

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.	PWO365100	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	24.6.18
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Bul	Clinic Code	JHR553
BE No.	JHR003354	Distict	LEDANG
BE Category	Sterilizing Units, Steam	WO Assigned to	ZAIDIE
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 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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Third Party Calibration / Statutory Certification Details

Company Name	-	Cal / Cert Date	-
Contact Number	-	Cal / Cert Expiry Date	-

Action Taken

☐ PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer : NA

☐ Corrective Maintenance / ☐ Breakdown Modal : NA

BE Sticker Availability : ☒ Yes / ☐ NA Serial No : NA

Remarks: Asset telah BER. Out from finis

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	ZAIDIE	24.6.18	-	-

Customer Remarks

Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
	Date
	Seal

MUHD ZAIDIE BIN HALIL
 Technical Service Department
 Quantum Medical Solution Sdn. Bhd

DR. ADIBAN IZZATY AZIT
 MDC : 7836
 PEGAWAI PERGIGIAN UG44

24 JUN 2018

For Internal Use

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge

MUHD ZAIDIE BIN HALIL
 Senior Technical Engineering
 Quantum Medical Solutions
 Hp: 012-3667638



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Sterilizing units, Steam
BE CODE : 13-746

CHECKLIST NO: CL-148-000
REV.001

PART 1 ASSET DETAILS

WORK ORDER NO ▶ pw0365106 ASSET NO ▶ JHR 003359
MANUFACTURER ▶ GENERAL MODEL ▶ GENERAL
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY (/) 12 MONTHLY () PPM HOURS ▶ 1 HOUR

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
		DIGITAL TEMPERATURE METER		
		DIGITAL PRESSURE METER		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	()	()	(✓)	10 Over pressure cut of valve - Verify physical integrity	()	()	(✓)
2 Power Cord - verify proper insulation and integrity	()	()	(✓)	11 Door lock - Verify physical integrity	()	()	(✓)
3 Strain Relief - verify physical integrity at both ends of line cord	()	()	(✓)	12 Door gasket Verify physical integrity	()	()	(✓)
4 Fittings/ Connectors - check all fittings/connectors	()	()	(✓)	13 Check water tank leak	()	()	(✓)
5 Controls/Switches - verify proper operation of controls	()	()	(✓)	14 Check drain valve -Physical integrity	()	()	(✓)
6 Indicators/ Displays - verify proper illumination and operation	()	()	(✓)	15 Check label	()	()	(✓)
7 Check fuse, circuit breaker	()	()	(✓)	16 Check demineralisation and sensor (if available)	()	()	(✓)
8 Heater - verify physical Integrity	()	()	(✓)	17 Check automatic water filling (if available)	()	()	(✓)
9 Chamber - verify physical integrity (scalling, rusting, pitting or impurities)	()	()	(✓)	18 Replace Bacteria/Air Sterilization Filter	()	()	(✓)

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 Lubricate all moving parts	()	()	(✓)
2 Check / replace gasket ***	()	()	(✓)				
3 Check/ clean solenoids	()	()	(✓)				

Notes:

* 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

► PW 6265100

PART 6 SERVICE CHECKLIST

No	Description	Checked	Service/ Clean	Replaced	Not Applicable	No	Description	Checked	Service/ Clean	Replaced	Not Applicable
1	Fuses	()	()	()	()	16	Discharge Valve	()	()	()	()
2	Main Control Board	()	()	()	()	17	Infill Valve	()	()	()	()
3	Control Board	()	()	()	()	18	Heating Element	()	()	()	()
4	Fan Running Rear & Side	()	()	()	()	19	Heat Exchanger/Cooling system (if applicable)	()	()	()	()
5	Water Reservoir Float Switch/Water Level Sensor	()	()	()	()	20	Vacuum Pump	()	()	()	()
6	Water Reservoir	()	()	()	()	21	Door Gasket	()	()	()	()
7	Electric Door Lock	()	()	()	()	22	Chamber Guard Seal (if applicable)	()	()	()	()
8	Pressure Door Lock	()	()	()	()	23	Solid State Relay	()	()	()	()
9	Discharge Door Lock	()	()	()	()	24	Thermostat Assembly	()	()	()	()
10	Pressure Transducer	()	()	()	()	25	Temperature Sensor	()	()	()	()
11	Pressure Gauge	()	()	()	()	26	Thermal Printer (if applicable)	()	()	()	()
12	Safety Valve	()	()	()	()	27	Vacuum Pump (if applicable)	()	()	()	()
13	Air Valve/Steam Solenoid Valve	()	()	()	()	28	Filters / strainer	()	()	()	()
14	Air Valve/Steam Solenoid Valve	()	()	()	()						
15	Air Valve/Steam Solenoid Valve	()	()	()	()						

PART 7 Technician Remarks



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PART 8 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Temperature reading	°C			134-137 121-124	()	()	(✓)
2	Pressure reading	bar			2.03-2.32 1.03-1.23	()	()	(✓)
3	Electrical Supply Voltage	V		refer to EST	Refer to nameplate	()	()	(✓)
4	Electrical Power	kW		refer to EST	Refer to nameplate	()	()	(✓)

PART 9 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

PART 10 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☐ FUNCTIONING

☒ NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶

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

COMPLETED BY:

WITNESSED BY USER:

DATE :

DATE :

DR. ADIBAH IZZATY AZIT
MDC : 7836
JALAN PERGIGIAN UG44

