Signature: Date: :noitsngiseQ Ycknowledge By:

\*Please make a copy after acknowledgement.

NW/11/0)

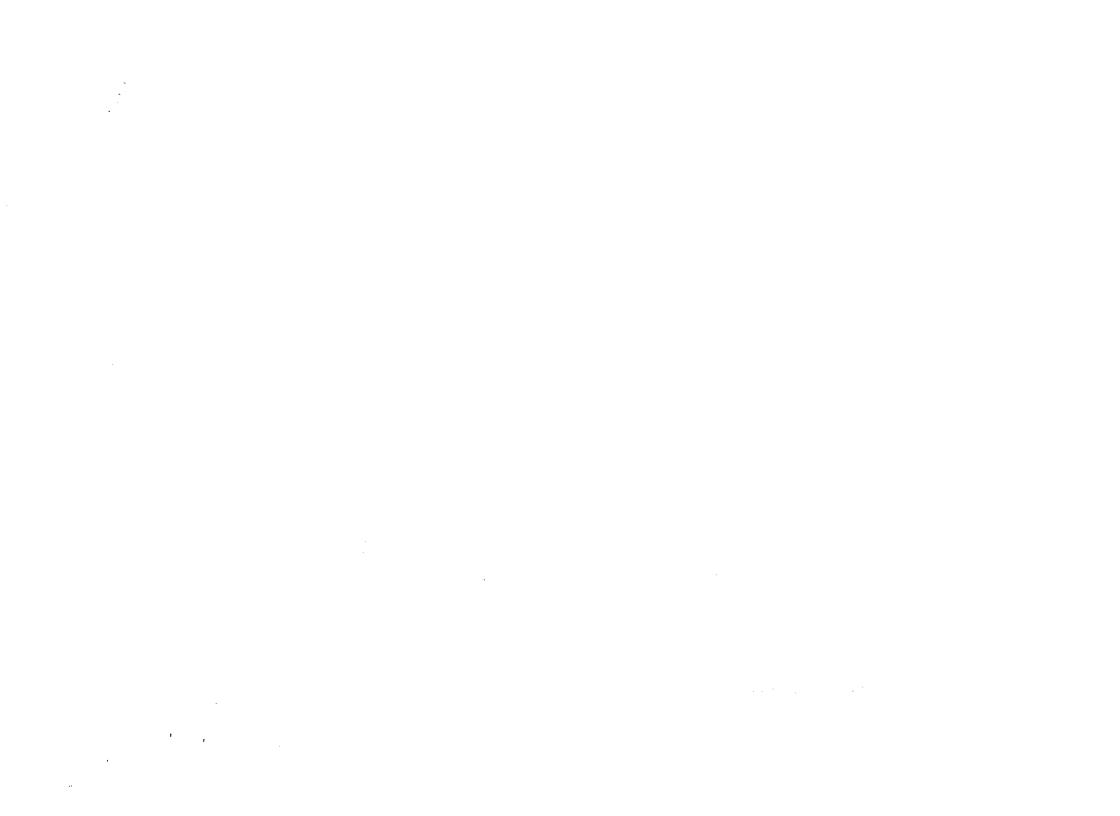
DANSON ANAK MIDA DIPATUM BIOMEN/BA EKSINEERING DANSON ARAKK /

60.33 - 05 1 8106 11 90 X x motioned eU. RE3 · XV/4/] врим повива самамия EMC6 PM KESIHATAN SARAWAK SERIAN Medleon SonoAce SyvK146 Klinik Koelhaton Tilboh Scenning Systems, Ultrasonic, Gonetal Purposo (Mod) 2MN3CM014 Biskiet

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## **Scheduled Maintenance Notification Form**

PKB/PPB:

District: I serian State: SARAWAK

Quantum Medical Solutions transemility boundaries, transforming life

Format Ref.-QMS/TSD-004 Rev.00

Quantum Medical Solutions SARAWAK

From: State: Zone:

Schedule Maintenance

Dear Sir/ Madam,
Attached list of equipment scheduled for : PPM
Clinic Name: Klinik Kesihatan Triboh

Month: Nov-18

Clinic Code: SWK146

SWNSCN014 Scanning Systems, Ultrasonic, Ger	BE Category  Maintenance Type  PPM  PDM
1 SWNSCN014 Purpose (Med)	

Thank You,

QMS State In-charge		Acknowledged by - PKB/PPB	70	
Signature:	SUNTES THE	Signature:		
	STATE MANAGER Solutions	NUSRI B. TAAKUP	U B. TAAKUP	
Name		Marne: PENCIONG PEGAWAI PERCENTAN PENCIONG PEGAWAI TRIBOH, SERIAN	WAI PERCORITY	
Date		Date: Kilkin 67/1/	11	

Legend
PM - Preventive Maintenance; RI - Routine Inspection: TPC - Third Party Calibration; SC - Statutory
Certification; BE - Biomedical Equipment.

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PPM 2018

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THE REAL PROPERTY.				W. 15 22.2 1 1											10			
No	BE Number	BE Category	Manufacturet	Model	Cliniq Cade	Clinic Name	Clinic Category	State	Ojstricit		SM Type	Test Equipment Regularment	PPM Freq	Nov-18	PPM Completion Date	PPM Completion Time	Remark	Assign to
1	SWNBIB026	Blirubinometers Lab			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC8	PM	Ебр	2	Х	7	STATE OF STA	7	SMNBME3 Danson Muda
2	SWNELM023	Bloctrocardiographs, Multichannel	Edan	SE-301	5WK140	Klisik Kesjinatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMCB	PM	Esa Patient Simulator	1	X	1		1	SMN3ME3 Danson Mudg
3	SWNELM024	Electrocardlographs, Multichannel	Edan	SE-301	SWK14D	Klinik Kesihatan Bunan Goga	KESIHATAN	SARAWAK	SERIAN	EMC6	PM	Esa "Patient Simulator	1	Х			11	SMNBME3 Danson Muda
4	SWPFED127	Fetal Heart Detectors, Ultrasonio			SWK140	Klinik Kesihatan Bugan Gaga	KESIHATAN	SARAWAK	SERIAN	EMC6	PM		1	X	7 8 4 18		1	SMNBME3 Denagn Muda
5	SWPFED128	Fetal Heart Delectore, Ulfrasonic			SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC6	PM		1	×			4 HM	SMNBMe3 Canson Muda
6	SWNFRV143	FREEZERS, LABORATORY VACCINE, GAS	Cometic,Luxemberg			Klinik Kesihatan Buhan Gega	KESIHATAN	BARAWAK	SERIAN	EMCB	PM	_	1	Х			1	SMNBME3 Danson Mude
7	SWNSCN009	Scanning Systems, Ultrasonic, General Purpose (Med)	Semsurig Malaysia Electron	Medison SonnAce R3	SWK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMG6	PM	Esa,Ua Phantom	2	Х			1 nout	SMNSME3 Danson Muda
8	SWPREY097	Resuscitators, Pulmonery, Manual			SWK140	Klinik Kesiheten Bunen Gega	KESIHATAN	SARAWAK	SERIAN	EMC6	PM		1	х			1	SMNBME3 Danson Muda
e	SWK009707	Sterilizing Units, Steam, Tabletop	STURDY	SA-232X	5WK140	Klinik Kesihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	ЕМСВ	PM+ SC	Esa	2	Х			1	SMNOMES Danson Muda
10	SWPTHS078	Thermomoters, Electronic, Infrared, Skin			9WK140	Klinik Kesihatan Bunan Gege	KESIHATAN	SARAWAK	SERIAN	EMC6	RI		1	Х			1	SMNBME3 Danson Mude
11	SWPVXK404	VIEW BOXES, X-RAY (KK)			SVVK140	Klinik Kesihatan Bunan Gogo	KESIHATAN	SARAWAK	SERIAN	EMC6	RI		1	Х			1	SMNSMI33 Denson Muda
12	SWPVXK405	VIEW BOXES, X-RAY (KK)			5WK140	Klinik Kosihatan Bunan Gega	KESIHATAN	SARAWAK	SERIAN	EMC6	RI		1	X	]			9MNBME3 Censon Myda
13	SWPVXK40B	VIEW BOXES, X-RAY (KK)			SWK140	Křinik Kesihatan Bunan Gega	KĒSIHATAN	SARAWAK	SERIAN	EMCB	RI		1	X	/			SMNBME3 Daneon Music

UK HANN GEGY DR. ALMAN ALMEN WIN MCHEN NOOM

DANSON ANAK MUDA QUANTUM BIOMENICAL ENSIMEERING KUCHING SAMAWAX

\*Please make a copy after acknowledgement.

Acknowledge By: Designation: Signature: Date:

				e.
			×	
	:			

## **Scheduled Maintenance Notification Form**

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PKB/PPB:

District: I serian State: SARAWAK

Quantum V lical Solutions ries, transforming life

Format Ref.-QMS/TSD-004 Rev.00

Quantum Medical Solutions SARAWAK

From: State: Zone:

### Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM Clinic Name: Klinik Kesihatan E

Klinik Kesihatan Bunan Gega

Month: Nov-18

Clinic Code: SWK140

		The state of the s	
NO	BE Number	BE Category	Schedule Maintenance Type
_	SWNBIB026	Bilirubinometers Lab	PPM
И	SWNELM023	Electrocardiographs, Multichannel	Mdd
3	SWNELM024	Electrocardiographs, Multichannel	PPM
4	SWPFED127	Fetal Heart Detectors, Ultrasonic	PPM
ζī	SWPFED128	Fetal Heart Detectors, Ultrasonic	Mdd
ō	SWNFRV143	FREEZERS, LABORATORY VACCINE, GAS	PPM
7	SWNSCN009	Scanning Systems, Ultrasonic, General Purpose (Med)	PPM
8	SWPREY097	Resuscitators, Pulmonary, Manual	PPM
9	SWK009707	Sterilizing Units, Steam, Tabletop	PPM
10	SWPTHS078	Thermometers, Electronic, Infrared, Skin	PPM
11	SWPVXK404	VIEW BOXES, X-RAY (KK)	PPM
12	SWPVXK405	VIEW BOXES, X-RAY (KK)	PPM
13	SWPVXK406	VIEW BOXES, X-RAY (KK)	PPM
14			PPM
15			PPM
16			PPM
17			PPM
18			РРМ
19			PPM

Thank You,

Date Name QMS State in-charge Signature: QUINTUS NG STATE MANAGER Quantum Wedical Solutions Sarawak Signature:

UK APAGE WAYEN BIN WAYEN NOOR

ANALY NO.: 73591

AK AUNAN GEGA Date: Acknowledged by - PRB/PPB

tegend
PM - Preventive Maintenance; RI - Routine Inspection: TPC - Third Party Calibration; SC - Statutory
Certification; RE - Biomedical Equipment.

