

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.	PWO371674	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.	WPL000598	Distict	LABUAN
BE Category	Dental Workstation	WO Assigned to	Che Muhammad Atillah
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 tubing light micromotor and suction ok. clean body interior and exterior. ppm completed			
ppm carried out as per checklist			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS	21/3/2018	0900	1000
Customer Remarks				
Engineer / Technician Signature		Customer Signature		
Name		Name		
Date		Date		
Seal		Seal		

For Internal Use


First Verification
QMS Circle Incharge

JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

HERMAN NOWA
Juruteknologi Pergigian
Klinik Pergigian Labuan
20/4/18



 Quantum Medical Solutions sdn bhd <i>transcending boundaries, transforming life</i>	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 ▶ PWO 371674		ASSET NO ▶ WJL000598					
MANUFACTURER ▶ In Vivo		MODEL ▶ wu					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY (✓) 12 MONTHLY ()		PPM HOURS ▶ 1.0					
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					
	ALT	TACHOMETER	✓ p/h				
		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***	(✓)	()	()				



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BEMS Planned Preventive Maintenance Checklist

Dental Workstation

BE CODE : DE-008

CHECKLIST NO: CL-056 REV.000

WORK ORDER NO ▶

371674

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	SPEED	RPM				()	()	(✓)
	VACUUM LEVEL	KPa				()	()	(✓)

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60801)

☐ 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:

DR. MUHAMMAD ATILAN
DENTAL CLINIC, KUALA LUMPUR, MALAYSIA
(17-03-2019)

DATE:

21/3/2018