

Form B03

Scheduled Maintenance Work Order

Work Order No.	PWO377844	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	14/11/18
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK273
BE No.	SWK001374	District	KUCHING
BE Category	Sterilizing Units, Steam	WO Assigned to	Foster Anak Engkasan
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			

BE Third Party Calibration / Statutory Certification Details	
Company Name	Cal / Cert Date
Contact Number	Cal / Cert Expiry Date
Action Taken	
<p>- To do ppm purchase list attend.</p> <p>- ppm done.</p>	

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
01	FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK.	14/11/18	1400	1500
Customer Remarks				
<div style="display: flex; justify-content: space-between;"> <div> <p>Engineer / Technician Signature</p> <p>Name FOSTER ANAK ENKASAN</p> <p>Date 14/11/18</p> <p>QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK.</p> </div> <div> <p>Customer Signature</p> <p>Name SEMI SIANG</p> <p>Date 14/11/2018</p> <p>JURUTERA PERIGIAN U29</p> </div> </div>				

For Internal Use

First Verification
 QMS Circle Incharge

Final Verification
 QMS State Incharge

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KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Sterilizing units, Steam

BE CODE : 13-746

CHECKLIST NO: CL-148-000
REV.001

PART 1 ASSET DETAILS

WORK ORDER NO ▶ **PM0377844**

ASSET NO ▶ **SMK001374**

MANUFACTURER ▶ **GENERAL Eschmann**

MODEL ▶ **GENERAL SLS 2000**

FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY (✓) 12 MONTHLY () PPM HOURS ▶ 1 HOUR

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
		DIGITAL TEMPERATURE METER		
		DIGITAL PRESSURE METER		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	10 Over pressure cut of valve - Verify physical integrity	(✓)	()	()
2 Power Cord - verify proper insulation and integrity	(✓)	()	()	11 Door lock - Verify physical integrity	(✓)	()	()
3 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	12 Door gasket Verify physical integrity	(✓)	()	()
4 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()	13 Check water tank leak	(✓)	()	()
5 Controls/Switches - verify proper operation of controls	(✓)	()	()	14 Check drain valve -Physical integrity	(✓)	()	()
6 Indicators/ Displays - verify proper illumination and operation	(✓)	()	()	15 Check label	(✓)	()	()
7 Check fuse, circuit breaker	(✓)	()	()	16 Check demineralisation and sensor (if available)	(✓)	()	()
8 Heater - verify physical integrity	(✓)	()	()	17 Check automatic water filling (if available)	(✓)	()	()
9 Chamber - verify physical integrity (scaling, rusting, pitting or impurities)	(✓)	()	()	18 Replace Bacteria/Air Sterilization Filter	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA		DONE	NOT DONE**	NA
1 Clean exterior and interior of the equipment	(✓)	()	()	4 Lubricate all moving parts	(✓)	()	()
2 Check / replace gasket ***	(✓)	()	()				
3 Check/ clean solenoids	(✓)	()	()				

Notes:

* For all Parts, NA is defined as NOT APPLICABLE

** If you have ticked 'NOT DONE', then justify in Part 8

*** Choose Whichever Applicable



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Sterilizing units, Steam
BE CODE : 13-746

CHECKLIST NO:CL-148-000 REV.001

WORK Order No

PART 6 SERVICE CHECKLIST

No	Description	Checked	Service/ Clean	Replaced	Not Applicable	No	Description	Checked	Service/ Clean	Replaced	Not Applicable
1	Fuses	(/)	()	()	()	16	Discharge Valve	(/)	()	()	()
2	Main Control Board	(/)	()	()	()	17	Infill Valve	(/)	()	()	()
3	Control Board	(/)	()	()	()	18	Heating Element	(/)	()	()	()
4	Fan Running Rear & Side	(/)	()	()	()	19	Heat Exchanger/Cooling system (if applicable)	(/)	()	()	()
5	Water Reservoir Float Switch/Water Level Sensor	(/)	()	()	()	20	Vacuum Pump	()	()	()	(/)
6	Water Reservoir	(/)	()	()	()	21	Door Gasket	(/)	()	()	()
7	Electric Door Lock	(/)	()	()	()	22	Chamber Guard Seal (if applicable)	(/)	()	()	()
8	Pressure Door Lock	(/)	()	()	()	23	Solid State Relay	(/)	()	()	()
9	Discharge Door Lock	(/)	()	()	()	24	Thermostat Assembly	(/)	()	()	()
10	Pressure Transducer	(/)	()	()	()	25	Temperature Sensor	(/)	()	()	()
11	Pressure Gauge	(/)	()	()	()	26	Thermal Printer (if applicable)	(/)	()	()	()
12	Safety Valve	(/)	()	()	()	27	Vacuum Pump (if applicable)	(/)	()	()	()
13	Air Valve/Steam Solenoid Valve	(/)	()	()	()	28	Filters / strainer	(/)	()	()	()
14	Air Valve/Steam Solenoid Valve	(/)	()	()	()						
15	Air Valve/Steam Solenoid Valve	(/)	()	()	()						