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# Scheduled Maintenance Work Order



(Fushtum Hedical Solutions sub-bad transcribing beautiones, transforming life Format Ref: - QMS/TSD-022 Rev.01

l ,		1			
Work Order No.	PWO346769	Sche	Schedule Month	November 2018	
Work Order Date	01/11/2018	Com	Completed Date	810/11/80	8
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic	Clinic Code	SWK140	
BE No.	SWPVXK405	Distict	Ct	SERIAN	
BE Category	View Boxes, X-Ray (Kk)	WO,	WO Assigned to	Danson	
Ownership	Existing Equipment		Purchase	New	
BE Condition	Active		BER Proposed	,	
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
, J T 4	Routine Inspection (RI)		Statutory Certification (SC)	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal /	Cal / Cert Date	;	
Contact Number		Cal /	Cal / Cert Expiry Date	WN	
Action Taken					
- to do p	ppm parhetist ortend				
- Apr done	•				
- two or					
Schedule Maintenance Execution Details	ecution Details	:			
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
Á160ZTY D.	DANSON ANAK MUDA GUANTUM GIOMENICAL ENGINEERING KUCHING SARAWAK		8/11/2018	08:30	00,00
Customer Remarks		;			
Engineer / Technician Signature Name		Custor	Customer Signature		
Date DANSON ANAK MUG QUANTUM BIOMENIÇAL KUCHING SARAMAN	DANSON ANAK MIJOA QUANTUM BIOMENIGAL ENGINEERING KUCHING SARAWAYAA	Desigi Date	Designation ANALO WAVE BY AND NOOR Date  No Section 1999	JUE NOOR	
(		Seal		بر ا	

For Internal Use

First Verification

QMS Circle Incharge

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	, ·			



MEET Planned Preventive Maintenance Checklist
View Box ,X Ray
BE CODE :14498

CHECKLIST NO: CL-167-000 REV.000

PART 1 ASSET DETAILS

MANUFACTURER WORK ORDER NO · Changha Jindu + 24-775 and +

technology

ASSET NO - SupuxK 425

MODEL

11810-45

FREQUENCY

6 MONTHLY ( )

12 MONTHLY ( v )

PPM HOURS ➤ 0.5 hours

	Choose whichever Applicable	···· Cnoos	<u> </u>	Lamp - Check/Replace***	2 L
LICABLE ify in Part 8	For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8	* For all I	( )( )( )	Inspect, Clean Interior and Exterior	1
		Notes:	DONE DONE NA		
	A No. 10.7 - The Control of the Cont	M. J. Walletter and S. W.		Tick ( V ) where appropriate	Tick (
				PARTS PREVENTIVE MAINTENANCE TASKS	PAR
				Label - verify physical integrity	7 [
			ation ( <b>/</b> ) ( ) ( )	Controls/Switches - verify proper operation (  of controls	6
				Fittings/ Connectors - check all fittings/connectors	5
			and ( ' ) ( ) ( )	Power Cord - verify proper insulation and integrity	4.
			( <b>v</b> ) ( ) ( )	AC Plug - verify integrity	ω
			grity ( 🗸 ) ( ) ( )	Mount/ Fasteners - verify physical integrity	2
			<b>S</b>	Chassis - verify physical integrity, cleanliness and condition	
			PASS FAIL NA	Tick ( $\checkmark$ ) where appropriate	Tick (
				ART 4 QUALITATIVE TASKS	P A
			LUX-METER	LU	T
6.8.2019	2246918		ELECTRICAL SAFETY ANALYZER	Tolka 0187 EL	
CALIBRATION DUE ON	SERIAL NO		DESCRIPTION	NO ASSET NO	Z
	2 - Yang Balantin Assessment Company of States and States and American States and States		27/2	lick ( $\sqrt{\ }$ ) where appropriate	Tick
				PART 3 TEST APPARATUS	PA
		ı	ıly calibrated.	Make sure the test equipment used are duly calibrated	Mak
	ines.	manufacturer guidel	al precautions and guidance as per	Refer to the safety procedure for additional precautions and guidence as per manufacturer guidelines	Refe
		nponents.	nen handling PCB or electronic con	Wear grounded electrostatic wristband when handling PCB or electronic components	Wes
	ion before inspecting it.	ly and decomaminan	quinment (PPE) during work	Wear appropriate Personnel Protection Equinment (PPE) during work	Wes
	on boforn inconstitution is	o and decontaminati	ation submit the device for deanir	ere is evidence of body fluid contamin	if th
			多元的的现在分词 法位置与证据	PART 2 SPECIAL PRECAUTION E	ΡĄ



### KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist View Box ,X Ray BE CODE: 14-498

CHECKLIST NO: CL-167-000 REV.000

WORK OF	WORK ORDER NO	19£9×500					
PART 6	PART 6 QUANTITATIVE TASKS						
Tick (V) wi	Tick ( V ) where appropriate						
		Description	Units / Set UOM Values	t Measured es Values	Limit/Tolerance	PASS FAIL	NA
1	Light Intensity		Lux		≥7000 lux	-	
			-				
PAR 17	LECTRICAL SAFETY TEST	PART ELECTRICAL SAFETY TEST	200 S				
ELECTRIC/	ELECTRICAL SAFETY TEST, (attach report)	port)					
is Since	Standard use :		Resuft:				
	JEC 50501	EC 61010 EC 62353		PASS	FAIL	NA AN	
PART 8	PART 8 NOTES						
7	-74t ok						
	CORRECTIV	CORRECTIVE MAINTENANCE REQUIRED		FUNCTIONING		NOT FUNCTIONING	
) AGOIM	MODE CONCEDED NO.	69±9/11 amd	Ļ		]		1100/11
						NEXI PPW DAIE	
PPM has bee	en performed in accordance to	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.	tunctioning to th	se intended purpc	se.		
COMPLETED BY:  D  Q	D BY: DANSON ANAK MUDA QUANTIM BIOMENICAL ENEINEERING	bineering					
DATE:	KUCHNOSARAWAK	- Andrews	:				

# Scheduled Maintenance Work Order



Tunium Medical Solutions ain had

Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO346910	Sched	Schedule Month	November 2018	;
Work Order Date	01/11/2018	Comp	Completed Date	× = 8 0	818
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic	Clinic Code	SWK140	-
BE No.	SWPVXK404	Distict	, ,	SERIAN	
BE Category	View Boxes, X-Ray (Kk)	WOA	WO Assigned to	Danson	
Ownership	<ul> <li>Existing Equipment</li> </ul>		Purchase	New	100
BE Condition	Active		BER Proposed		. 1821
Work Order Type	Preventive Maintenance (PM)  Routine Inspection (RI)		Third Party Calibration (TPC) Statutory Certification (SC)	tion (TPC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name	4	Cal/	Cal / Cert Date		
Contact Number	Service Services	Cal /	Cal / Cert Expiry Date	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Action Taken	4				ş
- ppm dobe p	- ppm done ppm pechetar attend				
-tu4 or					
Schedule Maintenance Execution Details	ecution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
Q85012AY	DANSON ANAK MUDA QUANTUM BIOMENICAL ENGINEERING KUCHING SARAWAK		310/11/80	04:00	65:40
		!			
Customer Remarks					
Engineer / Technician Signature  Name DANSON ANAK NUDA  QUANTUM BIOMENUAL ENSINEERING  RUCHING SARLHAN	RING	Custor Name Design	Customer Signature Name Designation ្រុះសង្សា ដោ	NO NOOR	;
	11/25	Date Seal	Date wk sippon Gega		

For Internal Use

First Verification

QMS Circle Incharge



MEET Planned Preventive Maintenance Checklist

View Box ,X Ray

BE CODE::14-498

CHECKLIST NO: CL-167-000 REV.000

PART 1 ASSET DETAILS

-changely south Tuchenty

WORK ORDER NO

ASSET NO -SWPVKE GOY

MODEL - 30-016 TH

MANUFACTURER FREQUENCY

6 MONTHLY ( )

12 MONTHLY ( v )

PPM HOURS ► 0.5 hours

# **Scheduled Maintenance Work Order**



**Tranton Mechal Solutions son bho** seemanethy busishives, crackerothy dis

Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO346559	Schedule Month	Month	November 2018	
Work Order Date	01/11/2018	Completed Date	d Date	810/11/20	A10
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	ф	SWK140	
BE No.	SWPREY097	Distict		SERIAN	
BE Category	Resuscitators, Pulmonary, Manual	WO Assigned to	ned to	Danson	
Ownership	Existing Equipment	4	Purchase	New	
BE Condition	Active		BER Proposed		Sir.
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration	ion (TPC)	
Troix Cido: Type	Routine Inspection (RI)		Statutory Certification	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal / Cert Date	Date		$\setminus \left  \right $
Contact Number	/ NA	Cal / Cert	Cal / Cert Expiry Date	WW.	}
Action Taken					
ı	to do por pucheck	heckuist	attend,		
	pp don				
Schedule Maintenance Execution Details	ecution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
DAY RUDU RT-0580	DANSON ANAK MUDA QUANTUM BIUMENICAL ENGINEERING KUCHING SARAWAK		8106/11/30	04:30	10:00
Customer Remarks					
Engineer / Technician Signature		Customer Signature	Signature /		
Date DANSON ANAWMUDA  OUANTUM BIOMENUOLER  KUCHING SARAWAL	DANSON ANAK MUDA QUANTUM BIOMENIOL ENSINEERING KUCHING SARAWAL	Name Designation Date	Name  Designation  LIVE AND WHITE BY NOW  Date  KK BUNAN GEGA	MISM MOHD NOOR DI: 75691 DIN GEGA	
		Seal	- 2		

