

## Form B03

## Scheduled Maintenance Work Order



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

Work Order No.	PWO373417	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	30/3/2018
Clinic Name	Poliklinik Labuan	Clinic Code	WPL006
BE No.	WPPLAR001	Distict	LABUAN
BE Category	Laryngoscopes, Rigid	WO Assigned to	Ashmawi
Ownership	<input type="checkbox"/> Existing Equipment	<input checked="" 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 checked="" 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	NA	Cal / Cert Expiry Date	NA

## Action Taken

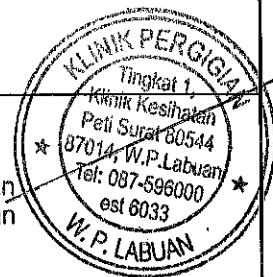
↳ Check chassis, battery, bulb and bulb holder.  
 ↳ Clean exterior and interior  
 ↳ Perform test, unit perform well (Good Functioning)

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOND. ASHMAWI & MOND. HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2334231	30/3/2018	3:30pm	3:45pm

## Customer Remarks


Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Seal
MOND. ASHMAWI & MOND. HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2334231 30/3/2018	HERMAN NOWAT Juruteknologi Pergigian Klinik Pergigian Labuan 20/4/18



For Internal Use

First Verification  
 QMS Circle Incharge  
 JULIUS LIANSUN  
 BIOMEDICAL ENGINEER, QMS  
 019-3620179

Final Verification  
 QMS State Incharge  
 DIKAT LEE  
 STATE MANAGER  
 QUANTUM MEDICAL SOLUTIONS PAKISTAN

 <small>Quantum Medical Solutions sdn bhd transcending boundaries, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Laryngoscopes, Rigid</b> <small>BE CODE : 15-078</small>	<small>CHECKLIST NO: CL-087 REV.000</small>					
<b>PART 1 ASSET DETAILS</b>							
WORK ORDER NO ▶	Pu0373417	ASSET NO ▶	WSPPLAR001				
MANUFACTURER ▶	NI	MODEL ▶	NI				
FREQUENCY ▶	3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY ( / )	PPM HOURS ▶	0-25				
<b>PART 2 SPECIAL PRECAUTION</b>							
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.							
<b>PART 3 TEST APPARATUS</b>							
<i>Tick (✓) where appropriate</i>							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
1	NA	ELECTRICAL SAFETY ANALYZER	NA	NA			
<b>PART 4 QUALITATIVE TASKS</b>							
<i>Tick (✓) where appropriate</i>							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( / )	( )	( )	8 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( )	( )	( / )
2 Mount/ Fasteners - verify physical integrity	( )	( )	( / )	9 Fittings/ Connectors - check all fittings/connectors	( / )	( )	( )
3 Cables - verify integrity	( )	( )	( / )	10 Controls/Switches - verify proper operation of controls	( / )	( )	( )
4 AC Plug - verify integrity	( )	( )	( / )	11 Check Charger - verify proper operation	( / )	( )	( )
5 Power Cord - verify proper insulation and integrity	( )	( )	( / )	12 Check lamp holder	( / )	( )	( )
6 Indicators/ Displays - verify proper illumination and operation	( )	( )	( / )	13 Check blade lock - Physical integrity	( / )	( )	( )
7 Strain Relief - verify physical integrity at both ends of line cord	( )	( )	( / )				
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE **	NA	Notes:			
1 Clean the exterior and interior of the equipment	( / )	( )	( )	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Check/replace battery	( / )	( )	( )				
3 Check / replace lamp	( / )	( )	( )				



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## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Laryngoscopes, Rigid

BE CODE : 15-078

CHECKLIST NO: CL-087  
REV.000

WORK ORDER NO ▶

Pmo 373417

### 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)

☐ PASS

☐ FAIL

☒ NA

### PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

NA

NEXT PPM DATE ▶

29/3/2019

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  
019-2334231

DATE:

30/3/2018