Scheduled Maintenance Notification Form

Quantum Medical Solutions secoding boundaries, transforming life

Format Ref.-QMS/TSD-004 Rev.00

To:

PKB/PPB:

District: | kuching

State: SARAWAK

From:

Quantum Medical Solutions

State: Zone:

SARAWAK

Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM

Clinic Name:

Klinik Kesihatan Ibu dan Anak Bau

Month: Nov-18

Clinic Code: SWK197

NO	BE Number	BE Category	Schedule Maintenance Typ
1	SWPSPL394	Spirometers, Low	PPM
2	SWPTHS095	Thermometers, Electronic, Infrared, Skin	PPM
3			PPM
4			PPM
5			PPM
6			PPM
7			PPM
8			PPM
9			PPM
10			PPM
11			PPM
12			PPM
13			PPM
14			PPM
15			PPM
16			PPM
17			PPM
18			PPM
19			PPM

Thank You,

QMS State In-charge

Signature:

QUINTUS NG STATE MANAGER Quantum Medical Sy Acknowledged by - PKB/RPB

HELEN AK KAREL KETUA JURURAWAT KESIHATAN UB2 (KUP) KKIA BAU

Name Date

Sarawak

Date: 9-11-2-018

Mame: NOT HELEN AIC KAREL

PM - Preventive Maintenance; RI - Routine Inspection: TPC - Third Party Calibration; SC - Statutory Certification; BE - Biomedical Equipment.

No. BE Number

Thermometers, Electronic, Infrared, Sain

SWK197 Kliruk Kesihatan Bu dan Anak Bau

XESHATAN SARAWAK KUCHING ENCE RI

SWK197

Künik Kesihatan Ibu dan Anak Bau

Quantum Medical Solutions son hid transferring learning to the constant of the contract of the

PPM 2018

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2000 060-0530 DONE

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Assign to

Acknowledge By:
Designation:
Signature:
Date:

*Please make a copy after acknowledgement.

HELEN AK KAREL KETUA JURURAWAT KESIHATAN 1932 (KUP) KKIA 27

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QUANTUM SIGN STRUCK ENGINEERING KUCHING SARAWAK. FOSTER ANAX ENGKASAN

Page 1 of 1