Date: Designation: Signature: Ycknowledge By:

*Please make a copy after acknowledgement.

led arbusasaC Ismashologi Makunal Pendasa US8 Pendasa US8 RK Teng Bukap

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PPM 2018

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Scheduled Maintenance Notification Form

PKB/PPB:

District: I serian State: SARAWAK

From: State: Zone:

Quantum Me transcratting bound

Quantum Medical Solutions SARAWAK

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

Schedule Maintenance

Dear Sir/ Madam,

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

Klinik Kesihatan Teng Bukap

Month: Nov-18

Clinic Code: SWK058

	-	-					1							·	·				, least	, ,
	į															=			NO	•
								**										SWNBIB015	BE Number	
																		Bilirubinometers Lab	BE Category	Clinic C
Mdd	Mdd	Mdd	Mdd	PPM	PPM	Mad	Mdd	Mdd	PPM	Mdd	Mdd	Mdd	Mdd	Mdd	Mdd	Mdd	Mdd	Mdd	Schedule Maintenance Type	Clinic Code: OFFICEO

Thank You,

QMS State In-charge		Acknowledged by - PKB/PPB
Signature	DUNIUS NO	Senature
ga, ata da	STATE MARAGER Oughtro Medical Solutions	
Zane.	Serawak	Name: Perubatan (129 KK Teng Bukan
Date		Date:
		Annual Control of the

Legend

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

Scheduled Maintenance Notification Form

State: SARAWAK District: I serian PKB/PPB:

From: State: Zone:

Quantum Medical Solutions transcending boundaries, transforming He

Format Ref.-QMS/TSD-004 Rev.00 **Quantum Medical Solutions**

SARAWAK

Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM Clinic Name: <u>Klinik Kesihatan Teng Bukap</u>

Clinic Code: SWK058 Month: Nov-18

Schedule Maintenance Type	Mdd	Mdd													
								 project.					;		, , , , , , , , , , , , , , , , , , ,
BE Category		· · · · · · · · · · · · · · · · · · ·													
			19.00	-146-	•						700.00				4,000
BE Number															
NO															

Thank You,

QMS State in-charge		Acknowledged by - PKB/PPB
Signature.		Signatures
	4	
Name:		Name:
Date		Date:

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

Form B03

Scheduled Maintenance Work Order



(handin Hedra Solutions win the

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

Work Order No.		Schedule Month	Nevomber 3	<u>ئ</u> ر ك
Work Order Date		Completed Date	ا ک	
Clinic Name	. Or 11 /218	Clinic Code	Sur OCK	
BE No.	Kinik Edibaton Tung hakp	Distict	SERIAN	
BE Category	Bilitubinopieta vob	WO Assigned to	ONVION	
Ownership		Purchase	New	
BE Condition	Active	BER Proposed		
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)	tion (TPC)	
	Routine Inspection (RI)	Statutory Certification	on (SC)	
Reschedule Date				
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details	The state of the s		
Company Name		Cal / Cert Date		
Contact Number		Cal / Cert Expiry Date		
Action Taken Compared to 10 mm Ann that	perhots attend			
				در
			i	
Schedule Maintenance Ex	e Execution Details			
SINo	QMS Engineer / Technician Name	Date	Start Time	End Time
\$6.02 tr	DANSON ANAK MUDA <u>OUANTUM BIOMENICAL ENGINEERING</u> KUCHING SARWAK	8100/11/50	11:30	12:40
	,			
Customer Remarks	F			
Engineer / Technician Signature	ture	Customer Signature		
Name Danson Anak Date Duantum Biomeri	ANDA FINGINERING	Name Designation JANAMAN BERN Date Penusara U28 KK Tang Bukup	dra Rot 1991 Mekmal 1851 UZS 19 Bukep	

For Internal Use

Final Verification QMS State Incharge

QMS Circle Incharge

First Verification

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KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Bilirubinometers, Laboratory
BE CODE: ME-072