PART 7 Technician Remarks

- functioning good, ppm done.



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Sterilizing units, Steam

BE CODE : 13-746

CHECKLIST NO-CL-148-000
REV.001

WORK ORDER NO. ▶

PART 8 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Temperature reading	°C			134-137 121-124	(✓)	()	()
2	Pressure reading	bar			2.03-2.32 1.03-1.23	(✓)	()	()
3	Electrical Supply Voltage	V		refer to EST	Refer to nameplate	(✓)	()	()
4	Electrical Power	KW		refer to EST	Refer to nameplate	(✓)	()	()

PART 9 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60950)

☒ PASS

☐ FAIL

☐ NA

PART 10 NOTES

- ppm done.

☐

CORRECTIVE MAINTENANCE REQUIRED

☒

FUNCTIONING

☐

NOT FUNCTIONING

WORK ORDER NO. ▶

NEXT PPM DATE ▶ 05/2019

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

COMPLETED BY:

FOSTER ANAK ENGKASAN
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK

DATE :

14/11/18

Form B03

Scheduled Maintenance Work Order

Work Order No.	PW0346852	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	14/11/18
Clinic Name	Klinik Pergigian Sekolah Rendah Kebah	Clinic Code	SWK273
BE No.	SWK001379	District	KUCHING
BE Category	Micromotor	WO Assigned to	Foster Anak Engkasan
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			

BE Third Party Calibration / Statutory Certification Details		
Company Name		Cal / Cert Date
Contact Number		Cal / Cert Expiry Date

Action Taken	- To do ppm purchase kit attend. - ppm done.
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Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
01	FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	14/11/18	1300	1400

Customer Remarks	
Engineer / Technician Signature	Customer Signature
Name FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	Name SEMI SIANG JURUTERA PERIGIAN U29
Date 14/11/18	Date 14/11/2018
	Seal

For Internal Use

First Verification
 QMS Circle Incharge

Final Verification
 QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Micromotor

BE CODE : DE-019

CHECKLIST NO: CL-096-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ **PM0346852** BE NO ▶ **SK001379**
MANUFACTURER ▶ **Uyava** MODEL ▶ **40-213**
FREQUENCY ▶ 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶ 1.00

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		
		TACHOMETER		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8 Label - verify physical integrity	(✓)	()	()
2 Mount/Fasteners - verify physical integrity	(✓)	()	()	9 Indicators/ Displays - verify proper illumination and operation	(✓)	()	()
3 AC Plug / Power Cord - verify physical integrity and proper insulation	(✓)	()	()	10 Motor - verify proper operation physical integrity	(✓)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	11 Accessories-verify physical integrity and operations.	(✓)	()	()
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()	12 Foot/Knee control-verify proper operation	(✓)	()	()
6 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()				
7 Controls/Switches - verify proper operation of controls	(✓)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Cleanliness - clean interior and exterior of the equipment	(✓)	()	()	4 Check micromotor speed	(✓)	()	()
2 Service micromotor head/chuck	(✓)	()	()	Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
3 Align / adjust mechanical components	(✓)	()	()				



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Micromotor

CHECKLIST NO:CL-098-000 REV.000

WORK ORDER NO. ▲

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

- ppm done

3

CORRECTIVE MAINTENANCE REQUIRED

☒

FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO. ▲

NEXT PPM DATE ▶ 11/20/19

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

COMPLETED BY:

FOSTER ANAK ENKASAM
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK.

