

Form B03

Scheduled Maintenance Work Order



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

Work Order No.	PWO371981	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.	WPL000589	Distict	LABUAN
BE Category	Lights, Dental, Intraoral	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			
Check chasis, mount, cable, fuse, pcb board, cable & halogen bulb. 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 ATILAH BIOMEDICAL TECHNICIAN, QMS	21/3/2018	1230	1300

Customer Remarks	
Engineer / Technician Signature Name Date 21/3/2018 CHE MUHAMMAD ATILAH BIOMEDICAL TECHNICIAN, QMS 019-2572040	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 21/3/18



For Internal Use

First Verification
QMS Circle Incharge

JUNOS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DICKY LEE
SASAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist

Lights, Dental, Intraoral

BE CODE : 12-352

CHECKLIST NO: CL-093
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 371981 ASSET NO ▶ WPL000589
MANUFACTURER ▶ N/A MODEL ▶ N/A
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/) PPM HOURS ▶ 80.5

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	TESTA 0085	ELECTRICAL SAFETY ANALYZER	3227039	10/1/2019
2	N/A	STOP WATCH	N/A	N/A

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	9 Controls/Switches - verify proper operation of controls	(/)	()	()
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	10 Indicators/ Displays - verify proper illumination and operation	(/)	()	(/)
3 Casters/Brakes - if mounted, verify physical integrity	(/)	()	()	11 Alarms/ Interlocks - check all alarms available	()	()	(/)
4 AC Plug - verify integrity	(/)	()	()	12 Power ON Self Test	(/)	()	()
5 Power Cord - verify proper insulation and integrity	(/)	()	()	13 Label - verify physical integrity	(/)	()	()
6 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	14 Timer - verify operation	(/)	()	()
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(/)	()	()	15 Light intensity - verify operation	()	()	(/)
8 Fittings/ Connectors - check all fittings/connectors	(/)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate



	DONE	NOT DONE**	NA
1 Inspect, Clean Interior and Exterior	(/)	()	()
2 Bulb/ 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

 Quantum Medical Solutions Sdn Bhd <small>Transforming lives by redefining dental care</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Lights, Dental, Intraoral <small>BE CODE : 12-352</small>	<small>CHECKLIST NO: CL-093</small> <small>REV.000</small>						
WORK ORDER NO ▶ <u>PMO 371981</u>								
PART 6 QUANTITATIVE TASKS								
<small>Tick (✓) where appropriate</small>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Timer Accuracy	sec	10	10	± 10%	(✓) () () ()		
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(in accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NA </div>								
PART 8 NOTES								
Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED </div> <div> <input checked="" type="checkbox"/> FUNCTIONING </div> <div> <input type="checkbox"/> NOT FUNCTIONING </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> WORK ORDER NO ▶ <u>NA</u> </div> <div> NEXT PPM DATE ▶ <u>20/3/2019</u> </div> </div>								
<small>PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.</small> COMPLETED BY: <div style="text-align: center;">  <small>RUMAH, RUMAH BIOLOGICAL TECHNOLOGICAL CES BIOLOGICAL</small> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> DATE: <u>21/3/2018</u> </div> </div>								

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 3228039
Date & Time 21/03/2018 & 12:38
JOB Name

DUT Information

Equipment Number WPL 000589
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template information

Template Name LIGHT, INTRAORAL
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	240.9 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	26 uA	100	-	P
Normal Condition-Reversed mains	38 uA	100	-	P


Signature

CHEONG, ATILAN
BIOMEDICAL TECHNICIAN, ...
017-2571640