CHECKLIST NO:CL-030-000 REV.000

PART 1	PART 1 ASSET DETAILS			
WORK ORDER NO	*		BE NO	JO DIBYMIS.
MANUFACTURER	TURER + QINTEVE	VEI	MODEL	+ one Bean
FREQUENCY	CY ► 6 MONTHLY (ILY (v) 12 MONTHLY () PPM HOURS)URS ▼ 1.00
PART 2 S If there is ev	PART 2 SPECIAL PRECAUTION f there is evidence of body fluid contam	ination. submit the device for cleani	PART 2 SPECIAL PRECAUTION If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspertion it.	
Wear approp	priate Personnel Protection	Wear appropriate Personnel Protection Equipment (PPE) during work.		
Wear ground	ded electrostatic wristband v	Wear grounded electrostatic wristband when handling PCB or electronic components	mponents.	
Refer to the	safety procedure for additio	Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines	r manufacturer guidelines.	
PART 3	Make sure the test equipment used are duly calibrated PART3 TEST APPARATHS	duly calibrated.		
Tick (V) whe	Fick ($$) where appropriate			
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DITE ON
	TO 40 412	ELECTRICAL SAFETY ANALYZER	अध्यम्दर	=
PART 4 QUALITATIVE Tick (V) where appropriate	PART 4 QUALITATIVE TASKS Tick (V) where appropriate			
		PASS FAIL NA		PASS FAIL NA
1 Chassis - ve cleanliness	 verify physical integrity, ss and condition 	(8 Indicators / Displays -Verify Proper Operation	eration (ش) () ()
2 Mount/ F.	Mount/ Fasteners - verify physical integrity	tegrity (· ·) (· ·) (V)	Audiable / Visual Alarms - Verify proper Operation, Automatic and Activation	
3 Power Co	Power Cord - verify proper insulation and integrity	and (/) () ()	10 System Printer - Verify Intergrity	
4 Strain Re	Strain Relief - verify physical integrity at both ends of line cord	yat (V)()()	11 Lamp - Verify Intergrity	
5 Circuit Br	Circuit Breaker / Fuses-Verify Integrity of Externel Circuit Breaker or rating of Fuses	yof (\(\mathbf{\scales}\)) () () ()	12 Capillary Holder-Verify Physical integrity	
6 Fittings/ C	Fittings/ Connectors - Check all Fittings/ Connectors	98/ (*) () ()	13 Interference filter - Check Adjustment	
7 Controls /	Controls /Switches -Verify proper operation (of controls	ration (🖒 () ()	14 Accessaries - Verify Physicall Integrity and Operation	nd (<) () ()
PART 5 PREVENTIVE I	PART 5 PREVENTIVE MAINTENANCE TASKS Tick (\forall) where appropriate	TASKS		
		DONE DONE NA	Notes:	
1 Clean the Exterior	Exterior			IOT APPLICABLE then justify in Part 8
2 Inspect / C	Inspect / Clean Interior of unit		*** Choose Whichever Applicable	
3 Battery - C	Battery - Check /Replace ***	()()()		



