

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

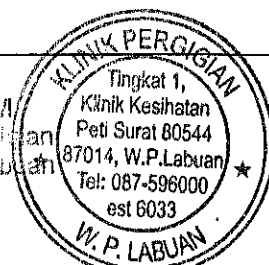
Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO371707	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	21/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Lak	Clinic Code	WPL001
BE No.	WPL000043	Distict	LABUAN
BE Category	Radiographic Units, Dental	WO Assigned to	Ashmawi
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input type="checkbox"/> Active	<input checked="" type="checkbox"/> BER Proposed	
Work Order Type	<input 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	
-----------------	--

BE Third Party Calibration / Statutory Certification Details			
Company Name	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
Action Taken			
Unit already propose BER.			


Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		21/3/2018	9.00am	9.45am
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231			
Customer Remarks Process to B.E.R. : [Signature]				
Engineer / Technician Signature Name Date		Customer Signature Name Designation Date Seal		
[Signature] MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 21/3/2018		[Signature] HERMAN NOWI Jurut Teknologi Pergigian Klinik Pergigian Labuan 23/4/18		




For Internal Use

First Verification
QMS Circle Incharge
JULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge
[Signature]
QMS STATE INCHARGE

 Quantum Medical Solutions sdn bhd <i>transcending boundaries, transforming life</i>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Radiographic units, Dental BE CODE : 13-269	CHECKLIST NO: CL-117 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ Pw0 371707		ASSET NO ▶ Wp000043					
MANUFACTURER ▶ nix		MODEL ▶ L12					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)		PPM HOURS ▶ 0.25					
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		ELECTRICAL SAFETY ANALYZER					
2	NA	KVP METER	NA	NA			
3		mA METER					
PART 4 QUALITATIVE TASKS							
Tick (/) where appropriate							
	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 Over exposure safety contractor- Verify physical integrity	()	()	(/)
3 Casters/Brakes - if mounted, verify physical integrity	()	()	(/)	12 PCB Boards - verify physical integrity	()	()	(/)
4 Power Cord - verify proper insulation and integrity	()	()	(/)	13 Exposure switch - Verify operation	()	()	(/)
5 Strain relief - verify physical integrity at both ends of the line cord	()	()	(/)	14 Visual Exposure indicator - Verify operation	()	()	(/)
6 Electronic cabinet	()	()	(/)	15 Audible exposure signal- Verify operation	()	()	(/)
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	()	()	(/)	16 Tube movement - Verify integrity and Operation	()	()	(/)
8 Fittings/ Connectors - check all fittings/connectors	()	()	(/)	17 Calibration	()	()	(/)
9 Controls/ Switches/ Keypad - verify proper operation of controls	()	()	(/)				
PART 5 PREVENTIVE MAINTENANCE TASKS							
Tick (/) where appropriate							
	DONE	NOT DONE	NA	Notes:			
1 Cleanliness - Clean Interior and Exterior of the equipment	()	()	(/)	* 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>meas - nilai bermakna, transformasi Bt</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Radiographic units, Dental BE CODE : 13-289	CHECKLIST NO: CL-117 REV.000
---	--	---------------------------------

WORK ORDER NO ▶ PWO 371707

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	KV <u>NA</u>	kV						
2	mA <u>NA</u>	mA						
3	Time <u>NA</u>	Sec						

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS
 ☐ FAIL
 ☒ NA

PART 8 NOTES

<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED	<input type="checkbox"/> FUNCTIONING	<input checked="" type="checkbox"/> NOT FUNCTIONING
WORK ORDER NO ▶ <u>NA</u>		NEXT PPM DATE ▶ <u>20/3/2019</u>

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

COMPLETED BY: **MOHD. ASHMAWI B MOHD HISHAM**
 BIOMEDICAL TECHNICIAN, QMS
 019-2634231

DATE: 21/3/2018