Form B03 Scheduled Maintenance Work Order



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

							
Work Order No.	PWO372027	Schedule Month	March 2018				
Work Order Date	01/03/2018	Completed Date	27/3/2018				
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Lat	Clinic Gode	WPL001				
BE No.	WPL000575	Distict	LABUAN				
BE Category	Handpieces, Dental	WO Assigned to	Ashmawl				
Ownership	Existing Equipment	Purchase	New				
BE Condition	✓ Active	BER Proposed					
Mark Orden Trees	✓ Preventive Maintenance (PM)	Third Party Calibration (TPC)					
Work Order Type	Routine Inspection (RI)	Statutory Certification (SC)					
Reschedule Date			~				
BE Third Party Calibration	n / Statutory Certification Details						
Company Name	MA	Cal / Cert Date	Me				
Contact Number		Cal / Cert Expiry Date	10"				
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Schedule Maintenance E	xecution Details						
SI No	QMS Engineer / Technician Name	Date	Start Time End Time				
	MOHD, ASHMANI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	27/3/008	9.30am 9.95am				
Customer Remarks			Tingkal 1 Kinik Kesihatan Peti Surat on				
Engineer / Technician Signa Name Date	eture Mohd. Ashmawib Mohd Hisham Biomedical Tecynician, gms 019-2624231	Customer Signature Name HERMAN NOWI Designation Juruteknologi Pergigian At (2014, W.P.Labuan) Est 6033 Klinik Pergigian Labuan Seal					

For Internal Use

First Verification QMS Circle Incharge iulius Liansun Biomedical Engineem QMS 015-3620179 Final Verification

QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist Handpieces, Dental BE CODE : 11-161

CHECKLIST NO: CL-075 REV.000

PART 1	ASSET DETAILS	Control of the Contro									
WORK O	RDER NO ►	pw 37	20	27				ASSET NO	 PLOGOS75 NI B.75 		
MANUFAC	CTURER ►	NIA						MODEL	· wh		
FREQUEN	ICY ►	з молтн	ILY () 6	MONTHLY	()	12 MONTHLY	PPM HOUR	s + 6.25		
PART 2	SPECIAL PRECA	AUTION									
If there is	evidence of body i	fluid contam	ination, s	submit the	device for	cleaning a	and decontamination	before inspecting it.			
	ropriate Personne										
	unded electrostation										
	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.										
	the test equipme		duly calil	brated.							
PART 3	TEST APPARAT	US		9-8-6-5					的是是他是他的影响影响影响		
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PART 4	QUALITATIVE T	ASKS									
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	ssis - verify physic nliness and condit				()	` '					
2 Fittings/ Connectors - check all (/) () () ()					()						
3 Mecl ring	hanical - Verify co	ndition bear	ing/O-	(/)	()						
4 Labe	el - verify physical	integrity		(/)	()	()					
	2. 40my physical				` ′	` '					
5 Burr	holder - Check pi	roper operat	ion	(/)	()	()					
PART 5	PREVENTIVE N	IAINTENAN	ICE TAS	KS							
Tick (√)	where appropriate							÷			
				DONE	NOT DONE **	NA	Notes:				
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2 Lubi	ricate - Mechanica	al parts		(/)	()	()	5,100				

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BEMS Planned Preventive Maintenance Checklist Handpieces, Dental BE CODE : 11-181

CHECKLIST NO:CL-075 REV.000

WORK C	RDER NO ►	puo	37 21 27							
PART 6	QUANTITATIVE	TASKS								
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PART 8	NUIES									#
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		CORRECTIVE MA	INTENANCE REQUIRED			FUNCTION	ING	NOT FUNCTIONING		.
N/O	RK ORDER NO	•	NA					NEXT PPM DATE	· 26/3/2	0/9
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DDM has	heen nerformed i	n accordance to the	checklist and the equipmen	it is functio	nina to th	a intended ou	mose			\dashv
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DATE:	2	019-2634231 7 /3/2018								ļ