For Internal Use

First Verification

QMS Circle Incharge

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MEET Planned Preventive Maintenance Checklist
Resucitators, Pulmonary, Manual
BE CODE: 13:367

PART 1 ASSET DETAILS

CHECKLIST NO: CL-123-000 REV.000

	17/4		0 BN 7
WORK ORDER NO → (Wos + 4) > 1	) 571 h , , , h ,	BE NO	-dwrkty077
MANUFACTURER + HOURTHY MC	HEADS FOR MEDICAL PROCESS	MODEL	▼ 150×11H-00
CIAL PRECAUTION			
If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.	tion, 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.	(uipment (PPE) during work. en handlina PCB or electronic comr	nonents	
Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines	precautions and guidance as per r	manufacturer guidelines.	
Make sure the test equipment used are duly calibrated	ly calibrated.		
PART 3 TEST APPARATUS			
Tick ( V ) where appropriate			
NO ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
DARLY OWN TATIVE TACKS			
Tick ( $\checkmark$ ) where appropriate	PASS FAIL NA		
Chassis - verify physical integrity, cleanliness and condition	(		
2 Fittings/ Connectors - check all fittings/connectors	<u>\$</u>		
3 Resuscitation Bag - Verify condition	( ) ( ) ( ) ( )		
4 Diaphragm/Valve - Verify condition	( <b>S</b> ) ( ) ( )		
5 Ventilation mask - Verify condition	( ) ( ) ( )		
PART 5   PREVENTIVE MÁINTENANCE TASKS			
1 Clean exterior and interior of the equipment	DONE NOT NA DONE ( C) ( )	Notes:  * For all Parts, NA is defined as NOT APPLICABLE  ** If you have ticked 'NOT DONE', then justify in Part 8  *** Choose Whichever Applicable	)T APPLICABLE hen justify in Part 8



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Prevertive Maintenance Checklist
Resuscitators, Pulmonary, Manual
BECODE: 13-367

CHECKLIST NO: CL-123-000 REV.000

WORK	WORK ORDER NO - PUBSY 6559	29						, H
Tick ( <sup>1</sup> / ,	Tick ( V ) where appropriate							
Š	Description	Units / UOM	Set Values	Measured	Limit/Tolerance	PASS FAIL	NA	1 1
								T
PART	PARIT ELECTRICAL SARETY TEST							7500
ELECTR	ELECTRICAL SAFETY TEST, (attach report)					W		
IICK ( V,	i ick ( V ) where appropriate Standard use :		Result					
• • • • • • • • • • • • • • • • • • • •	IEC 60601     IEC 61010     IEC 62363			PASS	FAIL	NA NA		
PARTS	PART® NOTES				]			Market 1
,	- Teft ok							
******								
							,	
	CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONING		NOT FUNCTIONING		
WOR	WORK ORDER NO - (WO 3 H6 554					THAC MOO TYTH	11/20/11	
PPM has been per COMPLETED BY:	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED RY:	functionin	g to the in	tended purpo	gg gg			
	DANGON ANAK MUDA QUANTUR BIOMENICA EMPARENCE							
DATE:	KUCKIN SARAWAK							
	02/11/20							

# **Scheduled Maintenance Work Order**



Andrian Market Schröder Sin pad

Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO346860	Sch	Schedule Month	November 2018	
Work Order Date	01/11/2018	Con	Completed Date	2/11/2018	<b>o</b> C
Clinic Name	Klinik Kesihatan Bunan Gega	Clin	Clinic Code	SWK140	
BE No.	SWPFED128	Distict	ict	SERIAN	1
BE Category	Fetal Heart Detectors, Ultrasonic	WO	WO Assigned to	Danson	
Ownership	Existing Equipment		Purchase	New	
BE Condition	√ Active		BER Proposed		;
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	ion (TPC)	į
Work Cidel Type	Routine Inspection (RI)		Statutory Certification (SC)	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal/	/ Cert Date	PRINTY .	į
Contact Number		Cal	Cal / Cert Expiry Date		
Action Taken					
	- 70 do pom parc	420	scheekuist attend.		
	-ppr done			5	
Schedule Maintenance Execution Details	xecution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
14.2018	DANSON ANAK MUDA QUANTUN BIONEMICAL ENGINEERING		8100/11/80	09:00	68:60
	KUCHING SARAWAK				
Customer Remarks					
Engineer / Technician Signature Name DANSON ANAK MUDA Date QUANTUM BIOMENO, ENSINEER	เหษ	Custor	Customer Signature Name		
	08/11/2018	Date Seal	Date NAW 1997 KN NOW Seal KK BUMAN GEGA		

For Internal Use

First Verification

QMS Circle Incharge



MEET Planned Preventive Maintenance Checklist
Fetal Heart Detectors, Ultrasonic
BE CODE: 11-596

CHECKLIST NO:CL-970-000 REV.000

PART 1 ASS SIDERAILS

WORK ORDER NO - PWOSH6860

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E15763

BENO SWN FED 125

MODEL

PPM HOURS

▼ 0.50

· P7-200

PART 2 SPECIAL PRECAUTION

MANUFACTURER FREQUENCY

12 MONTHLY (√)

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.

	Choose Whichever Applicable		Check/Replace battery. ***	3 Ch
** **	Notes:  * For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8	( ) ( ) No	Clean Transducers/Cables.	2 Cle
		\$ ) ( ) ( ) ( ) ( )	Cleaning the exterior/interior.	1 Qe
		DONE NOT NA		
			Tick ( $\forall$ ) where appropriate	Tick (V)
			PARTIS PREVENTIVE MAINTENANCE TASKS	PART
			Controls/Switches/Keypad - Verify proper operation of controls.	6 9 0
		( <b>v</b> ) ( ) ( )	Transducers/Cables - Verify integrity and condition.	5 Tr
		(S) ( ) ( ) ( )	Strain Relief - Verify physical integrity at both ends of line cord.	4 St
			Power Cord - Verify proper insulation and integrity.	ω int Po
) ( ) ( )	Alarm/Audible Signal - Verify operation. ( 🖌) (	( ) ( ) ( <b>K</b> ) 8	Mount/Fasteners - Verify physical integrity.	2 <u>S</u>
S FAIL NA	PASS F Indicators/Displays - Verify proper illumination ( 🗸 ) (	( V ) ( ) ( ) 7	Chassis - Verify physical integrity, cleanliness and condition.	- 1 음 C
		п >=	Tick ( $\forall$ ) where appropriate	Tick ( v
			PARI 4 QUALITATIVE TASKS	PARI
CALIBRATION DUE ON	SERIAL NO CA	DESCRIPTION	O ASSET NO	NO O
			Tick ( $\forall$ ) where appropriate	Tick (
			PARIES TEST APPARATUS	PAR
		librated.	Make sure the test equipment used are duly calibrated	Make



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Fetal Heart Detectors, Ultrasonic
BE CODE: 11-898

CHECKLIST NO:CL-070-000 REV.000

WORK	WORK ORDER NO ▶	Pwo 3 4 6866						
PART	PART 6 QUANTITATIVE TASKS							
Tick (V)	Tick ( V ) where appropriate							
Š	Des	Description	Units /	Set	Measured	Limit/Tolerance	PASS FAIL NA	
	Not Applicable							
Z LEVC	PARIT EEGIRIGAL SAFFIWITEGE		100					
FIETOTO	ELECTRICAL EACTOR AND							
Tick(V)	Tick ( V ) where appropriate	₽						
-	Standard use :		Œ.	1200 000 000				
	IFC 60804	0,000			ſ			
2.00 m	- 18	] IEC 61010			PASS	FAIL	NA J	
		200						
ţ	-14 ot.							
				٧				
	CORRECTIVE	CORRECTIVE MAINTENANCE REQUIRED		Z VE	FUNCTIONING		NOT FUNCTIONING	
WORK	WORK ORDER NO .	pwosyksko					1 20 64	•
			1			NEXI PPM DATE	•	
PM has bee	in performed in accordance to the	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.	ctioning to	the intend	ed purpose			
COMPLETED BY:	DANSON ANAK MUDA		•					
	WUANTUM BIOMÉNIAL ENGINEERING KUCHING SARAWAY	IEERING						
DATE:	05/11/18							

# **Scheduled Maintenance Work Order**



មុំនេះយោ ម៉ូស្មើស្រី Solutions នាំ២២៨ នាងមនុះមន្តិស្ត្រីមាននៅនៅមិន នាងមនិះជាមិន្ត្រីមិន Format Ref: - QMS/TSD-022 Rev.01

		Customer Signature Name	Customer Signature Name Designation Like APALID WARRED SIGNATION NOOR	Schnician Signature  DANSON ANAK MUDA  QUANTUM BIOMENICAL ENSINEERING	Engineer / Technician Signature Name DANSON ANAK MUDA Date QUANTUM BIOMENICAL EN
	:				Customer Remarks
07:00	878	08/11/2018		DANSON ANAK MUDA QUANTUM BIOMENICAL ENBINEERING KUCHING SARAWAK	\$1502H
	Start Time	Date		QMS Engineer / Technician Name	SI No
				Execution Details	Schedule Maintenance Execution Details
		attend.	K. X	- To do pp pucheckist	
		cal / cert Expiry Date	cai / c		Action Taken
		Cal / Cert Date	Cal / C		Company Name
				Third Party Calibration / Statutory Certification Details	BE Third Party Calibration
					Reschedule Date
	on (SC)	Statutory Certification		Routine Inspection (RI)	Work Order Type
	ion (TPC)	Third Party Calibration (TPC)		Preventive Maintenance (PM)	) I
	1	BER Proposed		√ Active	BE Condition
×	New	Purchase		Existing Equipment	Ownership
	Danson	WO Assigned to	WO As	Electrocardiographs, Multichannel	BE Category
	SERIAN		Distict	SWNELM024	BE No.
	SWK140		Clinic Code	Klinik Kesihatan Bunan Gega	Clinic Name
3100	08/11/	Completed Date	Compl	01/11/2018	Work Order Date
18	November 2018	Schedule Month	Schedu	PWO346602	Work Order No.

