

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transforming boundaries, transforming life

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

Work Order No.	PWO372142	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.	WPL000053	Distict	LABUAN
BE Category	Scalers, Dental, Ultrasonic	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)	

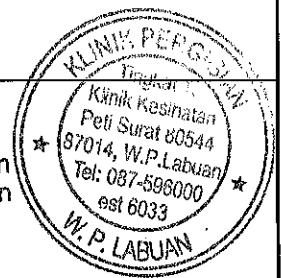
Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details			
Company Name	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	


Action Taken
<p>↳ Check chassis, fittings, cable scaler handpiece and scaler handpiece.</p> <p>↳ Clean exterior and then perform test.</p> <p>↳ Unit perform well, (FUNCTIONING GOOD)</p>

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASIMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	30/3/2018	3:15pm	3:30pm

Customer Remarks	
Engineer / Technician Signature Name: CHE MUHAMMAD ATILLAH Date: 30/3/18 MOHD. ASIMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	Customer Signature Name: HERMAN NOWI Designation: Juruteknologi Pergigian Klinik Pergigian Labuan Date: 30/3/18 Seal:



For Internal Use	First Verification QMS Circle Incharge JULIUS LIANSUN BIOMEDICAL ENGINEER, QMS 019-3620179	Final Verification QMS State Incharge MARY LEE QMS MANAGER 019-3620179
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 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Scalers, Dental, Ultrasonic BE CODE :17-497	CHECKLIST NO: CL-127 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ <u>pno 372142</u> MANUFACTURER ▶ <u>6-12</u> FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY <input checked="" type="checkbox"/>	ASSET NO ▶ <u>WPL 00053</u> MODEL ▶ <u>2/14</u> PPM HOURS ▶ <u>0.50</u>						
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							
<i>Tick (✓) where appropriate</i>							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
1	<u>TEBGA0085</u>	ELECTRICAL SAFETY ANALYZER	<u>3227039</u>	<u>10/1/2019</u>			
PART 4 QUALITATIVE TASKS							
<i>Tick (✓) where appropriate</i>							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	10 Indicators/ Displays - verify proper illumination and operation	()	()	(✓)
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	11 Alarms/ Interlocks - check all alarms available	()	()	(✓)
3 Power ON Self Test	(✓)	()	()	12 Scaling tip - verify physical integrity	(✓)	()	()
4 AC Plug - verify integrity	(✓)	()	()	13 Handpiece cable - verify physical integrity	(✓)	()	()
5 Power Cord - verify proper insulation and integrity	(✓)	()	()	14 Handpiece - verify physical integrity and operation	(✓)	()	()
6 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	15 Battery - verify battery charging indicator	()	()	(✓)
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()	16 Water supply - verify proper operation	(✓)	()	(✓)
8 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()	17 O/P voltage-frequency - verify operation	()	()	(✓)
9 Controls/Switches - verify proper operation of controls	(✓)	()	()	18 Solenoid valve - verify proper operation	(✓)	()	()
PART 5 PREVENTIVE MAINTENANCE TASKS							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE**	NA	Notes:			
1 Inspect , Clean Interior and Exterior	(✓)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Battery - Check/Replace***	(✓)	()	()				



Quantum Medical Solutions Sdn Bhd
Transcribing, Documenting, Imaging & Reporting

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BEMS Planned Preventive Maintenance Checklist
Scalers, Dental, Ultrasonic
BE CODE :17-487

CHECKLIST NO: CL-127
REV.000

WORK ORDER NO ▶

PMO 372142

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

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

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☒ 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) :

↳ EST CLASS II

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

NA

NEXT PPM DATE ▶

29/3/19

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

COMPLETED BY:

MOHD. ASIMAWI B MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2634231

DATE:

30/3/2018

Fluke Biomedical

Date 30/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3227038
Date & Time 30/03/2018 & 15:20
JOB Name

DUT Information

Equipment Number WPL 000053
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name SCALERS, DENTAL
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	21 uA	100	-	P
Normal Condition-Reversed mains	35 uA	100	-	P

Signature
MOHD ASMAH B MOHD NISHAM
BIOMEDICAL TECHNICIAN, GMS
019-2634231