

## Form B03

## Scheduled Maintenance Work Order

CLOSE



Quantum Medical Solutions sdn bhd  
transcending boundaries, transforming life

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

Work Order No.	PWO365663	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	25/6/18
Clinic Name	Klinik Pergigian Sekolah Jenis Kebang.	Clinic Code	JHR555
BE No.	JHR023429	Distict	LEDANG
BE Category	STERILIZING UNITS, STEAM	WO Assigned to	2A/DIE
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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## 3E Third Party Calibration / Statutory Certification Details

Company Name	-	Cal / Cert Date	-
Contact Number	-	Cal / Cert Expiry Date	-

## Action Taken

☒ PM / RI job done as per checklist. Unit tested functioning good & ready to use.

☐ Corrective Maintenance / ☒ Breakdown

BE Sticker Availability : ☒ Yes / ☐ NA

Remarks: Asset under Repair.

Manufacturer : STURDY

Modal : SA 260MA.

Serial No : 080229004-114

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1	ZAIDIE	25.6.18	-	-

## Customer Remarks

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Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
	Date
	Seal

DR SITI SARINA ALI  
PEGAWAI PERGIGIAN  
MDC 3928

For Internal Use

First Verification  
QMS Circle Incharge

Final Verification  
QMS State Incharge

DR SITI SARINA ALI  
Biomedical Engineering  
Quantum Medical Solutions  
HP: 012-3667638





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Sterilizing units, Steam  
BE CODE : 13-746

CHECKLIST NO:CL-148-000  
REV.001

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0365663 ASSET NO ▶ JHR028429  
MANUFACTURER ▶ GENERAL MODEL ▶ GENERAL  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( / ) 12 MONTHLY ( ) PPM HOURS ▶ 1 HOUR

## PART 2 SPECIAL PRECAUTION

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.

## PART 3 TEST APPARATUS

Tick (✓) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
		DIGITAL TEMPERATURE METER		
	TEESA 0338	DIGITAL PRESSURE METER	H.315545	8/11/18

## PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )	10 Over pressure cut of valve - Verify physical integrity	( )	(✓)	( )
2 Power Cord - verify proper insulation and integrity	(✓)	( )	( )	11 Door lock - Verify physical integrity	(✓)	( )	( )
3 Strain Relief - verify physical integrity at both ends of line cord	(✓)	( )	( )	12 Door gasket Verify physical integrity	(✓)	( )	( )
4 Fittings/ Connectors - check all fittings/connectors	(✓)	( )	( )	13 Check water tank leak	(✓)	( )	( )
5 Controls/Switches - verify proper operation of controls	(✓)	( )	( )	14 Check drain valve -Physical integrity	(✓)	( )	( )
6 Indicators/ Displays - verify proper illumination and operation	(✓)	( )	( )	15 Check label	(✓)	( )	( )
7 Check fuse, circuit breaker	(✓)	( )	( )	16 Check demineralisation and sensor (if available)	( )	( )	(✓)
8 Heater - verify physical Integrity	( )	(✓)	( )	17 Check automatic water filling (if available)	( )	( )	(✓)
9 Chamber - verify physical integrity (scaling, rusting, pitting or impurities)	(✓)	( )	( )	18 Replace Bacteria/Air Sterilization Filter	( )	( )	(✓)

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Clean exterior and interior of the equipment	(✓)	( )	( )	4 Lubricate all moving parts	( )	( )	(✓)
2 Check / replace gasket ***	(✓)	( )	( )	Notes:			
3 Check/ clean solenoids	(✓)	( )	( )	* For all Parts, NA is defined as NOT APPLICABLE			

\*\* If you have ticked 'NOT DONE', then justify in Part 8  
\*\*\* Choose Whichever Applicable



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CHECKLIST NO:CL-148-000 REV.001

WORK Order No

► PW0 865 665.

## PART 6 SERVICE CHECKLIST

No	Description	Checked	Service/ Clean	Replaced	Not Applicable	No	Description	Checked	Service/ Clean	Replaced	Not Applicable
1	Fuses	( / )	( )	( )	( )	16	Discharge Valve	( / )	( )	( )	( )
2	Main Control Board	( / )	( )	( )	( )	17	Infill Valve	( / )	( )	( )	( )
3	Control Board	( / )	( )	( )	( )	18	Heating Element	( / )	( )	( )	( )
4	Fan Running Rear & Side	( / )	( )	( )	( )	19	Heat Exchanger/Cooling system (if applicable)	( )	( )	( )	( / )
5	Water Reservoir Float Switch/Water Level Sensor	( / )	( )	( )	( )	20	Vacuum Pump	( / )	( )	( )	( )
6	Water Reservoir	( / )	( )	( )	( )	21	Door Gasket	( / )	( )	( )	( )
7	Electric Door Lock	( / )	( )	( )	( )	22	Chamber Guard Seal (if applicable)	( )	( / )	( )	( )
8	Pressure Door Lock	( / )	( )	( )	( )	23	Solid State Relay	( / )	( )	( )	( )
9	Discharge Door Lock	( / )	( )	( )	( )	24	Thermostat Assembly	( / )	( )	( )	( )
10	Pressure Transducer	( )	( )	( )	( / )	25	Temperature Sensor	( / )	( )	( )	( )
11	Pressure Gauge	( )	( )	( )	( / )	26	Thermal Printer (if applicable)	( )	( )	( )	( / )
12	Safety Valve	( )	( )	( )	( / )	27	Vacuum Pump (if applicable)	( / )	( )	( )	( )
13	Air Valve/Steam Solenoid Valve	( )	( )	( )	( / )	28	Filters / strainer	( )	( / )	( )	( )
14	Air Valve/Steam Solenoid Valve	( )	( )	( )	( / )						
15	Air Valve/Steam Solenoid Valve	( )	( )	( )	( / )						

## PART 7 Technician Remarks



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WORK ORDER NO ▶ PW0365663

## PART 8 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Temperature reading	°C			134-137 121-124	( )	✓	( )
2	Pressure reading	bar			2.03-2.32 1.03-1.23	( )	✓	( )
3	Electrical Supply Voltage	V		refer to EST	Refer to nameplate	( )	( )	( )
4	Electrical Power	kW		refer to EST	Refer to nameplate	( )	( )	( )

## PART 9 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

## PART 10 NOTES

NA

☐ CORRECTIVE MAINTENANCE REQUIRED

☐ FUNCTIONING

☒ NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶ 21/2/19

PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.

COMPLETED BY:

WITNESSED BY USER:

DATE:

DATE:

