Form B03

Scheduled Maintenance Work Order



Work Order No	pw = 372234	Scheduled Month	FEBUARY 2018				
Work Order Date	112116	Completed Date	12/2/2018				
Clinic Name	for the KLINIK I MAIN SIA	Clinic Code	WILOID				
BE Nó	WPL024/20137	District	WP- Lobrar				
BE Category	SPH/Gronawometers, ELECTRONICS	WO Assigned to	Noto-Astmen				
Ownership	Existing Equipment	☐ New & Purchased E	quipment				
BE Condition	☐ Under Warranty	☐ BER Proposed					
Mark Charles There	☐ Preventive Maintenance (PM)	☐ Third Party Calibration (TPC)					
Work Order Type	Routine Inspection (RI)	Statutory Certification (SC)					
BE Third Party Ca	libration / Statutory Certification Details						
Company Name	<u> </u>	Cal / Cert Date	41.				
Contact Number	N	Cal / Cert Expiry Date	NA				
	ance Execution Details						
SI No	QMS Engineer / Technician Name	Date Date	Start Time End Time				
	mond, activity no mond have m emple and memoricial, also described	12/2/2018	3-00pm 7.70pm				
Customer Remarks		1					
Engineer / Technici	an Signature	Customer Signature					
Name	H	Name					
Date	MOND. ABRITAVA B MOND HISMAM BILLINI DOME, TECHNICOLAH, OSS	Designation					
Date HAZZA MAIDIN							
1	2/2/298	Stamp Penolon	g Pegalwai Perubatan U29				
For Internal Use onl	-						

First Verification QMS Circle Incharge Julius Liansun Biomedical Engineet, QMG 023-3680179

Final Verification QMS State Incharge

> SABAH STATE MANAGER QUANTUM MEDICAL SOLUTIONS SON BHD

Quantum Medical Solutions solu blid transcending banadarics, transforming life

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Electronic, Automatic

CHECKLIST NO: CL-141 REV.000

rrusconding baunduries, transforming life	Sphygmomanomete BE CC	ors, Electronic, Auto DDE : 16-173	omanc	
PART 1 ASSET DETAILS				
WORK ORDER NO . PW	0342234		ASSET NO ►	WPC00 024137
MANUFACTURER → ~ (↔	_		MODEL ►	1 185
FREQUENCY ► 3 MONTH	HLY () 6 MONTHLY ()	12 MONTHLY	(✓ PPM HOURS ►	0-50
PART 2 SPECIAL PRECAUTION				
If there is evidence of body fluid contan	nination, submit the device for cleaning	and decontamination	on before inspecting it.	
Wear appropriate Personnel Protection	ı Equipment (PPE) during work.			
Wear grounded electrostatic wristband			•	
	ional precautions and guidance as per r	manufacturer guideli	nes.	
Make sure the test equipment used are	e duly calibrated.		Balling Scale Colonia make 2	
PART 3 TEST APPARATUS				<u> </u>
Tick (√) where appropriate NO ASSET NO	DESCRIPTION		SERIAL NO	CALIBRATION DUE ON
			000 2-7-	10/1/19
1 16883 0095	ELECTRICAL SAFETY ANALYZER		322,7039	NA)
NA	PRESSURE METER		NA	///
2 1888A 0187	NON-INVASIVE BLOOD PRESSURE	ANALYZER	3233027	4/3/18
PART 4 QUALITATIVE TASKS				
Tick ($\sqrt{\ }$) where appropriate				PASS FAIL NA
	PASS FAIL NA			FAGO I AIL INA
Chassis - verify physical integrity, cleanliness and condition	(/)()()	8 Indicators/ Dis	splays - verify proper illumination	(/)()(
2 Mount/ Fasteners - verify physica	al integrity (/) () ()	9 Alarm - verify activation	proper operation and automatic	(/) () (
3 Power Cord - verify proper insula integrity	ation and (/) ()) 10 Hoses & Cuff cleanliness	- verify physical integrity and	(/)()(
Strain Relief - verify physical into both ends of line cord	egrity at (/) () () 11 Calibration		()()(/
5 Circuit Breaker/ Fuse - verify inte external circuit breaker and/or ra)		
external fuse 6 Fittings/ Connectors - check all fittings/connectors	(/)()()		
7 Controls/Switches/Keypad - veril operation of controls.	fy proper (/) () (>		
PART 5 PREVENTIVE MAINTENA	NCE TASKS	a construit quality		
Tick ($\sqrt{\ }$) where appropriate				
	NOT DONE DONE NA	Notes:		
Clean exterior and interior of the equipment	e (🗸) (***) (** If yo	all Parts, NA is defined as NOT A ou have ticked 'NOT DONE', then lose Whichever Applicable	APPLICABLE. i justify in Part 8
2 Battery - check / replace ***	(V)()() The Cho	ose aatticueaet Abbitoanie	



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BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Electronic, Automatic
BE CODE: 16-173

CHECKLIST NO: CL-141 REV.000

	QUANTITATIVE TASKS where appropriate	And the second s						
lo	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL N	IA .
1	Blood pressure accuracy	mmHg	100	90	96 - 104	(/) () ()
		mmHg	65	67	61 - 69	(/) () ()
		mmHg	120	21	116 - 124	(/) () ()
		mmHg	80	81	76 - 84	()) ()
		mmHg	150	152	146 - 154	(/) () ()
		mmHg	100	101	96 - 104	(/) (() ()
2	Pulse rate accuracy	bpm	60		57 - 63		() ()
	i discritto desiratoj	bpm	80	×0_	76 - 84	(/)	() ()
		bpm	120	1412 X	y 114 - 126	(/) (() ()
				(-)				
ECTR	(In accordance to IEC 80801) PASS FAIL NOTES		NA Secondari					
ECTR	(In accordance to IEC 80801) PASS FAIL		NA					
ECTR	(In accordance to IEC 80801) PASS FAIL NOTES		NA					
ECTR	(In accordance to IEC 80801) PASS FAIL NOTES		NA					
ART 8	(In accordance to IEC 80801) PASS FAIL NOTES		NA				ZAMA	
ECTR	(In accordance to IEC 80801) PASS FAIL NOTES		NA	FUNCTION	ING	HAIZ Penolong Per	gawal P	DIN rubata

Fluke Biomedical

Date 12/02/2018

Test Setup

DUT Information

Operator ID Calibration Tech LBNBME

Equipment Number Serial Number

WPL 024137

Calibration Date

10/01/2019

Manufacturer Model

Firmware Version Serial Number Date & Time

2.08.01 3227038 12/02/2018 & 15:18

Location Other

K1M

JOB Name

Template Information

Template Name Pause after Power ON Power ON delay

Test Speed Halt on Test Failure Include Time

Insulation Resistance Voltage 250V Multi Enclosure Test NO

SPHYGMOMANOMETERS, ELECTRONIC

NÖ RAPID YES YES

Standard

Pause before Power OFF Power OFF delay Test Mode Multi PE Test

Multi Resstore Reverse Polarity Classification

IEC62353-Differential

NO

ĂUTO NO

WORST/LAST

YES

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	240.8 V	-	-	P
Equipment Current	0.0 A		-	Р
Differential Leakage				Þ
Normal Condition	25 uA	100	-	Р
Normal Condition-Reversed mains	39 uA	100	- \(\cappa\)	P

U.N. - 33 (231

Signatur