# Form B03 Scheduled Maintenance Work Order



Quantum Medical Solutions and blid tenseerding boundaries, transforming 18c

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

Work Order No.	PWO372248	Schedule Month	March 2018				
Work Order Date	01/03/2018	Completed Date	21/3/18				
Clinic Name	Klinik Pergigian Sekolah Rendah Jenis	Clinic Code	WPL004				
BE No.	WPL000054	Distict	LABUAN				
BE Category	Water Purification Systems	WO Assigned to	Ashmawi				
Ownership	✓ Existing Equipment	Purchase	New				
BE Condition	✓ Active	BER Proposed					
Work Order Type	Preventive Maintenance (PM)	Third Party Calibra	tion (TPC)				
Work Order Type	Routine Inspection (RI)	Statutory Certificat	Statutory Certification (SC)				
Reschedule Date							
BE Third Party Calibration	n / Statutory Certification Details						
Company Name	A.A.	Cal / Cert Date	NA				
Contact Number	NA	Cal / Cert Expiry Date	/				
Schedule Maintenance Ex	ecution Details		~				
SI No	QMS Engineer / Technician Name	Date	Start Time End Time				
FA FA	CHE 15 HID. A. B.A.C.) OMEDICAL INCENTIONA, GWS 019-2575843	150590 21/3/M	1630 1700				
Customer Remarks  PERG/G/My Tingkal 1,							
Engineer / Technician Signa Name Date CHE MUHE BIOMEDICAL TE 019-25	CJ - D. AVILLAN CHNICIAN, GMS	Customer Signature  Name  HERMAN NOW  Designation  Klinik Pergigian Labuan  Date  Seal  Kkinik Kesimatan  Peti Surat 80544  87014, W.P. Labuan  Tel: 087-596000  est 6033  W. P. LABUEN					

For Internal Use

First Verification QMS Circle Incharge Julius Liadisun Biomedical Engineer, QMS 019-3620179

Final Verification QMS State Incharge



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# Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Water Purification Systems BE CODE :15-612

CHECKLIST NO: CL-170 REV.000

	ASSET NETAIL
PART 1	

PART 1	ASSET DETAILS									- <del>2-</del>	
WORK 0	RDER NO ► PNU3	72248					ASSET NO	rufc	000 (	72 4	
MANUFA	CTURER ► N(1)						MODEL	r al			
FREQUE	NCY ► 3 MONTH	HLY ( )	61	MONTHI	LY ( )	12 MONTHLY	PPM HOUR	s <b>&gt;</b> 0.	50		
PART 2	SPECIAL PRECAUTION										
If there is	evidence of body fluid contan	nination, su	bmit the c	levice fo	r cleaning	and decontaminatio	n before inspecting it.				
Wear app	ropriate Personnel Protection	n Equipment	t (PPE) d	uring wo	rk.						
Wear gro	unded electrostatic wristband	when hand	ling PCB	or electr	onic comp	onents.					
Refer to th	ne safety procedure for additi	onal precau	tions and	guidanc	e as per n	nanufacturer guidelir	nes.				
Make sure	e the test equipment used are	e duly calibra	ated.								
PART 3	TEST APPARATUS										
$Tick(\sqrt{)}$	where appropriate										
NO	ASSET NO			DESC	RIPTION		SERIAL NO	CA	LIBRATI	ON DUE	ON
1	TEF 620 0085	ELECTRIC	CAL SAFE	ETY ANA	ALYZER	·	\$ 3227039	10	11/20	19	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	QUALITATIVE TASKS										
Tick (V)	where appropriate		PASS	FAIL	NA			PAS	S FA	AL I	NA
	ssis - verify physical integrity, nliness and condition		(/)	( )	( )	9 Indicators/ Dis	plays - verify proper illumin	ation (	) (	) (	<u>/</u> )
2 Mou	int/ Fasteners - verify physica	l integrity	(/)	( )	( )	10 AC Plug - veri	fy integrity		( )	) (	)
3 Pow	ver Cord - verify physical integ	grity	(/)	( )	( )	11 Label - verify į	physical integrity	(/	-) (	) (	)
	ms/ Interlocks - check all alai ilable	rms	( )	( )	(/)	12 Accessories - general physic	Examine for accessories a cal condition	nd (	/) (	) (	)
exte	uit Breaker/ Fuse - verify inte rnal circuit breaker and/or raf		(/)	( )	( )	13 Fittings/ Conn fittings/connec		<b>(</b> /	/) (	) (	)
6 Stra	rnal fuse in Relief - verify physical inte n ends of line cord	egrity at	( <u>/</u> )	( )	( )	14 Tube/Hose -	verify physical condition	(/	,)(	) (	)
	ntrols/Switches/Keypad/Dial - per operation of controls	verify	( <u>/</u> )	( )	( )	15 Motor/ Pump	- Verify physical integrity	(	) (	) (	/ )
8 Cab	oles - verify integrity		(/)	( )	( )						
PART 5	PREVENTIVE MAINTENA	NCE TASK	S								
Tick (√)	where appropriate						-				
			DONE	NOT DONE **	NA						
1 Insp	pect , Clean Interior and Exter	rior	( <u>/</u> )	(	)( )	Notes:					
2 Filte	er - Check/Clean/ <u>Replace</u> ***		(/)	(	)(	** If you	all parts, NA is defined as N I have ticked 'NOT DONE', ose whichever applicable				
3 Tub	ne /Hose - Check/Re <del>place***</del>		(/)	(	) (	)	See Afficiency approache				

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## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Water Purification Systems

BE CODE :15-812

CHECKLIST NO: CL-170 REV.000

leasured Values Limit/Tolerance PASS FAIL NA
Values Tage Tage
UNCTIONING NOT FUNCTIONING
NEXT PPM DATE ► 20/3 //

## Fluke Biomedical

Date 21/03/2018

#### Test Setup

Operator ID

Calibration Tech Calibration Date

Firmware Version Serial Number Date & Time JOB Name

LBNBME

10/01/2019 2.08.01 タンプも 3号 21/03/2018 & 16:35 **DUT Information** 

**Equipment Number** Serial Number Manufacturer Model Location

Other

WPL 000054

KLINIK PERGIGIAN

## Template Information

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

Standard Pause before Power OFF Power OFF delay

Test Mode Multi PE Test Multi Resstore Reverse Polarity IEC62353-Differential NO AUTO

NO WORST/LAST YES Classification

### PLC Configuration-Applied part setup

AP Name

AP Type

AP Num

#### **ESA615 Test Results**

Test Name	Value	High Limits	Low Limits	Status
Protective Earth Resistance	0.18 Ohm	0.3	<b>w</b>	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	241.4 V	**	-	Р
Live to Earth	12,1 V	_	-	Р
Neutral to Earth	240.6 V	-	_	P
Equipment Current	12.4 A	ws.	M	Р
Differential Leakage				Р
Normal Condition	41 uA	500	_	P
Normal Condition-Reversed mains	59 uA	500	-	P

Signature

الأرادم المستهام سينها Carlo Maria