry Date	

## Action Taken

To do ppm as per checklist attached.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0212	WED.	23/1/2018	945	10.00
	Charles			

## Customer Remarks

Engineer / Technician Signature Name: WEDNISLEYJI JIMMY Date: 23/1/18 BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS	Customer Signature Name: ARTHUR ASAK AK KUJAT Designation: Pen Pegawai Perubatan U32 Date: 27/1/2018 Seal: LPPM 5398
---	--

For Internal Use Only

First Verification

QMS Circle Incharge

James Bo  
Sr. Biomedical Engineer  
Quantum Medical Solutions

Final Verification

QMS State Incharge



Quantum Medical Solutions Sdn Bhd

# Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Otosopes

SE CODE : 12-349

CHECKLIST NO: CL-105  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO340165

ASSET NO ▶ 4846440395

MANUFACTURER ▶ Rudolf Riester GmbH

MODEL ▶ Ri-scope L.F.O

FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( / )

PPM HOURS ▶ 0.18

## 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

IO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
		ELECTRICAL SAFETY ANALYZER	NA	

## PART 4 QUALITATIVE TASKS


Tick ( / ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( / )	( )	( )	7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( )	( )	( / )
2 Mount/ Fasteners - verify physical integrity	( / )	( )	( )	8 Fittings/ Connectors - check all fittings/connectors	( / )	( )	( )
3 Cables - verify integrity	( )	( )	( / )	9 Controls/Switches - verify proper operation of controls	( / )	( )	( )
4 AC Plug - verify integrity	( )	( )	( / )	10 Indicators - verify proper illumination and operation	( )	( )	( / )
5 Power Cord - verify proper insulation and integrity	( )	( )	( / )	11 Check Charger - verify proper operation	( )	( )	( / )
6 Strain Relief - verify physical integrity at both ends of line cord	( )	( )	( / )	12 Check lamp holder	( / )	( )	( )

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( / ) where appropriate

	DONE	NOT DONE	NA		DONE	NOT DONE	NA
1 Clean exterior and interior of the equipment	( / )	( )	( )	4 Check / replace lamp	( / )	( )	( )
2 Clean lens, prism	( / )	( )	( )	5 Check / replace battery	( / )	( )	( )
3 Clean filters	( / )	( )	( )	Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			


 <small>quantum medical solutions sdn bhd</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Otoscopes BE CODE : 12-649		CHECKLIST NO: CL-105 REV.000
	WORK ORDER NO ▶ <b>PW0340165</b>		
	<b>PART 6 QUANTITATIVE TASKS</b>		
	<i>Tick (✓) where appropriate</i>		

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA

<b>PART 7 ELECTRICAL SAFETY TEST</b> ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div> <input type="checkbox"/> PASS           <input type="checkbox"/> FAIL           <input checked="" type="checkbox"/> NA         </div>
---

<b>PART 8 NOTES</b> <div style="text-align: center; font-size: 1.2em; margin-top: 50px;"> <i>and functioning well.</i> </div>
--

<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED	<input checked="" type="checkbox"/> FUNCTIONING	<input type="checkbox"/> NOT FUNCTIONING
WORK ORDER NO ▶ _____		NEXT PPM DATE ▶ <u>Jan 19</u>

PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.	
COMPLETED BY:	<div style="text-align: center;">   <b>WEDNISLEYJI JIMMY</b>          BIOMEDICAL TECH          QUANTUM MEDICAL SOLUTIONS       </div>
DATE:	<u>03/1/14</u>