

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.	PWO371865	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	21/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000600	Distict	LABUAN
BE Category	Dental Workstation	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	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
Action Taken			
checked physical desk tubing micromotr and suction ok. clean body interior and exterior.ppm completed.			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	21/3/2018	12.00pm	1.00pm
Customer Remarks				
Engineer / Technician Signature		Customer Signature		
Name		Name		
Date		Date		
Seal		Seal		
MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 21/3/2018		HERMAN NOWA Juruteknologi Pergigian Klinik Pergigian Labuan 20/4/18		




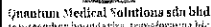
For Internal Use

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

Final Verification
QMS State Incharge

RIGHT LIFE
SUSTAINABLE MANAGES
QUALITY INTEGRAL & EFFICIENT SERVICE

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Dental Workstation BE CODE : DE-008	CHECKLIST NO: CL-056 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ <u>PMO 371 865</u>		ASSET NO ▶ <u>WP000600</u>					
MANUFACTURER ▶ <u>N/A</u>		MODEL ▶ <u>N/A</u>					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY (v) 12 MONTHLY (✓)		PPM HOURS ▶ <u>1-0</u>					
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			
	N/A	ELECTRICAL SAFETY ANALYZER					
		TACHOMETER	N/A	N/A			
		PRESSURE GAUGE					
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 Label - verify physical integrity	(✓)	()	()
3 AC Plug - verify integrity	()	()	()	10 Motor - verify proper operation	(✓)	()	()
4 Power Cord - verify proper insulation and integrity	(✓)	()	()	11 Safety valve - verify proper operation	()	()	(✓)
5 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()				
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 Clean exterior and interior of the equipment	(✓)	()	()	4 Motor - Service/Lubricate if applicable	(✓)	()	()
2 Filter, Check/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			
3 Diaphragm/Seal, Check/Replace***	(✓)	()	()				



BEMS Planned Preventive Maintenance Checklist

Dental Workstation

BE CODE : DE-008

CHECKLIST NO:CL-056 REV.000

WORK ORDER NO ▶

PMU 371265

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS☐ FAIL☒ NA

PART 8 NOTES

Part 5 - Item 2

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 ▶

NA

NEXT PPM DATE

20/3/2019

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: 2/13/2018