



Scheduled Maintenance Work Order

Work Order No	n/a PW0405863	Scheduled Month	January 2019
Work Order Date	n/a 01/01/2019	Completed Date	28/1/2019
Clinic Name	k.k kampar	Clinic Code	PRK033
BE No	PRK0310FS	District	KAMPAR
BE Category	HEMATOLOGY ANALYSER (M)	WO Assigned to	NEOR AZARUL
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> MEET Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM) <input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details

Company Name	n/a	Cal / Cert Date	n/a
Contact Number	n/a	Cal / Cert Expiry Date	n/a

Action Taken

PDM COMPLETED AS PER CHECKLIST.

Manufacturer : SYSMEX

Model : XP100

S/N : A5092

Purchase Date : 3/7/2014

Kewpa No: JKNPK/051/5514/2015/87/1

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1	NEOR AZARUL	28/1/2019	10:15	12:15

Customer Remarks

* QC MATERIAL NOT AVAILABLE AT SITE.
* ADVISED USER TO CHANGE THE STROMATOLYSER TO THE NEW LOT BEFORE RUN THE MACHINE DUE TO CURRENT LOT HAS BEEN EXPIRED.

Engineer / Technician Signature Name <u>NOOR AZARUL B AHAMAD</u> PERAK LAB SPECIALIST Quantum Medical Solution Sdn. Bhd No 108, Persiaan Greentown A Greentown Avenue, 30450 Ipoh, Perak Tel/fax : 05-2461991 Hp : 012-39648013	Customer Signature Name <u>MINI MAZURA</u> Designation <u>PERUBATAN U32</u> Date <u>28/1/19</u> Seal <u>KLINIK KESIHATAN KAMPAR</u>
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For Internal Use only

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Analyzers, Laboratory, Hematology, Cell Counting, Automated (Medium)
BE CODE : ME-009

CHECKLIST NO: CL-015-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *n/o PWO405863* BE NO ▶ *PRK031085*
MANUFACTURER ▶ *scismex* MODEL ▶ *xpico*
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
	<i>n/o</i>	ELECTRICAL SAFETY ANALYZER	<i>n/o</i>	

PART 4 QUALITATIVE TASKS

Tick (/) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	11 Probes- Verify physical integrity	(/)	()	()
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	12 Temperature system- verify proper operation	(/)	()	()
3 Power Cord - verify proper insulation and integrity	(/)	()	()	13 Fan/motor/compressor/pump- verify physical integrity and proper operation	(/)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	14 Initialization Process- Verify	(/)	()	()
5 Fittings/ Connectors - check all fittings/connectors	(/)	()	()	15 Printer - Verify physical operation.	(/)	()	()
6 Controls/Switches - verify proper operation of controls	(/)	()	()	16 User Setting - Verify Operation	(/)	()	()
7 Indicators/Displays- verify proper operation	(/)	()	()	17 User calibration - Verify Operation	(/)	()	()
8 Electrodes and Transducer -verify physical integrity	(/)	()	()	18 Self Diagnostic - Verify Operation	(/)	()	()
9 Hydraulics and Pneumatics System-verify physical integrity	(/)	()	()	19 Plate movement calibration - Verify Operation	()	()	(/)
10 Sensors- verify physical integrity	(/)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (/) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Clean exterior and interior of the equipment	(/)	()	()	6 Clean measuring area	(/)	()	()
2 Inspect/clean interior of unit	(/)	()	()	7 Calibrate system parameter	()	()	(/)
3 Clean hydraulics and pneumatic system	(/)	()	()	8 Perform Post routine	(/)	()	()
4 Tubings - clean/ replace ***	(/)	()	()	Notes:			
5 Clean sampling mechanism	(/)	()	()	* 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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WORK ORDER NO **n/p 405863**

PART 6 QUANTITATIVE TASKS

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS FAIL NA
1.	BackGround check					1
2.	QC Test					1
	*BackGround check					
	WBC	10 ³	0.0	0.1	0.0-0.3	
	RBC	10 ⁶	0.00	0.01	0.00-0.03	
	HGB	g/dl	0.0	0.0	0.0-0.1	
	PLT	10 ³	0	1	0-10	

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Standard use : ☐ IEC 60601 ☐ IEC 61010 ☐ IEC 62353

Result : ☐ PASS ☐ FAIL ☒ NA

PART 8 NOTES

*not applicable for electrical safety test
def to unit manually under software app.

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Quantum Medical Solution Sdn. Bhd.
No 10 B, Persaiaa Greentown 4c
Greentown Avenue, 30450 Ipoh, Perak
Tel/Fax: 05-61991 Hp: 012-39648013

DATE: 28/11/20

COMPLETED BY: *[Signature]*

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

WORK ORDER NO **n/p**

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