For Internal Use

First Verification

QMS Circle Incharge

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		: : :
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PART 1 ASSET DETAILS

# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Electrocardiographs, Multichannel

CHECKLIST NO:CL-063-000 REV.000

of the equipment Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of and integrity Wear appropriate Personnel Protection Equipment (PPE) during work. PART 5 PREVENTIVE MAINTENANCE TASKS condition 6. Leads/ Electrodes- Verify integrity and both ends of line cord 5. Strain Relief - verify physical integrity at Power Cord - verify proper insulation Casters/Brakes - if mounted, verify Mount/ Fasteners - verify physical cleanliness and condition PART 4 QUALITATIVE TASKS PART 3 Make sure the test equipment used are duly calibrated Wear grounded electrostatic wristband when handling PCB or electronic components. Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it. MANUFACTURER WORK ORDER NO PART 2 SPECIAL PRECAUTION ick (  $\checkmark$  ) where appropriate Chassis - verify physical integrity, Battery - check and replace if necessary Cleanliness - clean interior and exterior Clean leads & electrode  $\nabla$ TEST APPARATUS ELECTRICAL SAFETY ANALYZER ECG SIMULATOR DESCRIPTION 2099ASOM4 EDAN 3 MONTHLY ( Ŝ <u>Ş</u> <u>Ş</u> <u>S</u> DONE 3 PASS NOT DONE \*\* 8169425 ASSET NO / SERIAL NO K 3 12 MONTHLY 4. Clean/Lubricate
a) Thermal head
b) Paper empty sensor
c) Paper mark sensor Controls/ Switches/ Keypad - verify proper operation of controls 8. Fittings/ Connectors - check all fittings/connectors "For all parts, NA defined as NOT APPLICABLE
"If you have ticked 'NOT DONE', then input relevant remarks
""Choose whichever applicable. Please Indicate in Part 8 for ည် 11. Alarm/ Audible Signal - verify operation illumination and operation  $\vec{\Sigma}$ Indicators/ Displays - verify proper Keypad- Verify operation and condition Printer -Verify operation and condition MODEL ASSET NO PPM HOURS 06.08. SE SWN ELM 024 CALIBRATION DUE ON 1.00 5  $\hat{\mathbf{S}}$ PASS DONE 28 9 201 NOT DONE \*\*



CHECKLIST NO:CL-063-000 REV.000

KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Electrocardiographs, Multichannel

BECODE: 11411

### Tick ( $\sqrt{\ }$ ) where appropriate WORK ORDER NO PART 6 QUANTITATIVE TASKS N Pulse Rate Accuracy Paper Speed (refer Part 8) . Description Pw0346602 mm/sec mm/sec mm/sec mqd mdq mdq MON ppm ppm udq Set Values 200 120 300 80 60 မ္မ 50 75 9 なさ 2 - 0 300 1.05 Measured Values ~° 907 જ ફ Limit/Tolerance 23.75 - 26.25 9.5 - 10.5 47.5 - 52.5 299-301 199-201 119-121 79-81 59-61 29-31 ĵ Ĉ **c** ŝ PASS \_ J \_ J J $\overline{\phantom{a}}$ $\overline{\phantom{a}}$ $\overline{\phantom{a}}$ ^ $\overline{\phantom{a}}$ $\overline{\phantom{a}}$ FAIL \_ \_ $\overline{\phantom{a}}$ $\overline{\phantom{a}}$ \_ \_ $\overline{\phantom{a}}$ $\overline{\phantom{a}}$ $\overline{\phantom{a}}$ Ä \_ $\overline{\phantom{a}}$ $\overline{\phantom{a}}$ $\overline{\phantom{a}}$ \_ \_ \_ \_



	XEMENTER MEET Plann Elect	KEMENTERIAN KESIHATAN MALAYSIA  MEET Planned Preventive Maintenance Checklist  Electrocardiographs, Multichannel	N MALAYSIA ce Checklist annel	CHECKLIST NO:CL-063-000 REV.000
WORK ORDER NO ▶	Pw0346602	HE WOOD : I Im to		
PART 7 ELECTRICAL SAFETY TEST				
ELECTRICAL SAFETY TEST, (attach report) $Tick \ (\ \lor\ )$ where appropriate	ach report) <i>11e</i>			
Standard use :		☐ IEC 62353	Result:	Z Z
PART 8 NOTES				
- Tula	olc ·			
□ CORRECTIVE MAINTENANCE REQUIRED  WORK ORDER NO ►	10997605	FUNCTIONING	NEXT PPM DATE ▶	NOT FUNCTIONING  NEXT PPM DATE
PPM has been performed in accord COMPLETED BY: DANSC QUANTU	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.  COMPLETED BY:  DANSON ANAK MUDA  QUANTUM BIGMET CALLED THE ENGINEERING	inctioning to the intended purpose.		
	S A CHARLES			

# **Scheduled Maintenance Work Order**



(manifilm bedied solutions sin bid trusserning broadering broadering by a Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO346423	Schedule Month	e Month	November 2018	
Work Order Date	01/11/2018	Completed Date	ed Date	08/11/	J) 2506 (11)
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	ode	SWK140 /	
BE No.	SWPVXK406	Distict		SERIAN	
BE Category	View Boxes, X-Ray (Kk)	WO Assigned to	gned to	Danson	
Ownership	Existing Equipment		Purchase	New	
BE Condition	Active		BER Proposed		
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
rroin Ciaci iybo	Routine Inspection (RI)		Statutory Certification (SC)	ion (SC)	
Reschedule Date					
BE Third Party Calibratio	Third Party Calibration / Statutory Certification Details		, and the second		
Company Name	210	Cal / Ce	Cert Date	4.	
Contact Number	1001	Cal / Ce	Cal / Cert Expiry Date	/07/	7
Action Taken	-				
多多一	ppm perhetst attend				
nop mally					
- tulk ok.					
Schedule Maintenance Execution Details	xecution Details		A Paragraphy (A)		
SINO	QMS Engineer / Technician Name		Date	Start Time	End Time
JK2080	DANSON ANAK MUDA		8/14/2018	08;00	08:30
	KUCHING SARAWAK				
Customer Remarks					
er/T		Custome	Customer Signature		
Date DANSON AND KN Date QUANTUM BIOMENU KUCHING SARANA	DANSON ANAK MUDA GUANTUM BIOMENICAL ENGINEERING KUCHING SARAWAA  OR 11 3-11	Designat  Date	Designation when when wook Date	NOOR	
		Seal	Taribut and the second	لو	

For Internal Use

First Verification QMS Circle Incharge

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MEET Planned Preventive Maintenance Checklist
View Box ,X Ray
BE CODE :14.498

CHECKLIST NO: CL-167-000 REV.000

PART 1 ASSET DETAILS	
cn.	

lick (  $\forall$  ) where appropriate PART 5 PREVENTIVE MAINTENANCE TASKS Tick (  $\forall$  ) where appropriate N တ G 4 ω 2 PART 4 QUALITATIVE TASKS Tick (  $\sqrt{}$  ) where appropriate PARI 3 TEST APPARATUS Make sure the test equipment used are duly calibrated. Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines Wear grounded electrostatic wristband when handling PCB or electronic components Wear appropriate Personnel Protection Equipment (PPE) during work. FREQUENCY MANUFACTURER WORK ORDER NO PART 2 SPECIAL PRECAUTION there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it. ő Lamp - Check/Replace\*\*\* Inspect, Clean Interior and Exterior Label - verify physical integrity Fittings/ Connectors - check all fittings/connectors Chassis - verify physical integrity, cleanliness and condition of controls Controls/Switches - verify proper operation Power Cord - verify proper insulation and AC Plug - verify integrity Mount/ Fasteners - verify physical integrity ( ASSET NO · Changha Tinde - prospers 6 MONTHLY ( ) LUX-METER ELECTRICAL SAFETY ANALYZER \_ Ŝ  $\widehat{\boldsymbol{\zeta}}$ DONE 2 PASS 5 7 \_ \_ DONE halamyn. FAIL DESCRIPTION 12 MONTHLY ( v S ₹ Notes: \* For all Parts, NA is defined as NOT APPLICABLE

\*\* If you have ticked 'NOT DONE', then justify in Part 8

\*\*\* Choose Whichever Applicable SERIAL NO MODEL PPM HOURS ASSET NO 4 B 0.5 hours 30-016 CALIBRATION DUE ON 90# XK 넊



### AN MALAYSIA ance Checklist

CHECKLIST NO: CL.-167-D00 REV.000

	CHECKLIST NO: CL-167	NEV.000	-		
KEMENTERIAN KESIHATAN MALAYSIA	MEET Planned Preventive Maintenance Checklist	View Box ,X Ray	BE CODE: 14 498	Pw0346.422	pasks
				WORK ORDER NO ▶	PART 6 QUANTITATIVE