DATE: 11/1/68

✓

Form B03

Scheduled Maintenance Work Order

Work Order No.	PW0346789	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	14/11/18
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK273
BE No.	SWK023962	District	KUCHING
BE Category	Handpieces, Dental	WO Assigned to	Foster Anak Engkasan
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			

BE Third Party Calibration / Statutory Certification Details	
Company Name	Cal / Cert Date
Contact Number	Cal / Cert Expiry Date

Action Taken

- To do ppm package list attend.
- ppm done

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
01	FOSTER ANAK ENKASAN QUANTUM BIO MEDICAL ENGINEERING KUCHING SARAWAK	14/11/18	1230	1300
Customer Remarks				
Engineer / Technician Signature		Customer Signature		
Name FOSTER ANAK ENKASAN QUANTUM BIO MEDICAL ENGINEERING KUCHING SARAWAK Date 14/11/18		Name SEMI SIANG JURUTERA PERIGIAN U29 Date 14/11/2018 Seal		

For Internal Use

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Handpieces, Dental

BE CODE : 11-161

CHECKLIST NO:CL-075-000 REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *PUO346789*

BE NO ▶ *SWK023962*

MANUFACTURER ▶ *NSK, Japan*

MODEL ▶ *EC135*

FREQUENCY ▶ 6 MONTHLY () 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
		TACHOMETER		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis/ Housing - verify physical integrity, cleanliness and condition	(✓)	()	()
2 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()
3 Mechanical - Verify condition bearing/O-ring	(✓)	()	()
4 Burr holder - Check proper operation	(✓)	()	()
5 Accessories - verify as appropriate	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Clean exterior and interior of the equipment	(✓)	()	()
2 Lubricate - Mechanical parts	(✓)	()	()

Notes:

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



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Handpieces, Dental

CHECKLIST NO:CL-475-000 REV.000

BE CODE : 11-161

WORK ORDER NO ▶

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	handpiece highspeed	rpm			>250,000			
	(OR)							
	Handpiece slow speed	rpm			>35000			

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601 ☐ IEC 61010 ☐ IEC 62353 ☐ PASS ☐ FAIL ☒ NA

Result :

PART 8 NOTES

- ppm done.



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶ 11/2019

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

COMPLETED BY:

FOSTER ANAK ENKASAN
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK

DATE :

14/11/18



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Handpieces, Dental

BE CODE : 11-161

CHECKLIST NO: CL-075-000 REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *PW034844*

BE NO ▶ *SWK023961*

MANUFACTURER ▶ *NSK, Japan*

MODEL ▶ *EC contra Angle*

FREQUENCY ▶ 6 MONTHLY () 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.

Makes sure the test equipment used are duly calibrated.

PART 3 TEST APPARATUS

Tick (✓) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
		TACHOMETER		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis/ Housing - Verify physical integrity, cleanliness and condition	(✓)	()	()
2 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()
3 Mechanical - Verify condition bearing/O-ring	(✓)	()	()
4 Burr holder - Check proper operation	(✓)	()	()
5 Accessories - verify as appropriate	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA
1 Clean exterior and interior of the equipment	(✓)	()	()
2 Lubricate - Mechanical parts	(✓)	()	()

Notes:

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



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Handpieces, Dental

CHECKLIST NO: CL-075-000 REV.000

BE CODE : 11-161

WORK ORDER NO ▶

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	handpiece highspeed	rpm			>250,000			
	(OR)							
	Handpiece slow speed	rpm			>35000			

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601 ☐ IEC 61010 ☐ IEC 62353 ☐ PASS ☐ FAIL ☒ NA

Result :

PART 8 NOTES

- ppm done.

☐ CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶

11/20/19

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

COMPLETED BY:

FOSTER ANAK ENGGASAN
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK.

