

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.	PWO371916	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	29/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000607	Distict	LABUAN
BE Category	Testers, Pulp	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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BE Third Party Calibration / Statutory Certification Details

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

Action Taken

↳ Check chassis, fittings and display (indicator)
 ↳ Clean exterior. Then perform test.
 ↳ Unit perform well (Functioning Good)

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2334231	29/3/2018	10.45am	11.00am

Customer Remarks

Engineer / Technician Signature Name Date MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2334231 29/3/2018	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 29/3/18	
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For Internal Use


First Verification
QMS Circle Incharge

JULIUS LIANSUN
 BIOMEDICAL ENGINEER, QMS
 019-3620179

Final Verification
 QMS State Incharge

DR. LEE
 DENTIST
 2017/01/01 - 2017/12/31

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Testers, Pulp BE CODE : 13-187	CHECKLIST NO: CL-152 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ 900 371916 MANUFACTURER ▶ MR FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)	ASSET NO ▶ WPR600607 MODEL ▶ N12 PPM HOURS ▶ 0.50			
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
	XXXXXXXXXX NA	ELECTRICAL SAFETY ANALYZER	3227629 NA	NA
PART 4 QUALITATIVE TASKS				
Tick (✓) where appropriate				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	(✓) () ()			
2 Controls/Switches - verify proper operation of controls	(✓) () ()			
3 Power ON Self Test	(✓) () ()			
4 Battery - verify operation	(✓) () ()			
5 Indicators/ Displays - verify proper illumination and operation	(✓) () ()			
6 Fittings/ Connectors - check all fittings/connectors	(✓) () ()			
7 Labelling - verify physical integrity	() () ()		(✓)	
8 Sensitivity - verify operation	(✓) () ()			
PART 5 PREVENTIVE MAINTENANCE TASKS				
Tick (✓) where appropriate				
	DONE	NOT DONE**	NA	
1 Clean exterior and interior of the equipment	(✓) () ()			Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Battery - check/replace***	(✓) () ()			

 Quantum Medical Solutions sdn bhd Transforming lives, one patient at a time	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Testers, Pulp BE CODE : 13-187	CHECKLIST NO: CL-152 REV.000
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WORK ORDER NO ▶ WOT PWO 371916

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
				✓				

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS
 ☐ FAIL
 ☒ NA

PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA
NEXT PPM DATE ▶ 28/3/19

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

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

DATE: 29/3/2018