KEMENTERIAN KESIHATAN MALAYSIA
MEET Planned Preventive Maintenance Checklist

		Bilirubi	Bilirubinometers, Laboratory	Laborate	ac concentration			CHECKLIST NO:CL-030-000 REV.000
WORK	WORK ORDER NO ▶			71017				
PART Tick (V	PART 6 QUANTIFATIVE T	PARTS QUANTIFATIVE TASKS. Tick (*/) where appropriate						
S		Description	Units /	Set	Measured Values	Measured Limit/Tolerance Values	PASS F	FAIL NA
	Blank Check						3	() (
	QC Result (Attach Result)	Resuit)					Ŝ	()
FARIA	PARTY ELECTRICAL SAFETY TEST. ELECTRICAL SAFETY TEST, (attach report)	PART7 ELECTRICAL SAFETY TEST ELECTRICAL SAFETY TEST, (attach report)						
Tick (^N ,	Tick (igvee) where appropriate Standard use : $igvee igvee ige ige ige ige ige ige ige i$	rriate : 		Result:	PASS	HA.	V	
PART 8	PART 8 NOTES						Ya.	
l	0 421-	210						
	Ö	CORRECTIVE MAINTENANCE REQUIRED		7	FUNCTIONING		NOT FUNCTIONING	
WOF	WORK ORDER NO •	· * * * ·				Z	NEXT PPM DATE ▶	Dod/20
ppM has	been performed in ac	PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.	functioning	to the int	епдед ригро	Se.		
COMPLETED BY:		NAANAK MUDA M MOMENICAL ENBINEERING						
DATE:	NUCLEON N	S 11. 2018			ļ			

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd

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

Work Order No.		Sched	Schedule Month	Sloc asquor	018
Work Order Date	01/11/2018	Comp	Completed Date	3104/11/30	
Clinic Name	KLINIK KESIHATAN TRIBOH	Clinic Code	Code ·	2 14 6	
BE No.	SWNSCNOIH	Distict		SER-IAN	
BE Category	GENERAL SUSTEEN, WHOMSOMIC,	WOA	WO Assigned to	NOWN	
Ownership			Purchase	New	
BE Condition	V Active		BER Proposed		
Work Order Type	Preventive Maintenance (PM)		Third Party Calibration	tion (TPC)	
1	Routine Inspection (RI)		Statutory Certification	on (SC)	
Reschedule Date					
BE Third Party Calibration	Third Party Calibration / Statutory Certification Details				
Company Name		Cal / C	Cert Date		
Contact Number	NA /	Cal/C	Cal / Cert Expiry Date	אא	
Action Taken			1	7.1	
wild up or -	pechetist attend				
-ppm don-					
-tota oc.					
Schedule Maintenance Execution Details	ecution Details				
SINo	QMS Engineer / Technician Name		Date	Start Time	End Time
850275	DANSON ANAK MUDA		06/u/n4	11:00 am	13:00 pm
	GUANIUM SIOMENICAL ENGINEERING KUCHING SARAWAK				
			7 (0.7)		
Customer Remarks					
Engineer / Technician Signature		Custom	Customer Signature		
Name Danson ANA Oldandina diagram		Name Designation		J.B. TAAKUP	
E	AWAK AWAK	Date Seal		MUTTE PENOLONG PEGAWAI PENOH, SERIAN KLINIK KESIHATAN TRIBOH, SERIAN	i

