

## 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.	PWO370837	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	
Clinic Name	Klinik Kesihatan Batu Pahat	Clinic Code	JHR003
BE No.	JHNCET010	Distict	BATU PAHAT
BE Category	CENTRIFUGES, TABLETOP	WO Assigned to	Farhan
Ownership	<input type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input checked="" 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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<b>BE Third Party Calibration / Statutory Certification Details</b>			
Company Name	na	Cal / Cert Date	na
Contact Number		Cal / Cert Expiry Date	
<b>Action Taken</b> <input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer: Eppendorf <input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown Modal: 5804 BE Sticker Availability: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> NA Serial No: 580461365446 Remarks: MOHD NAJIB FARHAN B. ISMAIL BIOMEDICAL ENGINEER (012-396 7048) QUANTUM MEDICAL SOLUTIONS SDN. BHD.			

<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	Farhan	→ pm will be done by supplier		

Customer Remarks	
NA	
Engineer / Technician Signature Name: MOHD NAJIB FARHAN B. ISMAIL Date: 29/6/18 BIOMEDICAL ENGINEER (012-396 7048) QUANTUM MEDICAL SOLUTIONS SDN. BHD.	Customer Signature Name: AFIZA BINTI ABD. AZIZ Designation: Juruteknologi Makmal Perubatan U32 (KUP) Date: 8/7/2018 Seal: Klinik Kesihatan Batu Pahat

For Internal Use

QUANTUM MEDICAL SOLUTIONS  
 RAZILA BINTI MISKAH  
 BIOMEDICAL ENGINEER

First Verification  
QMS Circle Incharge

Final Verification  
QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Centrifuges, Tabletop

BE CODE : 10-780

CHECKLIST NO:CL-037-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ BE NO ▶  
MANUFACTURER ▶ MODEL ▶  
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		
		STOP WATCH		

## PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( )	( )	( )	8 Motor/Rotor Fixing Nuts - check physical condition and proper operation.	( )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( )	( )	( )	9 Chamber - Verify physical integrity	( )	( )	( )
3 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( )	( )	( )	10 Carbon Brush - Verify Integrity	( )	( )	( )
4 Power Cord / cables - verify proper insulation and integrity	( )	( )	( )	11 Alarms/Interlocks - verify proper operation; check the lid latching mechanisms	( )	( )	( )
5 Strain Relief - verify physical integrity at both ends of line cord	( )	( )	( )	12 Sensor/Transducer - verify operation	( )	( )	( )
6 Controls/ Switches - verify proper operation of controls	( )	( )	( )				
7 Indicators/ Displays - verify proper illumination and operation	( )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Clean exterior and interior 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 Lubricate rotor and buckets.	( )	( )	( )	



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WORK ORDER NO ▶

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PAS S	FAIL NA
	Rotating speed	rpm			±10%	( ) ( ) ( ) ( )	
	Timer Accuracy	min				( ) ( ) ( ) ( )	

## 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



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶

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

COMPLETED BY:

DATE :