#### Form B03

## **Scheduled Maintenance Work Order**



Quantum Medical Solutions son bhd transcending hounderies, transferening life

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

Work Order No.	PWO371760	Schedu	ıle Month	March 2018		
Work Order Date	01/03/2018	Completed Date		28/3/2018		
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Lat	Clinic C	Code	WPL001		
BE No.	WPL000583	Distict		LABUAN		
BE Category	Handpieces, Dental	WO Ass	signed to	Che Muhammad	Atillah	
Ownership	Existing Equipment		Purchase	New	-	
BE Condition	√ Active		BER Proposed			
Work Order Type	✓ Preventive Maintenance (PM)		Third Party Calibra	tion (TPC)		
Work Order Type	Routine Inspection (RI)		Statutory Certificati	on (SC)		
Reschedule Date						
BE Third Party Calibrati	ion / Statutory Certification Details					
Company Name		Cal / Ce	ert Date	. Car		
Contact Number	NA	Cal / Ce	ert Expiry Date			
LD Clean e D Perform fort	ris, & fiftings and bur referror and do some of the chief perform well Cha	aligam roo Fi	ent inctioning).			
Schedule Maintenance	Execution Details					
SI No	SI No QMS Engineer / Technician Name		Date	Start Time	End Time	
	BIONERS TECHNICAN, MOND, ASHMAWI & MOND BIOMEDICAL TECHNICAL TECHN	IAN, QMS	18/3/10/8	11-95am	2-00ph	
Customer Remarks				191	RG/G/A	
	MOHD. ASIMAWI B MOHD HISHA WINCIAN, QMS BIOMEDICAL TECHNICIAN, QM 2640 019-2634231 28 3 /2018	Name	er Signature ()  HERMAN NO  Ition/uruteknologi Per Klinik Pergigian L	Wigigian * (South Feil South Feil Feil South Feil Feil South Feil Feil South Feil South Feil Feil Feil South Feil Feil Feil Feil Feil Feil Feil Feil	wat 1.  Kesihatan  Lirat 80544  W.P.Labuan  187-596000  P. LABUN	
For Internal Use						

First Verification

QMS Circle Incharge

JULIUS LIANSUN BIOMEDICEL ENGINEER, QMS 019-3620279

Final Verification QMS State Incharge

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# Quantum Medical Solutions adu blid transecuding brandaries, transforming life

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Handpieces, Dental BE CODE : 11-161

CHECKLIST NO: CL-075 REV.000

PART 1 ASSET DETAILS						
NORK ORDER NO > PNO 3	71760	ASSET NO ► U	42000583			
MANUFACTURER ► ~/1		ASSET NO ► U  MODEL ►  12 MONTHLY ( ) PPM HOURS ► (	NIW-			
FREQUENCY > 3 MONTHLY	( ) 6 MONTHLY ( )	12 MONTHLY (∕) PPM HOURS ► (	9.25			
PART 2 SPECIAL PRECAUTION						
f there is evidence of body fluid contamina		d decontamination before inspecting it.				
Wear appropriate Personnel Protection Ed						
Wear grounded electrostatic wristband wh Refer to the safety procedure for additiona						
Make sure the test equipment used are du		alasta a galasti los				
PART 3 TEST APPARATUS						
Tick ( $\checkmark$ ) where appropriate						
NO ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
	20					
PART 4 QUALITATIVE TASKS						
Tick ( $$ ) where appropriate						
	PASS FAIL NA					
e e e e e e e e e e e e e e e e e e e						
Chassis - verify physical integrity, cleanliness and condition	(/)()()					
2 Fittings/ Connectors - check all fittings/connectors	(/)()()					
Mechanical - Verify condition bearing ring	g/O- ( ) ( ) ( )					
4 Label - verify physical integrity	(/)()()					
5 Burr holder - Check proper operation	n ( / ) ( ) ( )					
		<u></u>				
PART 5 PREVENTIVE MAINTENANCE	E TASKS					
Tick ( $\checkmark$ ) where appropriate	NOT					
	NOT DONE DONE NA N **	otes:				
Clean exterior and interior of the equipment	(/)( )( )	<ul> <li>For all Parts, NA is defined as NOT APPLICABLE</li> <li>If you have ticked 'NOT DONE', then justify in Part 8</li> <li>Choose Whichever Applicable</li> </ul>				
2 Lubricate - Mechanical parts	( \( \) ( ) ( )					

### Quantum Medical Solutions shi bint cance milion boundaries consorming the

#### Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist
Handpieces, Dental
8E CODE: 11-161

CHECKLIST NO:CL-075 REV.000

WORK ORDER NO

PNO 371766

lo	rhere appropriate	Description	on		Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
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4						A-					
_		<del></del>				<u> </u>					
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7	ELECTRICAL SA	ETY TEST					ng Adama	us macina			
TRI	CAL SAFETY TES	Γ, (attach report)									
	(In accordance to IEC 8	0601)									
		PASS	FAIL			NΑ					
18	NOTES										
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	3 1	CORRECTIVE N	MAINTENANCE RI	EQUIRED			FUNCTION	IING	NOT FUNCTIO		0 = ta.a.
									NEXT PPM DA	TE >	27/43/
wo	RK ORDER NO	·	MA			_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
wo	RK ORDER NO	·	<u>NA</u>	<del></del> ,		-					
			e checklist and the	e equipmer	nt is functi	oning to ti	ne intended p	urpose.			