Tick (V)	Tick ( $^{\prime}$ ) where appropriate					
Š	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS FAIL NA
-	Light Intensity	Ĕ	1886	100k	≥7000 lux	
					5 5 5 9 9	
Williams green						
PARIT	ARRIT EFECTRIGAL SAFETY FEST					
ELECTR	IELECTRICAL SAFETY TEST, (attach report)					
Tick ( v )	Tick ( v ) where appropriate Chandrad uso	•	:			
	]		Result:	[		
				PASS	FAIL	3
PARIB	VAC 8 NOTES					
1	- 74 .6.					
-	CORRECTIVE MAINTENANCE REQUIRED		J	FUNCTIONING		NOT FUNCTIONING
WOR	WORK ORDER NO . MO 346423					NEXT PPM DATE > 1/20/5
PPM has L	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.	unctionin	g to the in	tended purpo:	Şe.	
COMPLETED BY:	TED BY:					
	CANNON MUDA QUANTUM MUDA KITHING SARAMANI ENBINERING					
DATE.	AUCHING SAKAWAK					

# **Scheduled Maintenance Work Order**



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Format Ref: - QMS/TSD-022 Rev.01

	NOOR	Customer Signature/ Name  Designation  Date  ONE NOTE THAT HOUSE NOTE NOOR  Date  ONE NOTE THAT HOUSE NOOR  Seal	08/11/2018	Engineer / Technician Signature  Name DANSON ANAKMIDDA  OUANTUM BIOMERING  Date KUCHING SARAWAND  D 8
	,			Customer Remarks
			TO IT	
		, , , ,	KUCHING SARAWAK	
02:01	09:20	8)00/11/80	DANSON ANAK MUDA	420580
End Time	Start Time	Date	QMS Engineer / Technician Name	SINo
			xecution Details	Schedule Maintenance Execution Details
The second secon				
				-tu/+ ok
				- 11h don
			n pechetist axent	add op of
	L Sec	7.5		Action Taken
	101	Cal / Cert Expiry Date	\	Contact Number
4		Cal / Cert Date	Ca	Company Name
			Third Party Calibration / Statutory Certification Details	BE Third Party Calibratio
				Reschedule Date
2044	n (SC)	Statutory Certification (SC)	Routine Inspection (RI)	, g
	າກ (TPC)	Third Party Calibration (TPC)	Preventive Maintenance (PM)	Work Order Type
		BER Proposed	Active	BE Condition
	New	Purchase	Existing Equipment	Ownership
	Danson	WO Assigned to	Sterilizing Units, Steam, Tabletop WC	BE Category
	SERIAN	Distict	SWK009707 Dis	BE No.
	SWK140	Clinic Code S	Klinik Kesihatan Bunan Gega Clin	Clinic Name
now	0811	Completed Date	01/11/2018 Co	Work Order Date
-	November 2018	Schedule Month N	PWO377854 Sci	Work Order No.

For Internal Use

First Verification

QMS Circle Incharge

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MEET Planned Preventive Maintenance Checklist Sterlizing units, Steam, Tabletop BE CODE: 16-142

CHECKLIST NO:CL-149-002 REV.000

PARTA ASSET DETAILS

MANUFACTURER WORK ORDER NO -Sturdy Asstriand.

ASSET NO

- JW 1609707

PPM HOURS ▼ 1 hour

MODEL · S4~252×

### PART 2 SPECIAL PRECAUTION.

FREQUENCY

6 MONTHLY (🎷)

12 MONTHLY (

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

				h-,1																			
ω	2	_		Tick	P	œ	7	တ	Ŋ	4	ယ	12	_	Tick	P					_	Tick	PA	Ман
Check/ clean solenoids	Check / re <u>place gacket</u> ***	Clean exterior and interior of the equipment		Tick ( √ ) where appropriate	즉 5	Heater - verify physical Integrity	Che	Indicators/ Displays - verify proper	Controls/Switches - verify proper operation of controls	THE THE	Stra at b	Poy	Cha clea	Tick ( $\sqrt{\ }$ ) where appropriate	PART4 QUALITATIVE FASKS					S	Tick ( $\checkmark$ ) where appropriate	PARTS, TESTAPPARATUS	ns e)
<u>€</u>	욧 -	pme pme		wher	20	ē -	옷	;ator iinat	Controls/Switches - operation of controls	Fittings/ Connector	eth e	Power Cord and integrity	enline National	whe	Q						whe	7	ie ≓
iean	<u> </u>	nt feric		e apı		venit	jse,	ion a	/Swi	Con	elief ends	Ajju6 proç	ess a	ге ар	Ĕ						re a	ST	io Fe
so <u>i</u> e	<b>1</b>	an		ngar		μŽ	양인	ispla ind c	tche conti	nect	- ve	- ver	and of	prop	呂					ĄS	prop	APP.	st eq
inoic		inte		iate		ysic:	it bre	ys - 1	s - ve	S 05 -	Strain Relief - verify phy at both ends of line cord	ď Ąį	Chassis - verify physical i cleanliness and condition	riate	ត្ត					ASSET NO	riate	ARA	uipir
G	##. #	prior				il Inte	Check fuse, circuit breaker	verii)	nify i	Fittings/ Connectors - check all fittings/connectors	hysic ard	oper	Chassis - verify physical integrity, cleanliness and condition		Š					Ö		SUI	ient i
		of 다			7	ğrity	,	loud,	gonc	욢	<u>≅</u> .	insu	itegri		ŝ								used
		ro			N C			ğ	ūξ		Strain Relief - verify physical integrity at both ends of line cord	Power Cord - verify proper insulation and integrity	₹		_								27e
					T)						₹	3						麗	EMI	i		144	duly !
					PART 5 DREVENTIVE MAINTENANCE TASKS	_	_											PRESSURE METER	TEMPERATURE METER				Make sure the test equipment used are duly calibrated
	<	-	DONE			Ŝ	Ŝ	3	Ĉ	<u> </u>	<u> </u>	Ŝ	<u> </u>	PASS				M N	T				rateo
Ĵ	_	_					$\sim$	$\smile$	$\overline{}$	_	$\overline{}$	_	<b>)</b> (	တ်					₩ N				
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		<b>~</b>	₽	i		~	<u> </u>				_	~	_ :	NA I				İ		Ñ			3
	Notes:	4					ဌ်	14	3	12	=	10	ဖ										
	įγ	Lubricate all moving parts					Safe	Che	C) <sub>e</sub>	Doc	Doc	Воу	Over pre integrity										
* * *		icate					sty fe	č.	Ğ. ¥	r gas	oc i	iedic	grity grity						İ				
* For all Parts, NA is defined as ** If you have ticked 'NOT DONE *** Choose Whichever Amilicable		<u>a</u>					Safety feauture - verify condition	Check drain valve -Physical integrity	Check water tank leak	Door gasket Verify physical integrity	Door lock - Verify physical integrity	Boviedick / Helix Test - Verify	Over pressure cut of valve - Verify physical integrity										
ll Pa lhav		novi		i i			6 - <	alve	tank	/enij	erify	œ ×	e CLI						_				
Fre tic		Ď,					erify	-Phj	eak	/ phy	phys	est	<u>o</u> ∨										
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ICA fy in		1	DONE				\	1	_	(	$\widehat{\underline{S}}$	2	<b>?</b>	PASS						δ			
For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8 Chorse Whithever Applicable		, ,					<u> </u>	_	<u> </u>	_ <b>`</b>	S C	J`	ن ن	S						HBF			
œ			NOT *				•				,			FΔI						CALIBRATION DUE			
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CHECKLIST NO: CL-147-000 REV.001

Service/Cl ean Replaced Checked  $\hat{\mathbf{s}}$ <u>;</u> ٨ Solid State Relay (if applicable) Thermal Printer (if applicable) Vacuum Pump (if applicable) Thermostat Assembly Chamber Guard Seal (if applicable) Temperature Sensor MEET Planned Preventive Maintenance Checklist Sterlizing units, Portable BE CODE: DE-031 Description Filters 17 18 6 20 7 Not. Applicable 428tt somb Checked S <u>`</u> • 3 <u>`</u>  $\hat{\boldsymbol{i}}$  $\hat{\boldsymbol{\zeta}}$  $\widehat{\boldsymbol{\zeta}}$ PART 6 SERVICE CHECKLIST ίť Air Vaive/Steam Solenoid Valve (if applicable) 13 Feed Water Valve (if applicable) Fan Running Rear & Side applicable) 15 Door Gasket/Cessette Seal Clean Water Resevoir 7 Discharge Door Lock 2 Main Control Board Pressure Transducer 6 Pressure Door Lock 5 Electric Door Lock Pressure Gauge 12 Discharge Valve 14 Heating Element WORK Order No No Description 10 Safety Valve Fuses 00 6

PAR) 7 Jedinician Remarks

Condictor 900

# Scheduled Maintenance Work Order



Dunium Vedical Solutions sign blid

Format Ref: - QMS/TSD-022 Rev.01

Work Order No.  Work Order Date Clinic Name BE No. BE Category Ownership BE Condition Work Order Type BE Third Party Calibrat Company Name Contact Number Action Taken	k Order No.  k Order Date  A 11/2014  Complet to Name    A		Schedule Month Completed Date Clinic Code Clinic Code Distict WO Assigned to Purchase BER Proposed Third Party Calibration (TPC) Statutory Certification (SC) Cal / Cert Date Cal / Cert Expiry Date Cal / Cert Expiry Date	DANSON No (SC)
pe	ve rentive Maintenance tine Inspection (RI)	l	Purchas BER Pro Third Pa Statuton	e pposed urty Calibrat V Certificatio
e Date	n / Statutory Certification Details			10 WAL
Party Calibrat	n / Statutory Certification Details	Cal /	Cert Date	
Taken		<u> </u> -		
		.ck lis	,	
Schedule Maintenance Execution Details	ecution Details			
SI No	QMS Engineer / Technician Name			
4(00)18	DANSON ANAK MUDA QUANTUM BIOMENCAL EMBINEERING KUCHING SABAWAK		Op.	Date
Customer Remarks				
Engineer / Technician Signature  Name  DANSON ANAK MUDA  Date  OUANTUMBIOMENICAL ENGINEERIN	ture			

For Internal Use

First Verification

QMS Circle Incharge

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KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Scanning Systems, Ultrasonic, General Purpose
BE CODE: 15-976

