## Scheduled Maintenance Notification Form

Quantum Medical Solutions transcending boundaries, transforming life

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

To:

PKB/PPB:

District: | KUCHING State: SARAWAK

From:

**Quantum Medical Solutions** 

State: Zone:

**SARAWAK** 

## Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM

Clinic Name:

Klinik Kesihatan Sampadi

Month: Nov-18

Clinic Code:

NO	BE Number	BE Category	Schedule Maintenance Type
1 4	SWK005143	Aspirators (CAMI, New MKIR 20)	PPM
2 \	SW/K005134	Fetal Heart Detectors, Ultrasonic SEQ	PPM
18	SW/K005144	Light, Examination - NA -	PPM
4 c	ŚWK005148	Ophthalmoscopes GP Plus	PPM
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Thank You,

QMS	State	In-charge
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Signature:

Sarawak

QUINTUS NG STATE MANAGER Quantum Medical Solution: Acknowledged by - PKB/PPB

SIGNUMB FIRDAUS BIN AMI PENOLONG PEGAWAI PERUBATAN U23

Name:

Date:

Date

Name:

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

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PPM 2018

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BER BONE

KCCBME4 Foster Englasen

Assign to

No. BE Number

FOSTER ANAK ENGKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK

Acknowledge By:
Designation:
Signature:
Date:

\*Please make a copy after acknowledgement.

