Form B03





Quantum Medical Solutions son bhd transcending boundaries, transforming life

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

		V							
Work Order No.	PWO369559	Schedule Month							
Work Order Date	01/06/2018	Completed Date	£25 - 06 - 2018						
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken	Clinic Code	JHR015						
BE No.	JHNOXP011	Distict	BATU PAHAT						
BE Category	Oximeters, Pulse	WO Assigned to	MUHD SHAZR	19L ·					
Ownership	Existing Equipment	Purchase	√ New						
BE Condition	✓ Active	BER Proposed							
Work Order Type	✓ Preventive Maintenance (PM)	Third Party Calibra	ition (TPC)						
Work Order Type	Routine Inspection (RI)	Statutory Certificat							
Reschedule Date									
BE Third Party Calib	ration / Statutory Certification Details								
Company Name	NA	Cal / Cert Date	***	/					
Contact Number	- NI	Cal / Cert Expiry Date	NA						
PM / RI job done as per checklist. Unit tested functioning good & ready to use. Corrective Maintenance / Breakdown * Done PPM by Modal: Supplier on Morch 2018. BE Sticker Availability: Yes / NA * Next due is an Serial No: Remarks: Nov 2018. (maymedic)									
Schedule Maintenan	ce Execution Details								
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time					
	MUHD SHADRUL.	25-06-2018	14:05	15:05					
Customer Remarks	O NA.	-							
ORINIMADIVI BIO	Signature (1) 25-06-2018	Designation (No. Penda	ah Necey Abdullah Aaran Penuh: 54451) Turawat U29 Kenangan Dato Onn						
For Internal Use	ESSOCIATIONAL CITATION								

First Verification

RAZILA MISKAN QMS Circle Incharge Biomedical Engineer (Circle In-Charge)

Quantum Medical Solutions Sdn. Bhd.

Final Verification

QMS State Incharge

MALAYSIAN HEALTHCARE SDN. BHD. (218267-K)
NO. 10, JALAN ANGGERIK VANILLA Q31/Q, KOTA KEMUNING, 40460 SHAH ALAM,
SELANGOR DARUL EHSAN. TEL: 03-8073 0888 FAX: 03-8073 0889
E-mail: technical@maycare.com

Customer Service Report			SR NO	. : 332	94
Customer : QWS			RDL NO		
Address : KK KG- CENANGAN /	PestA ,	BP			
KK SRI GHOING,	B-PAHA	<u> </u>	SRIF NO		
Department :	Da	te	:	12/3/201	8
Contact Person : SHAZRUL	Re	quest By	:		
Contact No. :		arranty	: -	Yes	☐ No
Equipment : (see below)	ntract No	:		AAA AAA AAA AAA AAA AAA AAA AAA AAA AA	
Model No. : (see below)	Qu	otation Ref I	No. :		
Serial No. : (Sce below)	Cu	stomer PO N	No. :		
	DO) Require	:[Yes	☐ No
Service Request Description :			in les		ONE C()
unt Mindray Pulse Olimpter			- +	1174089	200.6.2
		Mindray			er (MI-60)
S/N CR-69174547 and two (13 Mind	My 19	attent i	Mourov
(19116) SIN FG- 69030391,	16-69	030387			
Findings/Action Taken :					
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		J.			
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DO No : Date :					
Invoice No : Date :	For Sen	rice Center Us	e Only		
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Collected By: Acknowledged, By:	Verified	Ву:		Serviced By	:
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QUANTUM/MEDICAL SOLUTION	v			3	
(Sale/Service/Store) MUHAMMOD STOTAL BON MOHD SAMSUR Date: BURE DCAL TECHNICIAN		Center)		(Service Cen	
Date: Brown Date:	Date:	0		Completion D	
12/03/18-	<u> </u>				
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SERVICE CHECKLIST FORM

