

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.	PWO365161	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	10-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHR003589	Distict	BATU PAHAT
BE Category	SCALES, INFANT	WO Assigned to	MUHD SHAZRUL .
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			
<input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use.		Manufacturer :	
<input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown		Modal :	
BE Sticker Availability : <input type="checkbox"/> Yes / <input type="checkbox"/> NA		Serial No :	
Remarks:			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL .	10-06-2018	14-40	15-00

Customer Remarks
NA.

Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
QUANTUM MEDICAL SOLUTION	Nur Hazirah Nasyir Abdullah
MUHAMMAD SHAZRUL BIN MOHD SAMSURI	(No. Pendaftaran Penuh: 54451)
BIOMEDICAL TECHNICIAN	Jururawat U29
	KK Kg. Kenangan Dato Onn

For Internal Use

First Verification
QMS Circle Incharge

RAZILA MISKAN
Biomedical Engineer (Circle In-Charge)
Quantum Medical Solutions Sdn. Bhd.

Final Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Scales, Infant
BE CODE : 13-462

CHECKLIST NO: CL-131-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 365161 BE NO ▶ JHR 003589
MANUFACTURER ▶ NA MODEL ▶ Ebsa - 20
FREQUENCY ▶ 12 MONTHLY (✓) PPM HOURS ▶ 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
		ELECTRICAL SAFETY ANALYZER		
	NSB - 127277	WEIGHTS	NA	3/12/2018

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - Verify physical integrity, cleanliness and condition.	(✓)	()	()	8 Indicators/ Displays - verify proper illumination and operation.	(✓)	()	()
2 Mount/Fasteners - Verify physical integrity.	(✓)	()	()				
3 Controls/Switches - Verify proper operation of controls.	(✓)	()	()				
4 Infant tray - Verify physical integrity.	(✓)	()	()				
5 Power Cord - Verify proper insulation and integrity.	(✓)	()	(✓)				
6 Strain Relief - Verify physical integrity at both ends of line cord.	(✓)	()	(✓)				
7 Fittings/ Connectors - Check all fittings/connectors.	(✓)	()	(✓)				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Clean the Exterior/Interior.	(✓)	()	()
2 Adjust/align 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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PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Weight	Kg	1		0.5 - 1.5	()	()	(✓)
		Kg	5	4.9	4.5 - 5.5	(✓)	()	()
		Kg	10	9.9	9.5 - 10.5	(✓)	()	()

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601

☐ IEC 61010

☐ IEC 62353

Result :

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES

NA



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NA

NEXT PPM DATE ▶

JUNE 19

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

COMPLETED BY: MUHD SHAKIL

DATE: 10-06-2018