Form B03

Scheduled Maintenance Work Order



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

Work Order No	No pw0 413163	Sch	eduled Month	January 2019					
Work Order Date	n/o 01/01/2019	Con	npleted Date	22/1/201	9				
Clinic Name	K.K TRAJUNG TURCONE	Clin	ic Code	PRK039					
BE No	PRK CCO443		rict	RINTO					
BE Category	HEMATOLOGY ANDLYHER	(m)WO	Assigned to	reer o	Jason (
Ownership	Existing Equipment		MEET Equipment						
BE Condition	Under Warranty		BER Proposed	at the above the second of the second					
Work Order Type	Preventive Maintenance (PM)		☐ Third Party Calibration (TPC)						
Work Order Type	Routine Inspection (RI)		Statutory Certificatio	n (SC)					
Reschedule Date									
BE Third Party Co	alibration / Statutory Certification-Deta	ils			,				
Company Name	n/o	Cal	Cert Date	m.	0,				
Contact Number			Cert Expiry Date	alp					
			Model :	(1111)					
	e e		S/N:B Purchase Kewpa No	4141 Date:17 kkm/Jk/l C5/H/11/2	/2011 nko/kk/08 6				
Schedule Mainten	ance Execution Details		S/N:B Purchase Kewpa No	1141 Date:17 kkm/Jkn/ C5/H/11/2	/2011 nko/kk/08 6				
Schedule Mainten	ance Execution Details QMS Engineer / Technician Name		S/N:	Date: 1/7 KKm/Jkn/ C5/H/1/2	/JO// Nko/kk/08- 6 End Time				
SI No			S/N:B Purchase Kewpa No	4141 Date: 1/7, KKM/JKN/ C5/H/11/2	/2011 Nko/kk/08 B				
SI No	QMS Engineer / Technician Name		S/N:B Purchase Kewpa No	Date:	/JO// Piko/KK/08- 6 End Time				
SI No	QMS Engineer / Technician Name		S/N:B Purchase Kewpa No	Date:	/JO// Piko/KK/08- 6 End Time				
SI No	QMS Engineer / Technician Name		S/N:B Purchase Kewpa No	Date:	/JO// Piko/KK/08- 6 End Time				
SI No / / / / / / / / / / / / / / / / / / /	QMS Engineer / Technician Name		S/N:B Purchase Kewpa No	Date:	/JO// Piko/KK/08- 6 End Time				
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SI No / / Customer Remarks Engineer / Technicia Name Date 21/(/5	QMS Engineer / Technician Name APPL an Signature HOOR AZARUL B AHAMAD STANLAB SPECIALIST	Nam Desi	S/N:B Purchase Kewpa No. Date Date Date Omer Signature e gnation	Date:	/JO// Piko/KK/08- 6 End Time				
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SI No / / Customer Remarks Engineer / Technicia Name Date 22 / (/ 5) Quant No Creent	an Signature BOOR AZARUL B AHAMAD STANLAB SPECIALIST Turn Medical Solution Sdn. Bhy	Nam Desi	S/N:B Purchase Kewpa No Date Date Date Date Date Date Date Date Date	Date:	DENO/KIK/OPE				

For Internal Use only

First Verification

QMS Circle Incharge

Final Verification QMS State Incharge

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KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Analyzers, Laboratory, Hematology, Cell Counting, Automated (Medium)

CHECKLIST NO:CL-015-003 REV.000

Management of the Control of the Con	Allaly	zers, L	abo	ratory, r			DE : ME-009	Automateu (Wedium)				
PART 1 ASSET DETAILS												
VORK ORDER NO MA	o pwo	413	16.	3,				BE NO B	PRA	t oc	0	440
MANUFACTURER > SYSM	MEX							MODEL	► KX21 /	/		
FREQUENCY ► 6 MO	ONTHLY (/	/)	1	12 MONT	THLY ()		PPM HOURS	1000 miles	.		
PART 2 SPECIAL PRECAUTION				Z IVICIT.	111E1 ,	,		FEMILIONS	2.00			
there is evidence of body fluid cor		submit	the	device fo	or clean	ning a	and decontaminat	tion before inspecting it.				
Vear appropriate Personnel Protect								- Introduction inspecting it.				
Vear grounded electrostatic wristba	T1 (5)	63	10500	(50)		ompo	onents.					
Refer to the safety procedure for ad		8273				-		lines.				
Make sure the test equipment used	are duly cali	brated.										
PART 3 TEST APPARATUS												
Tick (√) where appropriate	1							1		Mercania.	William	
NO ASSET NO				DESCI	RIPTIO	N -		SERIAL NO	CALIE	CALIBRATION DUE ON		
- in los	ELECTR	RICAL S	AFE	ETY ANA	ALYZEF	₹		-n/s-				
								1	+			
									-			
PART 4 QUALITATIVE TASKS												
Fick ($\sqrt{}$) where appropriate		PAS	c	FAIL	NA				PASS	ΔII		NIA
** **		20000000					10 10 10 10 10 10 10 10 10 10 10 10 10 1	F 600	PASS	FAIL	*	NA
 Chassis - verify physical integrical cleanliness and condition 	ity,	(/)	()	()	10 Printer - Verify	y Operation	(/)	() (()
2 Mount/ Fasteners - verify physi	ical integrity	(/)	()	()	11 Rolling Pump	tubing -Verify Physical Integrity	(/)	() (()
3 Cables - verify integrity		(/)	()	()	12 Solenoid Valv	ve- Verify Operation	(/)	() (()
AC Plug / Power Cord- verify P Insulation and integrity	roper'	(/)	()	()	13 Vaccum and F	Pressure Pump -Verify Physical	(/)) (()
5 Strain Relief - verify physical in both ends of line cord	ntegrity at	(/)	()	()	a. Vaccum =0.03 Displaying 0.0		(/)	() ()
6 Fittings/ Connectors - check all fittings/connectors	Ī	(/)	()	()	b. Vaccum=0.05 Displaying 0.0	5mpa (actual)	(/)	() ()
7 Controls/Switches - verify proportion	er operation	(/)	()	()	14 Sample Probe	- Verify Integrity	(/)	() ()
Indicators /Displays - Verify Pro- illumination and Operation	oper	(/)	()	() -	15 Controller Boa	ard - Verify Physical Integrity	(/)	() ()
9 Plunger & Syringe Motor drive physical integrity and operation		(/)	()	()						
PART 5 PREVENTIVE MAINTEN	ANCE TASK	s										
ick ($\sqrt{\ }$) where appropriate		DONE	Ξ	NOT DONE	NA				DONE	DONE	Ē	NA
Inspect / Clean exterior and inte equipment	erior of the	(/) ()	()	8 Run Auto Clea	an	(/)	() ()
Transducer Clean and Verify in	tegrity	(/) ()	()	9 SRV -Clean a	nd Check Condition	(/)	() ()
3 PPM Kits - Replace if needed		(/) ()	() 1	0 Run daily Shu	tdown	(/)	() ()
4 Power on Self Test (POST) -Ve Operation	erify	(/) ()	() 1	5000 State St	ation Probe - Clean and Check	(/)	() ()
5 Fan Filter -Clean and replace if	needed	(/) ()	() 1		nd Lyse pump tubing - Clean and	d (/)	() ()
6 Aperture Plates - Clean and Ch	neck	()) ()	() 1	Replace if Nec 3 Waste Champ	cessary per - Clean and Check Condition	(/)	() ()
Condition Diluent Syringe, Sample Syringe	e,Sample	()) ()	() 1	4 Close Sample	holder - Clean and Check	()	() (1)
aspiration Probe- Clean and Ch Condition	neck					N	otes: ** If you	II Parts, NA is defined as NOT Al I have ticked 'NOT DONE', then j se Whichever Applicable				



