

Form B03

## Scheduled Maintenance Work Order


Quantum Medical Solutions sdn bhd  
transcending boundaries, transforming life


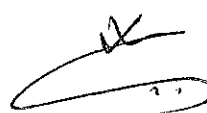

Format Ref. - QMS/TSD-003 Rev. 00

Work Order No	200371960	Scheduled Month	FEBRUARY 2018	
Work Order Date	1/2/18	Completed Date	15/2/18	
Clinic Name	KD BATU MANIKAR	Clinic Code	WPL007	
BE No	WPL024120	District	WJ LABUAN	
BE Category	SPHYGMOMANOMETERS, MERCURY	WO Assigned to	one muhmmad	
Ownership	<input checked="" 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"/> Third Party Calibration (TPC)		
	<input checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)		
<b>BE Third Party Calibration / Statutory Certification Details</b>				
Company Name		Cal / Cert Date		
Contact Number	NA	Cal / Cert Expiry Date	NA	
<b>Action Taken</b> ↳ PPM carried out as per checklist.				
<b>Schedule Maintenance Execution Details</b>				
Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
	ONE MUHD. ATILAH BIOMEDICAL TECHNICIAN, QMS (019-3620179)	15/2/18	0800	0815
<b>Customer Remarks</b>				
<b>Engineer / Technician Signature</b> Name: <i>Gal</i> Date: ONE MUHD. ATILAH BIOMEDICAL TECHNICIAN, QMS 15/2/18		<b>Customer Signature</b> Name: <i>[Signature]</i> Designation: MAZIANA BT YUNUS Date: 15/2/2018 Stamp: KUPURAWAT MASYARAKAT 424 No. LIM: 9691 		

For Internal Use only

First Verification  
QMS Circle Incharge
 JULIUS JANSUN  
 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 <small>transforming lives, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Sphygmomanometers, Mercury</b> ASSET NO	CHECKLIST NO: CL-143 REV.000		
<b>PART 1 ASSET DETAILS</b>				
WORK ORDER NO ▶ <b>pw0371960</b>		ASSET NO ▶ <b>WPL024120</b>		
MANUFACTURER ▶ <b>Acoson</b>		MODEL ▶ <b>M1C3</b>		
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( / )		PPM HOURS ▶ <b>0-25</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	NON-INVASIVE BLOOD PRESSURE ANALYZER	NA	NA
<b>PART 4 QUALITATIVE TASKS</b>				
Tick (✓) where appropriate				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	( / )	( )	( )	
2 Mount/ Fasteners - verify physical integrity	( / )	( )	( )	
3 Check cuff & hose verify physical integrity and cleanliness	( / )	( )	( )	
4 Check Bulb verify physical integrity and cleanliness	( / )	( )	( )	
5 Check air release valve	( / )	( )	( )	
6 Check mercury valve	( / )	( )	( )	
7 Check Glass tube leak	( / )	( )	( )	
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>				
Tick (✓) where appropriate				
	DONE	NOT DONE **	NA	
1 Clean exterior and interior of the equipment	( / )	( )	( )	
2 Clean mercury	( )	( )	( / )	
3 Clean mercury tank	( )	( )	( / )	
4 Clean glass tube	( / )	( )	( )	

 Quantum Medical Solutions Sdn Bhd <small>INCORPORATED IN MALAYSIA</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Sphygmomanometers, Mercury</b> ASSET NO	CHECKLIST NO: CL-143 REV.000						
WORK ORDER NO ▶ <u>PW0371960</u>								
<b>PART 6 QUANTITATIVE TASKS</b>								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Leak test	mmHg	200	192	± 6 mmHg			
1	Blood pressure accuracy	mmHg	40		38 - 42	( )	( )	( )
		mmHg	70		68 - 72	( )	( )	( )
		mmHg	100		98 - 102	( )	( )	( )
		mmHg	130		128 - 132	( )	( )	( )
		mmHg	160		158 - 162	( )	( )	( )
		mmHg	190		188 - 192	( )	( )	( )
2	Leaky test	mmHg	180	176	± 5 mmHg	pass		
<b>PART 7 ELECTRICAL SAFETY TEST</b>								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA								
<b>PART 8 NOTES</b>								
<div style="display: flex; align-items: center; justify-content: center;">  <div style="margin-left: 20px;"> <p>15.02.2018</p> <p>MAZIANA BUNUS</p> <p>JURURAWAT MASYARAKAT U24</p> <p>No. IJM : 9691</p> </div>  </div>								
<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>14/2/19</u>								
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.								
COMPLETED BY: <u>[Signature]</u>								
DATE: <u>15/2/18</u>								