Form B03

Scheduled Maintenance Work Order



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

r				Tormat	Ref QM3/13D-022 Re	
Work Order No	NO PWO 407775	Sch	neduled Month	January 2019	5	
Work Order Date	Mp 01/01/2019.	Completed Date		11/1/2019		
Clinic Name	K.K POS KEMBR	Clinic Code		PRK 168		
BE No	PRK03035]	District		HULLI PERPK		
BE Category	uning anacystr (m)	WC	Assigned to	LECK P		
Ownership	Existing Equipment	☐ MEET Equipment				
BE Condition	☐ Under Warranty	☐ BER Proposed				
Work Order Type	Preventive Maintenance (PM)		☐ Third Party Calibration (TPC)			
	☐ Routine Inspection (RI)	Statutory Certification (SC)				
Reschedule Date			1000			
BE Third Party Ca	alibration / Statutory Certification Detail	s				
Company Name	n/e	Cal / Cert Date		1 /2		
Contact Number	10/2	Cal / Cert Expiry Date		h //0		
Action Taken	70/0	Cai / Cert Expiry Date			N/2	
5176.			Purchas Kewpa N	e Date :	200 1 PKP ic/c/ 14 17 10	
Schedule Maintena	ance Execution Details					
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time	
i podo	opue		11/1/2019	9:ce	10:00	
Customer Remarks						
	OS BEEN TRANSITIES	P	TK.K LEN	ChiCAB 4	Coll	
ppm pu				9407-9		
Engineer / Technicia		Custo	omer Signature		,	
Name , NOOR AZARUL B AHAMAD)			Name			
Date 11/1/10/G PERAK LAB SPECIALIST. Wantum Medical Solution End			Designation NAZAN NAZIA BT OTHMAN			
-	No 10 B, Persiaan Greentown 4c Greentown Avenue, 30450 lpoh, Perak	Date		OGI MAKMAL PERUBATAN U32 ESIHATAN LENGGONG		
9	Fel/fax : 05-2461991 Hz : 012-39648013	Seal				
or Internal Use only						

First Verification QMS Circle Incharge

Final Verification QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Analyzers, Laboratory, Urine, Semiautomated (Medium)

CHECKLIST NO:CL-019-000 REV.000

BE CODE : ME-010

PART 1 ASSET DETAILS			
WORK ORDER NO FILE	BE NO	· PRK030352	
IANUFACTURER > 40 DIO GNOSTICS		· URISCAN OPTIO	
REQUENCY ► 6 MONTHLY (/) 12 MONTHLY ()	PPM HOURS		
PART 2 SPECIAL PRECAUTION			
there is evidence of body fluid contamination, submit the device for cleaning and decontami	nation before inspecting it.		
ear appropriate Personnel Protection Equipment (PPE) during work.			
ear grounded electrostatic wristband when handling PCB or electronic components.	*		
efer to the safety procedure for additional precautions and guidance as per manufacturer gu	delines.		
ake sure the test equipment used are duly calibrated.			
ART 3 TEST APPARATUS			
k (V) where appropriate			
NO ASSET NO DESCRIPTION	SERIAL NO	CALIBRATION DUE ON	
ELECTRICAL SAFETY ANALYZER			
ELLOTRICAL SAFETT ANALTZER	_ ^ ^	Up-	
ART 4 QUALITATIVE TASKS			
(v') where appropriate			
PASS FAIL NA		PASS FAIL NA	
Chassis - verify physical integrity. (/) () () 9 Test Strip T cleanliness and condition	ray - Verify Physical integrity	(/) () ()	
March Control			
Mount/ Fasteners - verify physical integrity (/) () () 10 Motor - Ver	fy proper operation	(/)()()	
AC Plug / Power Card - verify Physical (/) () () 11 Date /Time Integrity and Proper Insulation	Verify Proper Setting	(/)()()	
Strain Relief - verify physical integrity at (/) () () 12 LED- Verify both ends of line cord	Proper Operation	(/)()()	
Fittings/ Connectors - check all (/) () () fittings/connectors for Physical Integrity			
Controls/Switches/Keypad - verify proper (/) () () operation of controls			
Indicators/Displays Verify Proper (/) () () Operation			
Printer - Verify Operation (/) () ()	g		
T 5 PREVENTIVE MAINTENANCE TASKS			
V) where appropriate NOT		NOT	
DONE DONE NA	bration As needed	DONE DONE NA	
the Unit	oralion no nooded		
Clean the Test Strip Tray			
ubricate Moving Parts (/) () () For a	II Parts, NA is defined as NOT API	PLICABLE	
Clean Printer Assemply (/) () () Notes: *** Choo	** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable		