

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.	PWO372056	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	29/3/2018
Clinic Name	Klinik Pergigian Sekolah Kebangsaan	Clinic Code	WPL002
BE No.	WPL000081	Distict	LABUAN
BE Category	Lights, Dental	WO Assigned to	Ashmawi
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		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA
Action Taken ↳ Check chass, fittings, cable, bulb and holder bulb. ↳ Clean exterior then perform test. ↳ Unit perform well (FUNCTIONING GOOD)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2334231	29/3/2018	3:00pm	3:30pm
Customer Remarks				
Engineer / Technician Signature Name Date		Customer Signature Name Designation Date Seal		
MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2334231 29/3/2018		HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 29/3/18		



For Internal Use

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

Final Verification
QMS State Incharge
DICKY LEE
SASAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD

PART 1 ASSET DETAILS

WORK ORDER NO ▶ W-0 37256 ASSET NO ▶ WPL000081
 MANUFACTURER ▶ N/A MODEL ▶ N/A
 FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/) PPM HOURS ▶ 0-50 0-50

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	<u>TEESA0085</u>	ELECTRICAL SAFETY ANALYZER	<u>3227039</u>	<u>10/1/2019</u>

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

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

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Inspect , Clean Interior and Exterior	(/)	()	()
2 Bulb check/replace***	(/)	()	()
2 Align/ Adjust Mechanical components	(/)	()	()

Notes:

* For all Parts, NA is defined as NOT APPLICABLE
 **If you have ticked 'NOT DONE', then justify in Part 8
 *** Choose Whichever Applicable



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BEMS Planned Preventive Maintenance Checklist

Lights, Dental
BE CODE :12-351

CHECKLIST NO: CL-092
REV.000

WORK ORDER NO ▶ PWO 372056

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

Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ N/A

NEXT PPM DATE ▶ 28/3/19

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
019-2534231

DATE: 29/3/18

Fluke Biomedical

Date 29/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3127038
Date & Time 29/03/2018 & 15:09
JOB Name

DUT Information

Equipment Number WPL 000081
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name LIGHTS, 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 I

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	0.19 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	240.8 V	-	-	P
Live to Earth	11.4 V	-	-	P
Neutral to Earth	240.1 V	-	-	P
Equipment Current	10.5 A	-	-	P
Differential Leakage				P
Normal Condition	29 uA	500	-	P
Normal Condition-Reversed mains	45 uA	500	-	P


Signature

ONE HOUR, 97.1 A
ESAPACALY 15/01/2018
010-051-3010