

Form B03

## Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd  
transcending boundaries, transforming life

Format Ref. - QMS/TSD-003 Rev. 00

Work Order No	pw0372006	Scheduled Month	February 2018
Work Order Date	1/2/18	Completed Date	15/2/18
Clinic Name	KD Bedulu.	Clinic Code	WPL 008
BE No	WPL02410	District	WD. Labuan
BE Category	SPHY/GNOMONOMETERS, ELECTRONIC	WO Assigned to	che mohamed
Ownership	<input type="checkbox"/> Existing Equipment	<input type="checkbox"/> New & Purchased Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input type="checkbox"/> Preventive Maintenance (PM) <input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

## BE Third Party Calibration / Statutory Certification Details

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

## Action Taken

↳ Ppm was carried out as per checklist.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		15/2/18	1530	1600

## Customer Remarks

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Engineer / Technician Signature Name Date 15/2/18	Customer Signature Name Designation Date Stamp 15.2.2018
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For Internal Use only


First Verification  
QMS Circle Incharge

JULIUS LANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3620179

Final Verification  
QMS State Incharge

DICKY LEE  
SABAH STATE MANAGER  
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd transcending boundaries, transforming life	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Sphygmomanometers, Electronic, Automatic</b> BE CODE : 16-173	CHECKLIST NO: CL-141 REV.000					
<b>PART 1 ASSET DETAILS</b>							
WORK ORDER NO ▶ <b>pwo 332006</b>		ASSET NO ▶ <b>WPL024116</b>					
MANUFACTURER ▶ <b>microlife A9</b>		MODEL ▶ <b>microlife A9 re</b>					
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( <input checked="" type="checkbox"/> )		PPM HOURS ▶ <b>0.50</b>					
<b>PART 2 SPECIAL PRECAUTION</b>							
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.							
<b>PART 3 TEST APPARATUS</b>							
Tick (✓) where appropriate							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
1	NA	ELECTRICAL SAFETY ANALYZER	NA	NA			
	NA	PRESSURE METER	NA	NA			
2	TEESA 0187	NON-INVASIVE BLOOD PRESSURE ANALYZER	3233027	11/3/18			
<b>PART 4 QUALITATIVE TASKS</b>							
Tick (✓) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( <input checked="" type="checkbox"/> )	( )	( )	8 Indicators/ Displays - verify proper illumination and operation	( <input checked="" type="checkbox"/> )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( <input checked="" type="checkbox"/> )	( )	( )	9 Alarm - verify proper operation and automatic activation	( <input checked="" type="checkbox"/> )	( )	( )
3 Power Cord - verify proper insulation and integrity	( <input checked="" type="checkbox"/> )	( )	( )	10 Hoses & Cuff - verify physical integrity and cleanliness	( <input checked="" type="checkbox"/> )	( )	( )
4 Strain Relief - verify physical integrity at both ends of line cord	( <input checked="" type="checkbox"/> )	( )	( )	11 Calibration	( )	( )	( <input checked="" type="checkbox"/> )
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( <input checked="" type="checkbox"/> )	( )	( )				
6 Fittings/ Connectors - check all fittings/connectors	( <input checked="" type="checkbox"/> )	( )	( )				
7 Controls/Switches/Keypad - verify proper operation of controls.	( <input checked="" type="checkbox"/> )	( )	( )				
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>							
Tick (✓) where appropriate							
	DONE	NOT DONE**	NA	Notes:			
1 Clean exterior and interior of the equipment	( <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 Battery - check / replace***	( <input checked="" type="checkbox"/> )	( )	( )				

 Quantum Medical Solutions sdn bhd <small>17, Jalan Kuching, 11600, Kuala Lumpur, Malaysia</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Sphygmomanometers, Electronic, Automatic</b> <small>BE CODE : 16-173</small>	<b>CHECKLIST NO: CL-141</b> <b>REV.000</b>
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WORK ORDER NO ▶ puo 372 00 6

**PART 6 QUANTITATIVE TASKS**

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Blood pressure accuracy	mmHg	100	102	96 - 104	(✓)	( )	( )
		mmHg	65	63	61 - 69	(✓)	( )	( )
		mmHg	120	119	116 - 124	(✓)	( )	( )
		mmHg	80	78	76 - 84	(✓)	( )	( )
		mmHg	150	149	146 - 154	(✓)	( )	( )
		mmHg	100	102	96 - 104	(✓)	( )	( )
2	Pulse rate accuracy	bpm	60	60	57 - 63	(✓)	( )	( )
		bpm	80	80	76 - 84	(✓)	( )	( )
		bpm	120	120	114 - 126	(✓)	( )	( )

**PART 7 ELECTRICAL SAFETY TEST**


ELECTRICAL SAFETY TEST, (attach report)

(in accordance to IEC 60601)

☐ PASS
 ☐ FAIL
 ☒ NA

**PART 8 NOTES**

*ppm EST not perform cause unit using Battery.*

  
**FAJARIA BINTI PETRUS**  
 JURURAWAT MASYARAKAT U19  
 NO LJM: 30367

☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA
NEXT PPM DATE ▶ 14/2/19

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

COMPLETED BY:

DATE: 15/2/18