PATIENT MONITOR

Service Date: 12	3 120 18	Model:	PM-60	, Betch 1	
Customer: KK KG.	KENANGAN /PESTA	Serial No:	CR-6	9174489	
Location: QWUS		Asset No:	JHNOX	1011	
Next Service Date: Nov 3	019	CSR No:	3429	4	

1. Visual Inspection

No.	Description	Pass	No	N/A	Remark
1	Casing is in good condition			1	-
2	Identification is well readable				
3	Power cable well fixed & not damage		3 1 2 1		
4	Display readings & indication lights			-	

2. Power ON Tests

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	2 (With battery				

3. Module Performance Tests

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ALC OF	SPO ₂ Test				
M). Description	Pass	No	N/A	Remark
1	SPO2 finger sensor & connector's condition				Andrew Charles

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02	: 12/3	: 12/3/1867	: 12/3/1864-15	and the same of th	: 12 3 180 J. 15 Date MUHAMMAD SHAZR	Name QUANTUM MEDICAL SOLU 12-3 18 C 4 - 15 Date MUHAMMAD SHAZRUL BIN MOHD SA BIOMEDICAL TECHNICIAN

Kemalk: BSI passed.

ES601: ES110900331 Ver.: 3.23

I.D.: MY ES601

DEVICE ID: JHNOXPO11

DATE/TIME: 12 MAR 2018 16:14:06

PARENT ID:

DESCRIP .: PULSE OXIMETER

MAKE: MINDRAY

SERIAL #: CR-69174489

MODEL: PM-60

FACILITY: KK PESTA

LOC.: BP

TECH CODE:

TECH TIME: 3 MINUTES

STANDARD: IEC60601

LIMITS: PER STANDARD

AUTOSEQ.: 12

CLASS: II

GROUND FAULT: NONE

LINE VOLTAGE: L1-L2 L1-GND L2-GND

229.0 232.7 4.3 VOLTS RMS

LOAD CURRENT: 0.02 AMPS RMS

INSULATION RESISTANCE LIMIT UNITS

L1/L2 TO GND: ---.- MEGOHMS

AP TO GND: ---.- MEGOHMS

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TEST	CONDITION	V	(uArms)	(uAdc)	LIMIT		
NP:NC		/APO)	1	0		PASS	
NP:SF L20	ON CON	/APO)	1	O	10000	PASS	
RP:NC	(ON	/APO)	1	0	5000	PASS	
RP:SF L20	ON (ON	/APO)	1	0	10000	PASS	
		TOUC	H CURREN	JT			
TEST	CONDITION	J	(uArms)	(uAdc)	LIMIT		
NP : NC	(ON /APC)/)	O	0	100	PASS	
NP:SF L20	O (ON /APC)/)	0	0	500	PASS	
NP:SF EO	(/	-/)	****		tiolor water species		
RP:NC	(ON /APC)/)	0	· O.	100	PASS	
RP:SF L20	O (ON /APO)/)	0	0	500	PASS	
RP:SF EO	(/	-/)	-				
	DEVICE	ID: J	HNOXP011				
GROUP: 1	SENSOR	NO. A	P: 1	TYPE:	BF ISC	LATED	
			THE PROPERTY OF THE PARTY OF TH				

--PATIENT LEAKAGE (uarms)--

-AP- ---TEST CONDITION---- VALUE LIMIT NP:NC (ON /--/--) O 100 PASS NP:SF MAP (ON /--/--) 3 5000 PASS NP:SF L20 (ON /--/--) O 500 PASS NP:SF EO (---/--) - ------RP:NC (ON /--/--) 0 100 PASS RP:SF MAP (ON /--/--) 3 5000 PASS RP:SF L20 (ON /--/--) 0 500 PASS RP:SF EO (---/--)

--PATIENT LEAKAGE (uAdc)---

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AL	J	TEST	CONDI	TION	VA	LUE	LIMI-		
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		SF EO		-//		0	50	PASS	
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Note Supp	1357.435	SF MAP		//		0	10	PASS	
Web man		SF L20		//		. 0	5000	PASS	
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Technician:

Date:

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