

## 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.	PWO366539	Schedule Month	July 2018
Work Order Date	01/07/2018	Completed Date	10.7.18
Clinic Name	Klinik Kesihatan Sungai Rengit	Clinic Code	JHR047
BE No.	JHPFED111	Distict	KOTA TINGGI
BE Category	Fetal Heart Detectors, Ultrasonic	WO Assigned to	KTG BHE /
Ownership	<input type="checkbox"/> Existing Equipment	<input checked="" 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

NA

#### BE Third Party Calibration / Statutory Certification Details

Company Name	NA	Cal / Cert Date	NA
Contact Number	NA	Cal / Cert Expiry Date	NA

#### Action Taken

☒ PM / BJ job done as per checklist. Unit tested functioning good & ready to use.

Manufacturer: Sonicaid

☐ Corrective Maintenance / ☐ Breakdown

Model: Shocudone

BE Sticker Availability: ☒ Yes / ☐ NA

Serial No: NA

Remarks:

#### Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
NA	SHALWANA	10.7.18	11.00	12.00

Customer Remarks

NA

Engineer / Technician Signature

Name

Date

NOORSHALWANA BINTI LATIF  
Biomedical Engineer  
Quantum Medical Solutions Sdn. Bhd.  
012-3962428

10.7.18

Customer Signature

Name

Designation

Date

Seal

NORHASMAN BINTI-BAHRUN  
Jururawat Kesihatan U29  
KK Sungai Rengit

10/7/18

For Internal Use

MUHD RAMADHAN TAMAR JAYA  
Biomedical Engineer

Technical Service Department

First Verification Quantum Medical Solutions Sdn. Bhd.

QMS Circle Incharge Tel: +60 12-396 1697

Final Verification

QMS State Incharge



# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Fetal Heart Detectors, Ultrasonic

BE CODE : 11-896

CHECKLIST NO: CL-070-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0366539

BE NO ▶ JH PFEDLL

MANUFACTURER ▶ Sonicaid

MODEL ▶ Sonicaidone

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

## PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - Verify physical integrity, cleanliness and condition.	( / )	( )	( )	7 Indicators/Displays - Verify proper illumination and operation.	( / )	( )	( )
2 Mount/Fasteners - Verify physical integrity.	( / )	( )	( )	8 Alarm/Audible Signal - Verify operation.	( / )	( )	( )
3 Power Cord - Verify proper insulation and integrity.	( )	( )	( / )				
4 Strain Relief - Verify physical integrity at both ends of line cord.	( )	( )	( / )				
5 Transducers/Cables - Verify integrity and condition.	( / )	( )	( )				
6 Controls/Switches/Keypad - Verify proper operation of controls.	( / )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA
1 Cleaning the exterior/interior.	( / )	( )	( )
2 Clean Transducers/Cables.	( / )	( )	( )
3 Check/Replace battery. ***	( / )	( )	( )

Notes:

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

\*\*

\*\*\*

WORK ORDER NO. ▶

PW0366539

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

Result :

☐ IEC 60601

☐ IEC 61010

☐ IEC 62353

☐ PASS☐ FAIL☒ NA

## PART 8 NOTES

mm

☐

CORRECTIVE MAINTENANCE REQUIRED



## FUNCTIONING

7

NOT FUNCTIONING

WORK ORDER NO. ▶

into

NEXT PPM DATE

7/19

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

COMPLETED BY:

NOORSHALWANA BINTI LATIP

Biomedical Engineer

DATE : \_\_\_\_\_

17/7/18

Quantum Medical Solutions Sdn. Bhd.

012-3962428