DATE:

14/1/18

Form B03

Scheduled Maintenance Work Order

Work Order No.	PW0346849	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	14/11/18
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK273
BE No.	SWK023961	District	KUCHING
BE Category	Handpieces, Dental	WO Assigned to	Foster Anak Engkasan
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"/> BEP 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			

BE Third Party Calibration / Statutory Certification Details	
Company Name	Cal / Cert Date
Contact Number	Cal / Cert Expiry Date

Action Taken	- To do ppm purchase attend. - ppm done.
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Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
01	FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK.	14/11/18	1200	1230
Customer Remarks				

Engineer / Technician Signature	Customer Signature
Name FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK.	Name SEMI SIANG JURUTERA PERGIGIAN U29
Date 14/11/18	Date 14/11/2018
	Seal

For Internal Use

First Verification
 QMS Circle Incharge

Final Verification
 QMS State Incharge

Form B03

Scheduled Maintenance Work Order

Work Order No.	PW0346901	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	14/11/18
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK273
BE No.	SWK023960	Distict	KUCHING
BE Category	Handpieces, Dental	WO Assigned to	Foster Anak Engkasan
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			

BE Third Party Calibration / Statutory Certification Details		
Company Name		Cal / Cert Date
Contact Number		Cal / Cert Expiry Date

Action Taken

- To do ppm purchase kit at tene.
 - ppm done

Schedule Maintenance Execution Details								
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time				
01	FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	14/11/18	1130	1200				
Customer Remarks								
<table border="0"> <tr> <td>Engineer / Technician Signature</td> <td>Customer Signature</td> </tr> <tr> <td>Name FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK 14/11/18</td> <td>Name SEMI SIANG JURUTERA PERIGIAN U29 14/11/2018</td> </tr> </table>					Engineer / Technician Signature	Customer Signature	Name FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK 14/11/18	Name SEMI SIANG JURUTERA PERIGIAN U29 14/11/2018
Engineer / Technician Signature	Customer Signature							
Name FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK 14/11/18	Name SEMI SIANG JURUTERA PERIGIAN U29 14/11/2018							

For Internal Use

First Verification
 QMS Circle Incharge

Final Verification
 QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Handpieces, Dental
BE CODE : 11-161

CHECKLIST NO: CL-075-000 REV:000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *PW0346961*

BE NO ▶ *SWK023960*

MANUFACTURER ▶ *KSL, 7 April*

MODEL ▶ *KSL, N/A*

FREQUENCY ▶ 6 MONTHLY () 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
		TACHOMETER		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis/ Housing - verify physical integrity, cleanliness and condition	(✓)	()	()
2 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()
3 Mechanical - Verify condition bearing/O-ring	(✓)	()	()
4 Burr holder - Check proper operation	(✓)	()	()
5 Accessories - verify as appropriate	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA
1 Clean exterior and interior of the equipment	(✓)	()	()
2 Lubricate - Mechanical parts	(✓)	()	()

Notes:

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



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Handpieces, Dental
BE CODE : 11-161

CHECKLIST NO: CL-075-000 REV.000

WORK ORDER NO ▶

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	handpiece highspeed	rpm			>250,000			
	(OR)							
	Handpiece slow speed	rpm			>35000			

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

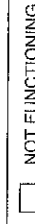
- ppm done.



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶

11/2019

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

COMPLETED BY:

FOSTER ANAK ENKASAN
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK

DATE :

14/11/18

pm

Form B03

Scheduled Maintenance Work Order



Work Order No.	PW0346749	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	14/11/18
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK273
BE No.	SWK001373	District	KUCHING
BE Category	Distilling Unit	WO Assigned to	Foster Anak Engkasan
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"/> BEP Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	<input type="checkbox"/> Statutory Certification (SC)
	<input type="checkbox"/> Routine Inspection (RI)		
Reschedule Date			

BE Third Party Calibration / Statutory Certification Details		
Company Name		Cal / Cert Date
Contact Number		Cal / Cert Expiry Date

Action Taken

- To do pmn purchase attend.
- pmn done.