CHECKLIST NO:CL-135-000 REV.000

.BLE y in Part 8	For all parts, NA defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8	Note * For all parts ** If you have	) (	( <b>\</b>	clean power board of any dust.	clean po
			) (	<b>S</b>	Clean Transducers/Caples	
·	Exhaust Fan - clean and check condition.	4 Exhaust Fan - o	) (	<u>\$</u>	Clean exterior and interior of the equipment	1 Clean exte equipment
DONE DONE NA			NOT DONE NA	DONE DO		
		į			Tick ( $$ ) where appropriate	Tick ( V ) whe
				ASKS	PREVENTIVE MAINTENANCE TASKS	PART 5
			)( )	( <b>,</b> ) (	Fittings/connectors - check all fittings/connectors	8 Hittings fittings/
	Applicable	15 Calibration If Applicable	) (	g ( <b>7</b> ) (	Circuit Breaker/Fuse - verify integrity of external circuit breaker and/or rating of	
	Transducer - verify echo is good and no darkband on all probe echo	14 Transducer - verify echo is darkband on all probe echo	) (	and ( <b>5</b> ) (	Transducers/Cables - verify integrity and condition	6 Transduc condition
_	Trackball - verify smooth movement of cursor and cleanliness of trackball	13 Trackball - verify smooth m	) (		Strain relief - verify physical integrity at both ends of line cord	
<b>?</b> • • • • • • • • • • • • • • • • • • •	Printer - verify operation and condition	12 Printer - veriřy	) (	and ( <b>7</b> ) (	Power cord - verify proper insulation and integrity	4 Power c integrity
$\overline{}$	Alarm/ Audible Signal - verify operation	11 Alarm/ Audible	) ( )	<u>\$</u>	Casters/Brakes - if mounted, verify physical integrity	3 Caster physic
_	Indicators/Displays - verify proper illumination and operation	10 Indicators/Displays -	<u>.</u>	agrity ( ) (	Mount/Fasteners - verify physical integrity	2 Mount
<u> </u>	Controls/Switches/Keypad - verify proper operation of controls	9 Controls/Swite	) (	<u>\$</u>	Chassis - verify physical integrity, cleanliness and condition	
PASS FAIL NA			FAIL NA	PASS		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Tick ( $$ ) where appropriate	Tick (V) w
					QUALITATIVE TASKS	PARI4
					and the state of t	
				Grey Scale	G	
		Sound 403GS   F	GAMMEX Ultra	TISSUE PHANTOM GAMMEX Ultrasound 403GS	1	
CALIBRATION DUE ON	SERIAL NO		TV ANIAL VZED	ELECTRICAL SAFETY ANALYZED		
					ASSET NO	N O
					$FAG$ TEST APPARATUS  Tick ( $\forall$ ) where appropriate	Tick (V)
	and the second s	: :		duly calibrated.	Make sure the test equipment used are duly calibrated	Make su
	idelines	per manufacturer gu	nd guidance as p	onal precautions ar	Refer to the safety procedure for additional precautions and guidance as per manufacturer quidelines	Refer to
		omponents.	B or electronic c	when handling PC	Wear grounded electrostatic wristband when handling PCB or electronic components.	Wear gr
	manon betare inspecting it.	G many and optional	during work.	ı Equipment (PPE)	Wear appropriate Personnel Protection Equipment (PPE) during work.	Wear ap
	insting before installing.	aning and decontam	e device for clea	nination, submit th	If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before income.	If there
8 ₩ 2.00	PPM HOURS		12 MONTHLY (	GWONIELL ( V )	GIAL PRECA	PART
•	MODEL				<b>v</b>	FREQUENCY
LOUNGLAN GOL	BE NO			₹	MANUFACTURER . IXW.	MANUF
, P 4/12	ST NO			ı	WORK ORDER NO ▼	WORK

# Scheduled Maintenance Work Order



Format Ref: - QMS/TSD-022 Rev.01

	新春 NOOR SA	Designation 如此公司時期 38 編光數 NOOR Date KK BMAN GEGA	4/18	Date QUANTUM BIOMENIAL ENSINEERING  Color RUCHING SARAWAKA COLOR
		Customer Signature		er/T
			1	Customer Remarks
		1 1	QUANTUM BIOMENICAL ENGINEERING KUCHING SARAWAK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
08:30	M:30	8/11/2018	DANSON ANAK MIDA	18 cm 34
End Time	Start Time	Date	QMS Engineer / Technician Name	SINO
			xecution Details	Schedule Maintenance Execution Details
*		chockint.	perform ppm, as poer	
				Action Taken
		Cal / Cert Expiry Date	N# /	Contact Number
		Cal / Cert Date	\	
			Third Party Calibration / Statutory Certification Details	BE Third Party Calibratic
				Reschedule Date
	ion (SC)	Statutory Certification	Routine Inspection (RI)	Work Order Type
	tion (TPC)	Third Party Calibration (TPC)	Preventive Maintenance (PM)	
		BER Proposed	Active	BE Condition
	<b>∨</b> New	Purchase	V Existing Equipment	Ownership
	DANSON	WO Assigned to	V Lab	BE Category
	SERIAN	Distict		BE No.
	SwK140	Clinic Code	Khnik Kelihatan Bunan gega Cli	Clinic Name
	8106/11/2018	Completed Date	01 11 2018	Work Order Date
3100	739	Schedule Month	Sc	Work Order No.

For Internal Use

First Verification

QMS Circle Incharge

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	est.			



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Scanning Systems, Ultrasonic, General Purpose
BE CODE::15:978

CHECKLIST NO:CL-135-000 REV.000

WORK (	WORK ORDER NO ▼		İ		A Notice and A State of State	
PART 6	PART 6 OUANTITATIVE TASKS					
Tick (V)	where appropriate	Units /	Set	Measured	l imit/Tolerance	PASS FAIL NA
_	Thissue Phantom Testing					<b>(</b>
	1) Lateral Resolution Check	mm	N	12	2+	3
		mm	ယ	2.9	رب + ا	<b>S</b>
		mm	4	4	17	\$
		mm	5	>	- 17	
	ii) Axial Resolution Check	mm	1	<b></b>	(,+	<b>S</b> ( )
		mm	2	ءَ	51	
		mm	ಚ	<b></b>	47	
		mm	4	4	12,4	(4) (1)
		mm	5	<b>7</b>	17	3
	iii) Near and Far Region Check	mm			7	
	iv) Pin Distance Check	mm	10	च	14	
		mm	20	14.0	5.4	( ) (
	v) Panel Button Test (All lights on)					\$
			-			
			1			
<u></u>			-			
		-				

4		9921	Don.
	5	夢	7
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	2	MA A	į,
4	افزد	200	•

KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Scanning Systems, Ultrasonic, General Purpose
BE CODE: 15-976

CHECKLIST NO:CL-135-000 REV.000

WORK ORD PART 7 EFECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick ( $\sqrt{\ }$ ) where appropriate

Standard use:

✓ IEC 60601 IEC 61010 | IEC 62353

Result

S PASS

FAIL \_\_\_\_\_ ₹

PART8 NOTES

Tust ox.

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

WORK ORDER NO ▼

CORRECTIVE MAINTENANCE REQUIRED

FUNCTIONING

NOT FUNCTIONING

NEXT PPM DATE

COMPLETED BY:

DANSON ANAK MUDA QUANTUM BIOMENYAL ENSINEERING KUCHING SARAWAK

DATE:

,



MEET Planned Preventive Maintenance Checklist Bilirubinometers, Laboratory
BE CODE: ME-012

CHECKLIST NO:CL-030-000 REV.000

PART 1 ASSET DETAILS

MANUFACTURER WORK ORDER NO + One MW04

BE NO

729217NMS-

MODEL GINEVAI

FREQUENCY •

6 MONTHLY ( √ )

12 MONTHLY ( )

PPM HOURS

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.

### PARTS TEST APPARATUS

PASS FAIL NA  Chassis - verify physical integrity.  Chassis - verify p	NO NO	ASSET NO	ECTRIC	DESCRIPTION ELECTRICAL SAFETY ANALYZER			SERIAL NO	CALIBRATION DUE ON	1 1 1 5 1
cal integrity.  PASS FAIL NA  rition	AR	• OHALITATIVE FASKS						3000	
cal integrity.  (	ick (1	() where appropriate		FAIL		i			PASS FAIL
physical integrity ( ) ( ) ( ) ( ) 10 System roper insulation and (		hassis - verify physical integrity, eanliness and condition	_	( )		Indicators / Disp	plays -Verify Proper Operation		<b>€</b>
roper insulation and (		lount/ Fasteners - verify physical into	egrity	~ ~ ~ <b>?</b>		Audiable / Visua Operation, Autor	at Alarms - Verify proper matic and Activation		<u>`</u>
physical integrity at (		ower Cord - verify proper insulation tegrify		$\smile$		System Printer -	- Verify Intergrity		$\frac{\hat{\zeta}}{\hat{\zeta}}$
er or rating of Fuses  Check all Fittings/ (		train Relief - verify physical integrify oth ends of line cord			11	Lamp - Verify In	ntergrify	_	Ŝ
Check all Fittings/       ( ) ( ) ( ) ( ) 13 Interference         ferrify proper operation ( ) ( ) ( ) ( ) 14 Accesses         Operation ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		ircuit Breaker / Fuses-Verify Integrit xternel Circuit Breaker or rating of F			7	Capillary Holder	r-Verify Physical integrity		<u>(</u> )
######################################		ttlings/ Connectors - Check all Fitlin onnectors		· ·		Interference filte	er - Check Adjustment		<u>S</u>
NANTENANCE TASKS  DONE DONE NA Notes:  (		ontrols /Switches -Verify proper oper controls	ration (		14	Accessaries - V Operation	erify Physicall Integrity and		$\frac{\hat{\zeta}}{\hat{\zeta}}$
Clean the Exterior  Clean the Exterior  Clean the Exterior  (	PARI lick (1	5 PREVENTIVE WAINTENANCE  ) where appropriate	TASK					000000	
Inspect / Clean Interior of unit  Battery - Check /Replace ***  (				NOT *	Note	ÿ.			
		ispect / Clean Interior of unit		• • • • • • • • • • • • • • • • • • • •	<u> </u>	* "	Parts, NA is defined as NOT AP nave ticked 'NOT DONE', then ju e Whichever Applicable	ğ ğ	LICABLE bify in Part 8
		attery - Check /Replace ***		<b>J</b> )( )(	<u> </u>				