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Analyzers, Laboratory, Hematology, Cell Counting, Automated (Medium)

BE CODE: ME-009 CHECKLIST NO:CL-015-003 REV.000

01.00

No	where appropriate	Units /	Set	Measured					
	Description	UOM	Values	Values	Limit/Tolerance	PASS	FAIL	NA	
	1 Background Check		0	- 0/					
	1.1 WBC			0-0	≤0.3	(/)	()		
	1.2 RBC		0-0	0.00	≤0.02	(/)	()	()	-
	1.3 HGB	g/dL		0.0	≤0.1	(/)	()	A A A A A A A A A A A A A A A A A A A	
	1.4 PLT	x10 ³ /uL	0	U	≤10		()	()	
	2 Pressure/Vacuum Check								
	2.1 Pressure 0.5kg/cm ²	kg/cm ²			0.4-0.6	()	()	(/)	
	2.2 Vacuum 250mmHg	mmHg			230-270	()	()	(/)	
	3 Run QC Test and attach printout								
	TOTAL STREET OF SHIP AND CONTROL OF STREET OF	n n	-70	CHOOR	2		7 3	7 1	
	a High level - RFFE	0	TID	CHINE	27	7	()	()	
_	Low Lovel 0 CCC	0 0	1501	Hn-Ca	7				
	c Low Level - ILE E	08 00	100	IInH	0, 2	(/)	()	, ,	
	4 Run Precision Check					()	()	()	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,		3 6	
1									
T 7	ELECTRICAL SAFETY TEST								
CTRI	CAL SAFETY TEST, (attach report) Where appropriate A A A A A P A P A P A A A A A A A A A	CIC	OBC	P FOI	n Elect	RICO	PC	SPEED	0)
	where appropriate DUF 70 C	IN	1 11	en.	rines or	NOFO	SI	effa	91
	Standard use:		Result:						
	□	-0				9			
- 0	IEC 60601IEC 61010IEC 6238	03		PASS	LIFAIL L	NA			
8	NOTES								
: It	em 3								
	eeded Maintenance								
\s n									
	se indicate the part number, description of PPM Kit and any repair w	ork to be o	arried out	(if anv)					
	se indicate the part number, description of PPM Kit and any repair w 1. Clean/Replace air filter - Replace at least once a year (part no. 4)			(if any) :					
Plea	1. Clean/Replace air filter - Replace at least once a year (part no. 4			(if any) :					
Plea	Clean/Replace air filter - Replace at least once a year (part no. 4 Replace waste tubing (part no. 442 - 5340 - 413)	43 - 2477 -	4)	(if any) :					
Plea	 Clean/Replace air filter - Replace at least once a year (part no. 4 Replace waste tubing (part no. 442 - 5340 - 413) Check/Replace Dirty Tubing - Replace at least once a year (part 	43 - 2477 -	4)	(if any) :	.5%				
Plea	Clean/Replace air filter - Replace at least once a year (part no. 4 Replace waste tubing (part no. 442 - 5340 - 413)	43 - 2477 -	4)	(if any) :	<i>19</i>				
Plea	1. Clean/Replace air filter - Replace at least once a year (part no. 4 2. Replace waste tubing (part no. 442 - 5340 - 413) 3. Check/Replace Dirty Tubing - Replace at least once a year (part 4. Check/Replace shaft fixture no. 60 and shaft no. 276	43 - 2477 -	4)	6 201		CELINIOTION	NG.	\$.	
Plea	 Clean/Replace air filter - Replace at least once a year (part no. 4 Replace waste tubing (part no. 442 - 5340 - 413) Check/Replace Dirty Tubing - Replace at least once a year (part 	43 - 2477 -	4)	(if any) :	G NOT	FUNCTION		2	
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