

# 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.	PWO371901	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	27/3/18
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000578	Distict	LABUAN
BE Category	Dental Delivery Units	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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<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> ↳ Check chasis, fittings, handpiece, leaking, paddle and finb handpiece. ↳ Clean exterior and interior. ↳ Perform test, unit perform well (functioning group)			

<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2834231	27/3/18	10.00am	11.00am


Customer Remarks	
Engineer / Technician Signature Name Date MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2834231 27/3/18	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 28/4/18

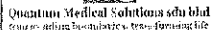


For Internal Use

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

Final Verification  
QMS State Incharge  
DIGNITY LEE  
QMS STATE INCHARGE

 Quantum Medical Solutions sdn bhd <small>transcending boundaries. transforming life.</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Dental Delivery Units</b> BE CODE : 11-165	CHECKLIST NO: CL-052 REV.000					
<b>PART 1 ASSET DETAILS</b>							
WORK ORDER NO ▶ <u>PM0378901</u>		ASSET NO ▶ <u>WPL000578</u>					
MANUFACTURER ▶ <u>ULV</u>		MODEL ▶ <u>~11v</u>					
FREQUENCY ▶ 3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY (✓)		PPM HOURS ▶ <u>WPL 1-0</u>					
<b>PART 2 SPECIAL PRECAUTION</b>							
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.							
<b>PART 3 TEST APPARATUS</b>							
<i>Tick (✓) where appropriate</i>							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
	<u>NA</u>	ELECTRICAL SAFETY ANALYZER	<u>NA</u>	<u>NA</u>			
	<u>NA</u>	PRESSURE GUAGE	<u>NA</u>	<u>NA</u>			
<b>PART 4 QUALITATIVE TASKS</b>							
<i>Tick (✓) where appropriate</i>							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )	8 Motor/Pump/Compressor - verify operation	(✓)	( )	( )
2 Mount/ Fasteners - verify physical integrity	(✓)	( )	( )	9 Solenoid valve - Inspect, verify operation	(✓)	( )	( )
3 Cables - verify integrity	(✓)	( )	( )	10 Foot switch - verify operation	(✓)	( )	( )
4 Tubes/Hoses - check condition of all tubing, all hoses	(✓)	( )	( )	11 Label - verify physical integrity	( )	( )	(✓)
5 Power Cord - verify proper insulation and integrity	( )	( )	( )				
6 Strain Relief - verify physical integrity at both ends of line cord	( )	( )	( )				
7 Indicators/ Displays - verify proper illumination and operation	( )	( )	(✓)				
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>							
<i>Tick (✓) where appropriate</i>							
	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 Filters - Check/Clean / Change***	(✓)	( )	( )				
3 O-Rings/Diaphragms/Hoses /Filters - Check /Clean / Change***	(✓)	( )	( )				



### BEMS Planned Preventive Maintenance Checklist

### Dental Delivery Units

BE CODE : 11-185

CHECKLIST NO:CL-062 REV.000

WORK ORDER NO

► pmo 37 19 01

## 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

11

CORRECTIVE MAINTENANCE REQUIRED



## FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

2A

NEXT PPM DATE

26/3/19

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

COMPLETED BY: MOHD. ASHMAWIB MOHD HISHAM  
BIOMEDICAL TECHNICIAN, QMS  
019-2634231

DATE :

27/3/18