

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. | PWO371926 | Schedule Month | March 2018 |
| Work Order Date | 01/03/2018 | Completed Date | 29/3/2018 |
| Clinic Name | Klinik Pergigian Di Klinik Kesihatan Labuan | Clinic Code | WPL001 |
| BE No. | WPL000590 | Distict | LABUAN |
| BE Category | Lights, Dental, Intraoral | 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 checked="" 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 | |
|-----------------|--|

BE Third Party Calibration / Statutory Certification Details

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

Action Taken

↳ Check chassis, fittings, fuse, PCB Board and halogen bulb.
 ↳ Clean exterior and interior.
 ↳ Perform test, unit perform well (FUNCTIONING GOOD)

Schedule Maintenance Execution Details

| SI No | QMS Engineer / Technician Name | Date | Start Time | End Time |
|-------|--|-----------|------------|----------|
| | MOHD. ASHMAWI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2834231 | 29/3/2018 | 2.00pm | 2.30pm |
| | | | | |
| | | | | |

Customer Remarks

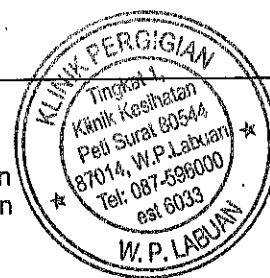
| | |
|---------------------------------|--------------------|
| Engineer / Technician Signature | Customer Signature |
| Name | Name |
| Date | Date |
| | |

MOHD. ASHMAWI & MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2834231

HERMAN NOWI
Juruteknologi Pergigian
Klinik Pergigian Labuan

29/3/2018

29/4/18




For Internal Use


First Verification
QMS Circle Incharge

JULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DICKY LEE
JASAH STATE MANAGER
MANAJEMEN PERKHIDMATAN TEKNOLOGI DAN BMD

|  Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small> | Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Lights, Dental, Intraoral BE CODE :12-352 | CHECKLIST NO: CL-093 REV.000 | | | | | |
|--|---|---------------------------------|---------------|---|---|------|---|
| PART 1 ASSET DETAILS | | | | | | | |
| WORK ORDER NO ▶ PW0 371926 MANUFACTURER ▶ N14 FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>) PPM HOURS ▶ 0.5 | ASSET NO ▶ WPL000590 MODEL ▶ N12 | | | | | | |
| 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 | | | | | | | |
| <i>Tick (✓) where appropriate</i> | | | | | | | |
| NO | ASSET NO | DESCRIPTION | SERIAL NO | CALIBRATION DUE ON | | | |
| 1 | TRIX0565 | ELECTRICAL SAFETY ANALYZER | 327039 | 10/1/2019 | | | |
| 2 | NA | STOP WATCH | NA | NA | | | |
| | | | | | | | |
| PART 4 QUALITATIVE TASKS | | | | | | | |
| <i>Tick (✓) where appropriate</i> | | | | | | | |
| | PASS | FAIL | NA | | PASS | FAIL | NA |
| 1 Chassis - verify physical integrity, cleanliness and condition | (<input checked="" type="checkbox"/>) | () | () | 9 Controls/Switches - verify proper operation of controls | (<input checked="" type="checkbox"/>) | () | () |
| 2 Mount/ Fasteners - verify physical integrity | (<input checked="" type="checkbox"/>) | () | () | 10 Indicators/ Displays - verify proper illumination and operation | (<input checked="" type="checkbox"/>) | () | () |
| 3 Casters/Brakes - if mounted, verify physical integrity | (<input checked="" type="checkbox"/>) | () | () | 11 Alarms/ Interlocks - check all alarms available | () | () | (<input checked="" type="checkbox"/>) |
| 4 AC Plug - verify integrity | (<input checked="" type="checkbox"/>) | () | () | 12 Power ON Self Test | (<input checked="" type="checkbox"/>) | () | () |
| 5 Power Cord - verify proper insulation and integrity | (<input checked="" type="checkbox"/>) | () | () | 13 Label - verify physical integrity | (<input checked="" type="checkbox"/>) | () | () |
| 6 Strain Relief - verify physical integrity at both ends of line cord | (<input checked="" type="checkbox"/>) | () | () | 14 Timer - verify operation | (<input checked="" type="checkbox"/>) | () | () |
| 7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse | (<input checked="" type="checkbox"/>) | () | () | 15 Light intensity - verify operation | () | () | (<input checked="" type="checkbox"/>) |
| 8 Fittings/ Connectors - check all fittings/connectors | (<input checked="" type="checkbox"/>) | () | () | | | | |
| PART 5 PREVENTIVE MAINTENANCE TASKS | | | | | | | |
| <i>Tick (✓) where appropriate</i> | | | | | | | |
| | DONE | NOT DONE** | NA | Notes: | | | |
| 1 Inspect , Clean Interior and Exterior | (<input checked="" type="checkbox"/>) | () | () | * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable | | | |
| 2 Bulb/ Battery - check/ replace*** | (<input checked="" type="checkbox"/>) | () | () | | | | |

| | | |
|--|--|---------------------------------|
|  Quantum Medical Solutions sdn bhd <small>Manufacturing based in China, tested & approved in UK</small> | Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Lights, Dental, Intraoral BE CODE : 12-352 | CHECKLIST NO: CL-093 REV.000 |
|--|--|---------------------------------|

WORK ORDER NO ▶ PWO 371926

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

| No | Description | Units / UOM | Set Values | Measured Values | Limit/Tolerance | PASS | FAIL | NA |
|----|----------------|-------------|------------|-----------------|-----------------|------|------|-----|
| 1 | Timer Accuracy | sec | 10 | 10 | ± 10% | (✓) | () | () |
| | | | | | | | | |
| | | | | | | | | |
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PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☒ PASS

☐ FAIL

☐ NA

PART 8 NOTES

Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :

| | | |
|--|---|--|
| <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED | <input checked="" type="checkbox"/> FUNCTIONING | <input type="checkbox"/> NOT FUNCTIONING |
| WORK ORDER NO ▶ <u>NA</u> | NEXT PPM DATE ▶ <u>28/3/2019</u> | |

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
 019-2334231

DATE: 29/3/2018

Fluke Biomedical

Date 29/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 322903g
Date & Time 29/03/2018 & 14:21
JOB Name

DUT Information

Equipment Number WPL 000590
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name LIGHT, INTRAORAL
Pause after Power ON NO
Power ON delay 2
Test Speed RAPID
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage 250V
Multi Enclosure Test NO

Standard IEC62353-Differential
Pause before Power OFF NO
Power OFF delay 0
Test Mode AUTO
Multi PE Test NO
Multi Resstore WORST/LAST
Reverse Polarity YES
Classification II

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

| Test Name | Value | High Limits | Low Limits | Status |
|---------------------------------|---------|-------------|------------|--------|
| Mains Voltage | | | | P |
| Live to Neutral | 240.7 V | - | - | P |
| Equipment Current | 0.0 A | - | - | P |
| Differential Leakage | | | | P |
| Normal Condition | 39 uA | 100 | - | P |
| Normal Condition-Reversed mains | 51 uA | 100 | - | P |


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