Schedule Maintenance Execution Details				
Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
01	FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	14/11/18	1030	1130
Customer Remarks				

Engineer / Technician Signature	Customer Signature
Name FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	Name SEMI SIANG JURUTERA PERGIGIAN U29
Date 14/11/18	Date 14/11/2018
	Seal

For Internal Use

First Verification
OMS Circle Incharge

Final Verification
OMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Distilling Unit

BE CODE : 15-136

CHECKLIST NO:CL-061-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *PW0346749*

BE NO ▶ *SWK 001373*

MANUFACTURER ▶ *Euron da*

MODEL ▶ *Aquada 3t*

FREQUENCY ▶ 6 MONTHLY () 12 MONTHLY (✓)

PPM HOURS ▶ 1.00

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		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8 Controls/Switches - verify proper operation of controls	(✓)	()	()
2 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()	9 Motor / Fan -verify proper operation	(✓)	()	()
3 Mount/Fasteners - verify physical integrity of mounts	(✓)	()	()	10 Heater - Clean heating element	(✓)	()	()
4 AC Plug/Receptacle - verify integrity	(✓)	()	()	11 Accessories-verify physical integrity and operations.	(✓)	()	()
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()				
6 Power Cord - verify proper insulation and integrity	(✓)	()	()				
7 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()				

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
2 Replace deteriorated components	(✓)	()	()	
3 Align /adjust mechanical components	(/)	()	()	



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Distilling Unit
BE CODE : 15-136

CHECKLIST NO:CL-061-000 REV 000

WORK ORDER NO. ▲

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

□ EIC 62353

☒ PASS

NA

☐ FAIL

PART 8 NOTES

- ppm close.

1

CORRECTIVE MAINTENANCE REQUIRED

FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO. ▲

NEXT PPM DATE ▶ 11/2019

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

COMPLETED BY:

FOSTER ANAK ENKASAN
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK.

DATE: 12/1/18

5

Form B03

Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd
43900 Seremban, Ipoh, Perak, Malaysia
Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PW0346432	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	14/11/18
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK273
BE No.	SWK001376	Distict	KUCHING
BE Category	Chairs, Examination/Treatment, De	WO Assigned to	Foster Anak Engkasan
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	
-----------------	--

BE Third Party Calibration / Statutory Certification Details	
Company Name	Cal / Cert Date
Contact Number	Cal / Cert Expiry Date

Action Taken	- To do pm purchase list attend. - pm done.
--------------	--

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
01	FOSTER ANAK ENGGASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	14/11/18	0830	1030
Customer Remarks				

For Internal Use

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge

Engineer / Technician Signature
Name FOSTER ANAK ENGGASAN
Date QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK
14/11/18

Customer Signature
Name SEMI SIANG
Designation JURUTERA PERGIGIAN U29
Date 14/11/2018
Seal



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Chairs, Examination/Treatment, Dentistry

CHECKLIST NO: CL-040-000
REV.000

BE CODE - 10-792

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *PW0346432*

BE NO ▶ *SK001376*

MANUFACTURER ▶ *Siemens Medical Systems*

MODEL ▶ *Siemens C8*

FREQUENCY ▶ 6 MONTHLY () 12 MONTHLY (✓)

PPM HOURS ▶ 2.00

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		
		PRESSURE GAUGE		
		TACHOMETER		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	11 Valves/Solenoids - Inspect, verify operation	(✓)	()	()
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	12 Tubes/ Hoses - Check condition of all tubing, all hoses	(✓)	()	()
3 Line cord - verify proper insulation & integrity	(✓)	()	()	13 Incoming Air pressure - verify operation	(✓)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	14 Oil/Water/ Air Vacuum lines - check for any leak	(✓)	()	()
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse	(✓)	()	()	15 Incoming Water pressure - verify operation	(✓)	()	()
6 AC Plug/ Receptacle - verify integrity	(✓)	()	()	16 Hydraulic System - verify operation	(✓)	()	()
7 Fittings/ Connectors - verify physical condition & integrity	(✓)	()	()	17 Lights - verify operation	(✓)	()	()
8 Cables - verify physical integrity	(✓)	()	()	18 Labelling - verify caution and warning labels	(✓)	()	()
9 Controls/Switches - verify proper operation of controls	(✓)	()	()	19 System Safety Features - verify operation	(✓)	()	()
10 Indicators/ Displays - verify proper illumination and operation	(✓)	()	()	20 Motor/Pump - verify operation	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA		DONE	NOT DONE**	NA
1 Cleanliness - clean exterior and interior of the equipment	(✓)	()	()	5 O-rings/diaphragms - Check/Replace***	(✓)	()	()
2 Lubricate recommended parts	(✓)	()	()				
3 Align/ Adjust Mechanical components	(✓)	()	()				
4 Filters - check/clean/replace***	(✓)	()	()				

Notes:

