

Form B03

**Scheduled Maintenance Work Order**Quantum Medical Solutions sdn bhd  
reengineering boundaries, transforming life

Format Ref. -QMS/TSD-003 Rev. 00

|                 |   |  |              |
|-----------------|---|--|--------------|
| Work Order No   | PW0339265   | Scheduled Month  | January 2018 |
| Work Order Date | 01/01/2018  | Completed Date   | 22/01/2018   |
| Clinic Name     | Klinik Kesihatan Jalan Oya                                  | Clinic Code  | SWK169       |
| BE No           | 8WNOPT067   | District   | SIBU         |
| Be Category     | Ophthalmoscopes   | WO Assigned to   | SIUBME1      |
| Ownership       | <input checked="" type="checkbox"/> Existing Equipment      | <input type="checkbox"/> MEET Equipment                |              |
| BE Condition    | <input type="checkbox"/> Under Warranty                     | <input type="checkbox"/> BER Proposed                  |              |
| Work Order Type | <input type="checkbox"/> Preventive Maintenance (PM)        | <input type="checkbox"/> Third Party Calibration (TPC) |              |
|                 | <input checked="" type="checkbox"/> Routine Inspection (RI) | <input type="checkbox"/> Statutory Certification (SC)  |              |

**BE Third Party Calibration / Statutory Certification Details**

|                |     |                        |     |
|----------------|-----|------------------------|-----|
| Company Name   | M/A | Cal / Cert Date        | M/A |
| Company Number |     | Cal / Cert Expiry Date |     |

**Action Taken**

To do ppm at perchecklist attached

**Schedule Maintenance Execution Details**

| SI No | QMS Engineer / Technician Name | Date      | Start Time | End Time |
|-------|--------------------------------|-----------|------------|----------|
| 002   | Wendy Charles                  | 22/1/2018 | 1200       | 13.30    |
|       |                                |           |            |          |
|       |                                |           |            |          |
|       |                                |           |            |          |

**Customer Remarks**

|  |   |
|--|---|
| <b>Engineer / Technician Signature</b><br>Name: WENDISLEYJI JIMMY<br>Date: 22/1/18<br>BIOMEDICAL TECH<br>QUANTUM MEDICAL SOLUTIONS | <b>Customer Signature</b><br>Name: ARTHUR ASAK AK KUJAT<br>Designation: Pen Pegawai Perubatan U32<br>Date: LPPM 5398<br>Seal: |
|--|---|

For Internal Use Only

First Verification

QMS Circle Incharge

James Bo  
Sr. Biomedical Engineer  
Quantum Medical Solutions

Final Verification

QMS State Incharge



# Quantum Medical Solutions Sdn Bhd

## BEMS Planned Preventive Maintenance Checklist

Ophthalmoscopes

BE CODE 12-315

CHECKLIST NO: CL-104  
REV.000

### PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0339365 ASSET NO ▶ 489648028  
MANUFACTURER ▶ Rudolf Riegler GmbH MODEL ▶ Ri-Scope  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( / ) PPM HOURS ▶ 3812-203.002  
0.20

### 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 |
|----|----------|----------------------------|-----------|--------------------|
|    |          | ELECTRICAL SAFETY ANALYZER | NA        |                    |
|    |          |                            |           |                    |
|    |          |                            |           |                    |
|    |          |                            |           |                    |

### PART 4 QUALITATIVE TASKS

Tick ( / ) where appropriate


|   | PASS  | FAIL | NA    |   | PASS  | FAIL | NA    |
|---|-------|------|-------|---|-------|------|-------|
| 1 Chassis - verify physical integrity, cleanliness and condition      | ( / ) | ( )  | ( )   | 7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse | ( )   | ( )  | ( / ) |
| 2 Mount/ Fasteners - verify physical integrity                        | ( / ) | ( )  | ( )   | 8 Fittings/ Connectors - check all fittings/connectors  | ( / ) | ( )  | ( )   |
| 3 Cables - verify integrity   | ( )   | ( )  | ( / ) | 9 Controls/Switches - verify proper operation of controls   | ( / ) | ( )  | ( )   |
| 4 AC Plug - verify integrity  | ( )   | ( )  | ( / ) | 10 Indicators - verify proper illumination and operation  | ( )   | ( )  | ( / ) |
| 5 Power Cord - verify proper insulation and integrity                 | ( )   | ( )  | ( / ) | 11 Check Charger - verify proper operation  | ( )   | ( )  | ( / ) |
| 6 Strain Relief - verify physical integrity at both ends of line cord | ( )   | ( )  | ( / ) | 12 Check lamp holder  | ( / ) | ( )  | ( )   |

### 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 Check/replace battery | ( / ) | ( )      | ( ) |
| 2 Clean lens dial                              | ( / ) | ( )      | ( ) | 5 Check / replace lamp  | ( / ) | ( )      | ( ) |
| 3 Clean filters                                | ( / ) | ( )      | ( ) |                         |       |          |     |

Notes: \* For all Parts, NA is defined as NOT APPLICABLE  
\*\* If you have ticked 'NOT DONE', then justify in Part 8  
\*\*\* Choose Whichever Applicable

|   |   |  |                                 |
|---|---|--|---------------------------------|
| <br><small>quantum medical solutions sdn bhd</small> | <b>Quantum Medical Solutions Sdn Bhd</b>      |  | CHECKLIST NO: CL-104<br>REV.000 |
|   | BEMS Planned Preventive Maintenance Checklist |  |                                 |
|   | Ophthalmoscopes                               |  |                                 |
|   | BE CODE : 12-815                              |  |                                 |

WORK ORDER NO ▶ **PW0334365**

**PART 6 QUANTITATIVE TASKS**

*Tick (✓) where appropriate*

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

**PART 7 ELECTRICAL SAFETY TEST**

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

**PART 8 NOTES**

*unit functioning well.*

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ \_\_\_\_\_

NEXT PPM DATE ▶ **Jan 19**

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

COMPLETED BY:

*WJ*

WEDNISLEYJI JIMMY

BIOMEDICAL TECH

QUANTUM MEDICAL SOLUTIONS

DATE:

**20/1/14**