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					!:,	
		KEMENTERIAN KESIHATAN WALATSIA  MEET Planned Preventive Maintenance Checklist  Billirubinometers, Laboratory	KESIHA I AII ventive Maintenani ometers, Laborate	WALA received the checklist only	Ž	CHECKLIST NO:CL-030-000 REV.000
WORK O	WORK ORDER NO V					
PART 6	PART 6 GUANTITIATIVE TASKS	GXS			-	
N <sub>o</sub>		Description	Units / Set UOM Values	Weasured Values	Limit/Tolerance	FAIL NA
	Blank Check		0.00pr 6.00	0,000	1 -	
	QC Result (Attach Result)	Result)				
PART 7	PART / EMECURICAL SAFETY TEST	FERVIEST				
Tick ( V	Tick ( $^{\lor}$ ) where appropriate Standard use:	ie .	Result:			
	V	✓ IEC 60601 ☐ IEC 61010 ☐ IEC 62353	353	<b>√</b> PASS	FAIL	□NA
PART	PART 8 NOTES					
	- lut ok	ſ				
		CORRECTIVE MAINTENANCE REQUIRED		FUNCTIONING	NING	NOT FUNCTIONING
	WORK ORDER NO	•				NEXT PPM DATE * 05/2017
CON PPM	PPM has been performe	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose COMPLETED BY:	ent is functioning t	o the intended	ригрозе.	
C	į	DANSON ANAK MUDA QUANTUM BIO MENTAL ENGINEERING KUCHING SARANATAL				
DAJE:		11811				



# **Scheduled Maintenance Work Order**



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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO346788	Sched	Schedule Month	November 2018	
Work Order Date	01/11/2018	Comp	Completed Date	8/11/2018	90
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	Code	SWK140	
BE No.	SWNELM023	Distict		SERIAN	
BE Category	Electrocardiographs, Multichannel	WOAs	WO Assigned to	Danson	
Ownership	Existing Equipment		Purchase	New	
BE Condition	اـــــا		BER Proposed		
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
אסוא לימפו ואףס	Routine Inspection (RI)		Statutory Certification	ion (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details		:		
Company Name		Cal / C	Cal / Cert Date	•	
Contact Number	- PN -	Cal/(	Cal / Cert Expiry Date	~ /v	
Action Taken		•			
	perform ppm, as pe	er chec	puchecklist.		
Schedule Maintenance Execution Details	ecution Details				
SINO	QMS Engineer / Technician Name		Date	Start Time	End Time
08562H	DANSON ANAK MUDA UUANIUM BIUMENICAL ENGINEERING KUCHING SARAWAK		8/01/10/8	08:30	09:00
Customer Remarks					
Engineer / Technician Signature	ture	Custor	Customer Signature		
Name DANSON ANAKANDA Date QUANTUM BIOMENIGAL ENSINEERING KUCHING SARANAN	-	Name Desigr Date	Name Designation 中心和地方,是是一个人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人	O SANGE ON ACKED MOOR SALO NO.: TSSS1 SELVAN GEGA	
•	S/n On P	Seal	1	r G	

For Internal Use

First Verification

QMS Circle Incharge

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MEET Planned Preventive Maintenance Checklist

Electrocardiographs, Multichannel

BECODE: 11411

CHECKLIST NO:CL-063-000 REV.000

PART1 ASSET DETAILS

WORK ORDER NO 284-750mb-

MANUFACTURER **► EDAW** 

-SMNET WOSS JE-30 (

ASSET NO

MODEL PPM HOURS 1.00

FREQUENCY > 3 MONTHLY ( )
PART 2 SPECIAL PRECAUTION 12 MONTHLY

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.

The state of the s	Ì				
PART 3 TEST APPARATUS					
Tick ( $$ ) where appropriate	0.0000000000000000000000000000000000000	Manager and the second	edition of the property of the	100 Marie 1990	
DESCRIPTION	ASSET NO	ASSET NO / SERIAL NO	CAI	CALIBRATION DUE ON	DUE ON
ELECTRICAL SAFETY ANALYZER					
☐ ECG SIMULATOR					
PARI 4 QUALITATIVE TASKS					
Tick ( √ ) where appropriate		Section 2015			
1. Chassis - verify physical integrity, cleanliness and condition ( )	( ) ( )	Fittings/ Connectors - check all fittings/connectors	eck all	PASS	FAIL NA
Mount/ Fasteners - verify physical ( ) integrity	<u> </u>	Controls/ Switches/ Keypad - verify proper operation of controls	ad - verify	Ĵ	( ) ( )
3. Casters/Brakes - if mounted, verify physical integrity ( )	( ) ( )	<ol> <li>Indicators/ Displays - verify proper illumination and operation</li> </ol>	rify proper	Š	( ) ( )
<ol> <li>Power Cord - verify proper insulation ( ) )</li> </ol>	( ) ( )	11. Alarm/ Audible Signal - verify operation		$\hat{\underline{\mathcal{S}}}$	( ) ( )
<ol> <li>Strain Relief - verify physical integrity at ( V ) both ends of line cord</li> </ol>	( ) ( )	12. Printer -Verify operation and condition	and condition	$\tilde{\zeta}$	( ) ( )
6. Leads/ Electrodes- Verify integrity and ( 🗸 ) condition	( ) ( )	13. Keypad- Verify operation and condition		3	( ) ( )
7. Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( ) ( )				
PARI G PREVENTIVE MAINTENANCE TASKS					
Tick ( */ ) where appropriate  1. Cleanliness - clean interior and exterior  of the equipment	NOT DONE ** NA	4. Clean/Lubricate a) Thermal head b) Paper empty sensor		DONE NO	NOT DONE : NA
2. Clean leads & electrode ( 🗸 )		c) napermank sensor			
3. Battery - check and replace if necessary ( 🗸 )					
		Notes: "For all parts, NA defined as NOT APPLICABLE "If you have licked 'NOT DONE: then input relevant remarks	.iCABLE nput relevent remerks		
		Choose whichever applicable. Please indicate in Part 8 for	indicate in Part 8 for		



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist
Electrocardiographs, Multichannel

CHECKLIST NO:CL-063-000 REV.00Č

WORK ORDER NO

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PART 6 0	PARTS OUTNITIATIVE TASKS	3349				
Tick (V) whe	Tick ( V ) where appropriate					
	Description	MOU	Set Values	Measured Values	Limit/Tolerance	PASS FAIL NA
Pa	Paper Speed (refer Part 8)	mm/sec	10	10.2	9.5 - 10.5	· · · · · · · · · · · · · · · · · · ·
		mm/sec	25	26.10	23.75 - 26.25	
		mm/sec	50	50.10	47.5 - 52.5	
2 Pu	Pulse Rate Accuracy	E	ue.	, ,	300	
		maq	09	2.00	59-61	
		mdq	80	20:1	79-81	
		mdq	120	3	119-121	
		mdq	200	200	199-201	
		mdq	300	200	299-301	
		_				



## KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist Electrocardiographs, Multichannel

CHECKLIST NO:CL-063-008 REV.000

COMPL DATE:	Reference			
COMPLETED BY:  DANSON ANAK MUDA  DATE:  CHARGE SARANAK  DATE:  KUCHING SARANAK	CORRECTIVE MAINTENANCE REQUIRED  WORK ORDER NO • 1 W 0 3 V 6 7 8 6	PART 8 NOTES	Tick (A) where appropriate  Standard use:  IEC 60601	WORK ORDER NO - PART / ELECTRICAL SAFETY TEST (allect report)
e equipment is fun	788		☐ IEC 61010	#
ctioning to the inte	FUNCTIONING			
anded purpose.	ONING		☐ IEC 62353	
	NOT FL		Result:	
	NOT FLACTIONING		FAIL	
	\$\$ /2 out		<u> </u>	

### Forin B03

# **Scheduled Maintenance Work Order**



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Format Ref: - QMS/TSD-022 Rev.01

Vork Order No.	PWO346913	Sched	Schedule Month	November 2018	
Work Order Date	01/11/2018	Comp	Completed Date	10x/11/80	7
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	Code	SWK140	
3E No.	SWPFED127	Distict		SERIAN	
3E Category	Fetal Heart Detectors, Ultrasonic	WO A	WO Assigned to	Danson	
Ownership	Existing Equipment	<	Purchase	New	
3E Condition	Active		BER Proposed		
1 - 1 O - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Preventive Maintenance (PM)		Third Party Calibration (TPC)	tion (TPC)	
work Order Type	Routine Inspection (RI)		Statutory Certification	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal /	Cal / Cert Date		
Contact Number		Cal /	Cal / Cert Expiry Date		
Action Taken					
	perform ppm/ ac p	or Che	por checkist.		
Schedule Maintenance Execution Details	xecution Details				
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
AR50241	DANSON ANAK MUDA Guantum biomenical engineering Kuching sarawak		3106/11/208	09:00	08:30
Customer Remarks					
Engineer / Technician Signature	ature	Custo	Customer Signature		
Date DANSON ANAM	DANSON ANAK MUDA QUANTUM BUNCAL FAMILIA FAMILI	Name Design	nation was AMEDICAL	NAN SEG.	
AULHING SARAWA	IK 11/80	Seal	-	Š	

