Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn blid transcending homolaries, transforming life Format Ref. - QMS/TSD-003 Rev. 00

Work Order No DW0372050 Scheduled Month Work Order Date Completed Date 12 Clínic Name CATHAM Clinic Code WPL 000 206 BE No District BE Category Alfry monauometers. WO Assigned to Ownership Existing Equipment New & Purchased Equipment BE Condition **Under Warranty BER Proposed** Preventive Maintenance (PM) Third Party Calibration (TPC) Work Order Type Routine Inspection (RI) Statutory Certification (SC) BE Third Party Calibration / Statutory Certification Details Company Name Cal / Cert Date Contact Number Cal / Cert Expiry Date **Action Taken** Schedule Maintenance Execution Details SI No QMS Engineer / Technician Name Date Start Time **End Time** LADINO, ASSIMANTA O ROTAD TROUBAR Zeam MOMEDICAL YESHI GORD, YER ASQUEEZAYSI Customer Remarks Engineer / Technician Signature Customer Signature Name Name ENS.MEDIA i ne coma para la para la coma de l Date Designation @10-0684231 Date /3 .2 -Stamp

For Internal Use only

First Verification

QMS Circle Incharge

Julius Tiansun Biomedical Engineer, QMS 019-3620179

Final Verification

QMS State Incharge

SABAH STATE MANAGER QUANTUM MEDICAL SOLUTIONS SON BHD



Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury

ASSET NO

CHECKLIST NO: CL-143 REV,000

PAR	T 1 ASSET DE	TAILS				,	ROSET NO					
WOF	K ORDER NO	· Jaw	> 33~	2051	>				ASSET NO	.W/L000206		
MAN	UFACTURER	> V	11						MODEL	. WPL000206 . N (h		
FRE	QUENCY	► 3 MONT	HLY () (MONT	HLY ()	12 MON	ITHLY (PPM HOURS	0.25		
PAR	T2 SPECIAL P	RECAUTION										
If the	re is evidence of l	body fluid contai	nination, :	submit the	device i	for cleanin	g and decontai	mination before	inspecting it.			
Wea	appropriate Pers	sonnei Protection	n Equipme	ent (PPE)	during w	ork.						
	Vear 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.											
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	√) where appropr						35 3 32 3 3		<u>RUMUSUUSTSAMETSAMARAATIR</u>	<u> </u>		
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D 4 E												
	T 4 QUALITATI											
TICK ($\sqrt{\ }$) where appropr	rate		PASS	FAIL	NA						
	Chassis - verify p cleanliness and c			(/)	()) ()						
				•								
2	Viount/ Fasteners	- verify physical	integrity	(/)	()) ()						
3	Check cuff & hose	e verify nhysica	Lintegrity	(/)	, ,) ()						
1	and cleanliness	c verily physica	intognty	(/)	()	, ()						
	Check Bulb verify	y physical integr	ty and	(/)	()) ()						
'	cleanliness			,								
5	Check air release	valve		(/)	()	()						
6 (Check mercury va	alve		(/)	()) ()						
7 (Check Glass tube	e leak		(/)	()	· ()						
				` / '	` '	,	i					
PAR	T5 PREVENTIV	/E MAINTENAN	CE TASK	(S				0.566	and delivers	servere in 2 th days in it		
Tick ($\sqrt{\ }$) where appropr	iate										
				DONE	NOT DONE	NA	Notes:					
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2 (Clean mercury			()	()(/)		oose Whicheve	er Applicable			
- '				, ,		(/)						
3 (Clean mercury tar	ηk		()	()(/)						
4 (Clean glass tube			(/)	() ()						

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BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury ASSET NO CHECKLIST NO:CL-143 REV.000

WORK ORDER NO > bw 0 2 7 0 0

•		Description	on		Units / UOM	Set Values	Measured Values	Limit/Tolerance	PA	SS F	FAIL	NA
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	Blood pressure	accuracy			mmHg	40		38 - 42	() ()	(/)
					mmHg	70	/	68 - 72	() ()	(/)
					mmHg	100	(**	98 - 102	() ()	()
					mmHg	130	1/4	128 - 132	() ()	(/)
					mmHg	160	1	158 - 162	() ()	(/)
					mmHg	190	<i>[</i>	188 - 192	() ()	(/)
Т7	ELECTRICAL S	AFETY TEST										The state of the s
TRI	CAL SAFETY TE	EST, (attach report)										
	(In accordance to IEC	0 60601)	_									
		PASS	FA	IL		łΑ						
T 8	NOTES		PARA METAL (1901 - 1911) PO (1911) PO	To the state of the state of the	marii ar			riborana ari		rienie i		
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1 has			checklist and	the equipmer	nt is function				NOT FUNCTI	ONING	PANT KE 	SHATAN USTNOP; DO