For Internal Use

First Verification

QMS Circle Incharge

Final Verification
QMS State Incharge





PART 1 ASSET DETAILS

KEMENTERIAN KESIHATAN MALAYSIA

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

CHECKLIST NO:CL-135-000 REV.000

Part 8	If you have ticked 'NOT DONE', then justify in Part 8	The For all parts, Note that If you have tick			ard of any dust.	clean power board of any dust	
			<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cleaniness of power board - check and	Cleaniness of p	ယ
<u> </u>	Exhaust Fan - clean and check condition. (4 Exhaust Fan - cle	<	<u> </u>	equipment Clean Transducers/Cables	equipment Clean Transducers/Cables	Ν -
DONE DONE NA			DONE NA	DONE DO		Classowania	_
		,			opriate	Tick (\checkmark) where appropriate	Tie
				KS	PREVENTIVE MAINTENANCE TASKS	ARI 6 PREVEN	
)(, , ,	Fittings/connectors - check all fittings/connectors	8	
\	olicable (15 Calibration If Applicable) (<u>\$</u>	Circuit Breaker/Fuse - verify integrity of external circuit breaker and/or rating of	Circuit Breake	~
S	Transducer - verify echo is good and no (darkband on all probe echo	14 Transducer - verify echo is darkband on all probe echo) (<u>S</u>	Transducers/Cables - verify integrity and condition		
?	lovement of cursor	13 Trackball - verify smooth mand cleanliness of trackball) ((Strain relief - verify physical integrity at both ends of line cord	-	
	Printer - verify operation and condition (12 Printer - verify o) (<u>\$</u>	Power cord - verify proper insulation and integrity	4 Power cord - integrity	
(\cdot) () ()	Alarm/ Audible Signal - verify operation	11 Alarm/ Audible S) ((x	Casters/Brakes - if mounted, verify physical integrity		
	Indicators/Displays - verify proper illumination (and operation	10 Indicators/Displa) (ず (く) (Mount/Fasteners - verify physical integrity		
7	Controls/Switches/Keypad - verify proper operation of controls	Controls/Switches/Ka operation of controls	0 (Ŝ	Chassis - verify physical integrity, cleanliness and condition		
PASS FAIL NA			FAIL NA	PASS			
					propriate	Tick (\checkmark) where appropriate	
					QUALITATIVE TASKS	TAND QUALI	WWW.
							· ·
		sound 403GS LE	TISSUE PHANTOM GAMMEX Ultrasound 403GS Grey Scale	TISSUE PHANTON Grey Scale	TISS		
			ELECTRICAL SAFETY ANALYZER	CTRICAL SAF	ELE		_
CALIBRATION DUE ON	SERIAL NO		DESCRIPTION		ASSET NO	NO	
					1ppropriate	Tick (√) where appropriate	
					ARTS TEST ARPARATUS	TEST STATES	
	Cinca.		•	ly calibrated.	Make sure the test equipment used are duly calibrated	Make sure the t	
	elines	per manufacturer quide	nd guidance as	i precautions a	Refer to the safety procedure for additional precautions and guidance as per manufacturer quidelines	Refer to the saf	
		components.	λB or electronic o	en handling Po	Wear grounded electrostatic wristband when handling PCB or electronic components	Wear grounded	
	ä) during work.	¦uipment (PPE	Wear appropriate Personnel Protection Equipment (PPE) during work	Wear appropria	
	ation before inspecting it	aning and decontamins	ne device for clea	ation, submit th	If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it	If there is evide	
2.00	PPM HOURS		1 110 1111111		PARIS SPECIAL PROCESSION	202 M 1276	
			12 MONTH; Y /	<u> </u>	▼ 6 MONTHLY (✓	FREQUENCY	
•	MODEL			٩	RER - SANSUNG	MANUFACTURER	
CWNSCNOIT	BE NO •				ER NO ▼	WORK ORDER NO	



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 ORDER NO .

Principal Photos Photos Principal Photos Prin	ick (V)	Tick (\forall) where appropriate					
Theses Production Tending	₹0	Description	Units /				FAIL
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mm 4 # # # (V) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		i) Lateral Resolution Check	m	2	64	7+	
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mm 2 2 2 2 4 (v) (v) (v) (mm 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		ii) Axial Resolution Check	mm		-	1+	, ,
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mm 10 9.9 97 (V)			m.m	5	~ , v	一 \ \ \	()
	<u> </u>	iii) Near and Far Region Check	anm			<u>,</u> *	-
	1	N) Pin Distance Check	mm	10	6.0	77	
	-		mm	20	ક	\ \ \ \	-
	<	/) Panel Button Test (All lights on)					
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	KEMENTERIAN KESIHATAN MAI AYSIA	
	MEET Planned Preventive Maintenance Checklist	CHECKLIST NO:CL-135-000
	Scanning Systems, Ultrasonic, General Purpose	REV.000
WORK ORDER NO >		
PART ELECTRICAL SAFERY TEST	AFEITY TEST	
ELECTRICAL SAFETY TEST, (attach report)	ittach report)	
Tick (√) where appropriate		
Standard use :	Result :	,,
▽	✓ IEC 60601 IEC 61010 IEC 62353 ✓ PASS FAIL NA	
PART8 NOTES		

- This unit good fundaming.