For Internal Use

First Verification

QMS Circle Incharge

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MEET Planned Preventive Maintenance Checklist
Fetal Heart Detectors, Ultrasonic
BE CODE: 11-696
PART | ASSET-DETAILS

CHECKLIST NO:CL-070-000 REV.000

_			The second secon	
WO	O	6913	BENO	MWRED127
T WAN	XER V		MODEL	· 8T-200
PA <sub>I</sub>	PART 2 SPECIAL PRECAUTION	ILY (V)	PPM HOURS	▶ 0.50
If the	re is evidence of body fluid contamin	If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.	decontamination before inspecting it.	
Wear	Wear appropriate Personnel Protection Equipment (PPE) during work.  Wear appropriate Personnel Protection Equipment (PPE) during work.	quipment (PPE) during work.		
Refer	to the eafetr propedure for additional to the eaferrance will be used to the eaferrance willi	Refer to the safety procedure for additional processing and missions and	its.	
Make	Nake sure the test equipment used are duly calibrated.	rener to the sarety procedure for additional precautions and guidance as per manufacturer guidelines. Make sure the test equipment used are drifty calibrated.	acturer guidelines.	
PAR	PARTS TEST APPARATES	ny cantrated.		
Tick (	Tick ( V) where appropriate			
NO	O ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DIJE ON
Tick ( v	Tick ( V ) where appropriate			
ਨ 0 -	Chassis - Verify physical integrity, cleanliness and condition.	PASS FAIL NA	Indicators/Displays - Verify proper illumination and operation.	PASS FAIL NA
2 M	Mount/Fasteners - Verify physical integrity.	grify. ( · ) ( ) ( <b>&lt;</b> ) 8	Alarm/Audible Signal - Verify operation.	
3 Int	Power Cord - Verify proper insulation and integrity.	and ( ) ( ) ( <b>&lt;</b> )		
4 St	Strain Relief - Verify physical integrity at both ends of line cord.	at (\$) ( ) ( )		
5 T	Transducers/Cables - Verify integrity and condition.	nd ( <b>)</b> ( ) ( )		
9 C	Controls/Switches/Keypad - Verify proper operation of controls.	er ( <b>'</b> ) ( ) ( )		
PART !	PARTS PREVENTIVE MAINTENANCE TASKS	ASKS		
1 Cle	Cleaning the exterior/interior.	DONE NOT NA		
2 Cle	Clean Transducers/Cables.	( <b>V</b> ) ( ) ( ) Notes:	is: * For all Parts, NA is defined as NOT APPLICABLE If you have ficked 'NOT DONE' then institute and o	PLICABLE **
3 Ch	Check/Replace battery, ***		Choose Whichever Applicable	

KEMENTERIAN KESIHATAN MALAYSIA MEET Planned Preventive Maintenance Checklist Fetal Heart Detectors, Ultrasonic BE CODE: 11-596

CHECKLIST NO:CL-070-000 REV.000

Tick ( V	Tick ( V ) where appropriate						
N <sub>O</sub>	Description	Units /	Set	Measured	imit/Tolerance		
			Values	Values	- International Constant	PASS	FAIL NA
PARIC	PARIT EFECTRICAL SAFETY (TEST)		100	200 mm	100 miles		1000
ELECTRIC	(attach report)						
Tick (V)	Tick ( ¼ ) where appropriate						
	Standard use :	Ϋ́	Result:				
				PASS	FAIL	<b>∑</b>	
PAR 10 NOTES							
1	- Test good tundioning.						
			•				
	CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONING		NOT FUNCTIONING	
WORK	WORK ORDER NO - PUB 46113				NEXT PPM DATE	1 DATE - 11 - 2017	1019
PPM has been per COMPLETED BY:	formed in accordance to	oning to t	he intend	ed purpose.			
	CUANTUM BIOMENICAL ENGINEERING KUCHING SARAMA						
DATE:	08/11/20						

# **Scheduled Maintenance Work Order**



Quantum Wedkel Substitutes with the strain seems of the s

Work Order No.	PWO346620	Schedule Month	November 2018	
Work Order Date	01/11/2018	Completed Date	8/11/2018	310
Clinic Name	Klinik Kesihatan Bunan Gega	Clinic Code	SWK140	
BE No.	SWNFRV143	Distict	SERIAN	
BE Category	Freezers, Laboratory Vaccine, Gas	WO Assigned to	Danson	
Ownership	Existing Equipment	Purchase	New	
BE Condition	√ Active	BER Proposed		
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)	ibration (TPC)	
Work Close Type	Routine Inspection (RI)	Statutory Certification (SC)	cation (SC)	
Reschedule Date	0 0 0 0 0 0 0 0			
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date		
Contact Number		Cal / Cert Expiry Date		
Action Taken		7	ļ	
	butoum ppm, as per o	PR CARCKIVI.		
Schedule Maintenance Execution Details	ecution Details			
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
DA DA BOY DA	DANSON ANAK MUDA QUANTUM BIUMENEKAL EKAINEERING KUCHING SARAWAK	8102/11/2018	\$ 09:50	W:30
Customer Remarks				
Engineer / Technician Signature		Customer Signature		
DANSON ANIAK MUDA Date QUANTUM BIOHLENITH ENSINEERING KUCHING SARANAKU	08-14/2018	Designation: HENGE WAR SALKEND NOOR  Date KYSUNON GEGA	NI MATHUN MOOR 18691 GEGA	
		Seal		

For Internal Use

First Verification

QMS Circle Incharge

QMS State Incharge Final Verification

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MEET Planned Preventive Maintenance Checklist
Freezers, Laboratory, Vaccine
BE CODE: ME-015

CHECKLIST NO:CL-073-000 REV.000

PΑ	PART1 ASSET DETAILS				
WOJ	WORK ORDER NO PASS46670			BE NO → JWNFRU 143	<del>(43</del>
MAN	MANUFACTURER ► DONG NO	RZ .		MODEL - RCW SOFGI	
FE	FREQUENCY • 6 MONTHLY (	HLY ( ) 12 MONTHLY ( √ )	)	PPM HOURS ► 1.00	
PAF	PART 2 SPECIAL PRECAUTION				
If the	If there is evidence of body fluid contamination, submit the device for c Wear appropriate Personnel Protection Equipment (PPE) during work.	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.	and decontamination before inspecti	ig it	
Wea	r grounded electrostatic wristband	Wear grounded electrostatic wristband when handling PCB or electronic components	onents.		
Refe	r to the safety procedure for addition	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines	nanufacturer guidelines.		
Make	Make sure the test equipment used are duly calibrated.	duly calibrated.			
P A	PARI S TESTAPPARATUS				
Tick (	Tick ( √ ) where appropriate				
N O	O ASSET NO	DESCRIPTION	SEF	SERIAL NO CALIBRATION DUE ON	N DUE ON
	7810 4383 T	ELECTRICAL SAFETY TESTER	2246	218 06.08.	20 [9
		THERMOMETER	,		
P 2	PART4 QUALITATIVE TASKS				
	and the state of t	PASS FAIL NA		PASS FAIL	N N
1 0	Chassis - verify physical integrity, cleanliness and condition	( <b>&lt;</b> ) ( ) ( )	7 Controls/ Switches/ Keypad - verify proper operation of controls	erify proper ( 🗸 ) (	
N P	Mount/ Fasteners - verify physical integrity	integrity ( ) ( ) ( <b>V</b> )	8 Indicators/ Displays - verify proper illumination and operation	per illumination ( 🗸 ) (	) (
ω 	Power Cord - verify proper insulation and integrity	on and $(\mathbf{V})$ ( ) ( )	9 Alarm/ Audible Signal - verify operation	peration ( 🔨 ) (	) (
4	Strain Relief - verify physical integrity at both ends of line cord	rity at ( 🗸 ) ( ) ( )	10 Check Compressor - verify physical Integrity	sical Integrity ( 🗸 ) (	) (
о <sub>1</sub>	Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	ity of ( 🗸 )( )( ) g of	11 Check Thermostate - verify physical Integrity	/sical Integrity ( $oldsymbol{arkappa}$ ) (	) ( )
o 5 0	Door Gasket, Hinges - verify physical Integrity	at ( <b>火</b> ) ( )			
PARI Tick ( v	$m{PANIO}$ PREVENTIVE MAINTENANCE TASKS: Tick ( $m{ee}$ ) where appropriate				
		DONE NOT NA	Notes:		
1 0	Cleaning the inside with a vacuum cleaner	deaner ( $\mathbf{V}$ )( )( )	* For all Parts, NA is del	For all Parts, NA is defined as NOT APPLICABLE  If you have ticked 'NOT DONE', then justify in Part 8	
2 C	Clean compressor		~~ Cnoose Whichever Applicable	blicable	
:					



WORK ORDER NO

## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Freezers, Laboratory, Vaccine BE CODE: ME015

Pwo 346602

CHECKLIST NO:CL-073-000 REV.000

	PAS FAIL NA	( ): ): ):															
		·								NE NA							
-	Limit/Tolerance	2-8								FAIL							
	Measured Values	2.9%								V PASS							
	Set Values	3.5							Result:								
	Units / UOM	ပွ															
										IEC 62353							
	Description							eport)		1 IEC 61010			JA (M				
	-	92					VARIT ELECTRICAL SAFETY TEST	LECTRICAL SAFETY TEST, (attach report) ick ( $^{\prime}$ ) where appropriate	 OD	V IEC 60601			- good thuckoning				
Tick ( V ) where appropriate		Temperature					ELECTRICA	LECTRICAL SAFETY TEST ick ( $\lambda$ ) where appropriate	Standard use :		ARITA NOTES	-	dood				
ick ( V ) <sub>h</sub>	Š		 			-	ART7	LECTRIC	U)		ART 8		1				

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

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8

NEXT PPM DATE

NOT FUNCTIONING

FUNCTIONING

7

CORRECTIVE MAINTENANCE REQUIRED

PW0346602

▲

WORK ORDER NO

COMPLETED BY:

DATE:

KEN**IK** ENGINEERING