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



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Chairs, Examination/Treatment, Dentistry

CHECKLIST NO:CL-040-000 REV.000

WORK ORDER NO ▶

BE CODE : 10-752

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Pressure Inlet							
	i. Compressed Air	Bar			5.5-7.5	(✓)	()	()
	ii. Water	Bar			1.5-5.0	(✓)	()	()
2	Handpiece							
	i. High speed handpiece	RPM			>250,000	(✓)	()	()
3.	Micromotor/Contra angle/Straight handpiece							
	a. Slow speed, 1:1 and above	RPM			> 35,000	(✓)	()	()
	b. Slow speed, 10:1 ≤ x ≤ 1:1	RPM			10 - 4,000	(✓)	()	()
4	Scaler	kHz			> 20	(✓)	()	()
5	Light curing	mW/cm²			> 300	(✓)	()	()

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601

☐ IEC 62353

Result :

☒ PASS

☐ FAIL

☐ NA

PART 8 NOTES

- ppm done.

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶ 11/2019

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

COMPLETED BY:

FOSTER ANAK ENKASAN
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK

DATE: 14/11/18

Form B03

Scheduled Maintenance Work Order

Work Order No.	PW0346447	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	14/11/18
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK273
BE No.	SWK001375	District	KUCHING
BE Category	Amalgamators	WO Assigned to	Foster Anak Engkasan
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			

BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken	<p>- To do ppm purchase list attend.</p> <p>- ppm done.</p>		

Schedule Maintenance Execution Details								
Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time				
01	FOSTER ANAK ENKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	14/11/18	0800	0830				
Customer Remarks								
<table border="0"> <tr> <td>Engineer / Technician Signature</td> <td>Customer Signature</td> </tr> <tr> <td> Name FOSTER ANAK ENKASAN Date QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK 14/11/18 </td> <td> Name SEMI SIANG Designation JURUTERA PERGIGIAN U29 Date 14/11/2018 Seal </td> </tr> </table>					Engineer / Technician Signature	Customer Signature	Name FOSTER ANAK ENKASAN Date QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK 14/11/18	Name SEMI SIANG Designation JURUTERA PERGIGIAN U29 Date 14/11/2018 Seal
Engineer / Technician Signature	Customer Signature							
Name FOSTER ANAK ENKASAN Date QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK 14/11/18	Name SEMI SIANG Designation JURUTERA PERGIGIAN U29 Date 14/11/2018 Seal							

For Internal Use

First Verification
QMS Circle InchargeFinal Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Amalgamators

BE CODE : 10-082

CHECKLIST NO: CL-002-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *PN0346447*

BE NO ▶ *5W4001375*

MANUFACTURER ▶ *Hangzha Tianchen Scale*

MODEL ▶ *70M*

FREQUENCY ▶ 6 MONTHLY () 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
1		ELECTRICAL SAFETY ANALYZER		

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	(✓)	()	()	9 Audible/Visual Alarms - verify proper operation, automatic and activation	(✓)	()	()
3 AC Plug/Power Cord - verify physical integrity and proper insulation	(✓)	()	()	10 Motor - verify operation	(✓)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	11 Accessories - verify physical integrity and operation	(✓)	()	()
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse	(✓)	()	()	12 Labelling - verify caution and warning labels	(✓)	()	()
6 Fittings/ Connectors - check all fitting/connector for physical integrity	(✓)	()	()				
7 Controls/Switches - verify proper operation of controls	(✓)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA
1 Cleanliness - clean exterior and interior of the equipment	(✓)	()	()
2 Service / lubricate motor - as applicable	(✓)	()	()

Notes:

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



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Amalgamators

CHECKLIST NO:CL-002-000 REV.000

WORK ORDER NO. ▲

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (\checkmark) where appropriate

Standard use :

Result :

<input type="checkbox"/> IEC 60601	<input type="checkbox"/> IEC 61010	<input type="checkbox"/> IEC 62353	<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> NA
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PART 8 NOTES

— ppm clone

☐

CORRECTIVE MAINTENANCE REQUIRED

FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO.

NEXT PPM DATE ▶ 11/20/19

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

COMPLETED BY:

**FOSTER ANAK ENKASAN
QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK //**

DATE: 11/1/68

5