

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.	PWO371713	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	21/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000611	Distict	LABUAN
BE Category	DENTAL IMAGING SYSTEM Radiographic Units, Dental	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 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	N/A	Cal / Cert Date	N/A
Contact Number		Cal / Cert Expiry Date	
Action Taken			
Check chasis, button & cable. Clean exterior. Cannot perform test cause unit X-RAY breakdown -already been propose BER- (refer to checklist)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		21/3/2018	10:15am	10:15am
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231		10:00am	
Customer Remarks: Unit proceed for BER				
Engineer / Technician Signature		Customer Signature		
Name: MOHD. ASHMAWI B MOHD HISHAM		Name: HERMAN NOWI		
Date: 21/3/2018		Designation: Juruteknologi Pergigian		
		Date: 20/4/18		
		Seal: 20/4/18		



For Internal Use

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

Final Verification
QMS State Incharge

Quantum Medical Solutions Sdn Bhd		CHECKLIST NO: CL-067 REV.009		
BEMS Planned Preventive Maintenance Checklist Digital Imaging System, Computer, Radiography BE CODE : 17-904				
PART 1 ASSET DETAILS				
WORK ORDER NO ▶	ASSET NO ▶ <u>WFL000611</u>			
MANUFACTURER ▶	MODEL ▶			
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY <input checked="" type="checkbox"/>	PPM HOURS ▶ <u>0.28</u>			
PART 2 SPECIAL PRECAUTION				
<p>If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.</p> <p>Wear appropriate Personnel Protection Equipment (PPE) during work.</p> <p>Wear grounded electrostatic wristband when handling PCB or electronic components.</p> <p>Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.</p> <p>Make sure the test equipment used are duly calibrated.</p>				
PART 3 TEST APPARATUS				
Tick (✓) where appropriate				
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
	<u>NA</u>	ELECTRICAL SAFETY TESTER	<u>NA</u>	<u>NA</u>
PART 4 QUALITATIVE TASKS				
Tick (✓) where appropriate				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	6 Fittings/ Connectors - check all fittings/connectors
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	7 Controls/Switches - verify proper operation of controls
3 Casters/Brakes - if mounted, verify physical integrity	(✓)	()	()	8 Indicators/ Displays - verify proper operation
4 AC Plug / Power Cord - verify proper integrity	()	()	(✓)	9 Check the Discharge brushes
5 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	10 Check all 4 belts in the cassette unit
PART 5 PREVENTIVE MAINTENANCE TASKS				
Tick (✓) where appropriate				
	DONE	NOT DONE	NA	
1 Cleaning the inside with a vacuum cleaner	()	()	(✓)	5 Check all Image plates for scratches
2 Cleaning the Scan Line if dust stripes are visible	()	()	(✓)	6 Cleaning the Image Plates
3 Cleaning the 2 Lower Scan Rollers	()	()	(✓)	
4 Check all cassettes for damages	()	()	(✓)	
Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable				

Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Digital Imaging System, Computer, Radiography BE CODE : 17-904		CHECKLIST NO: CL-057 REV.000
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WORK ORDER NO ▶

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Check of safety switch :					()	()	(✓)
	opening of cassettes approx 1cm to check function of safety switch			NA				
2	Checking of Images on the work station					()	()	(✓)
	Checking of the last 20 to 40 images on the workstation , to see if any artefacts or other images quality problems			NA				
3	Performing Test Cycles					()	()	(✓)
	Performing 5 test cycles per cassette format			NA				
4	Technical Image Quality Check of the system					()	()	(✓)
	exposure and check of flatfield comparison with flatfield made before maintenance			NA				

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS
 ☐ FAIL
 ☒ NA

#Note: Highly recommended to use MANUAL MODE to prevent memory corruption/failure

PART 8 NOTES

Completion:

Reset of Maintenance Indicator :

Creating a back up and storage on hard disk and on service PC

☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA
 NEXT PPM DATE ▶ 20/3/2019

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
 019-2634231

DATE: 21/3/2018