

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	pw3719 PS	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	WPL024121	District	W.P. LABUAN
BE Category	SPHYGMOMETERS, ELECTRONICS	WO Assigned to	one mohammed
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 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)	

BE Third Party Calibration / Statutory Certification Details

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

Action Taken

↳ PPM was carried as per checklist.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MOHD. ATILAN BIOMEDICAL TECHNICIAN, QMS 013-2572643	15/2/18	0815	0845

Customer Remarks

Engineer / Technician Signature

Name

Date

CHE MOHD. ATILAN
BIOMEDICAL TECHNICIAN, QMS
013-2572643

15/2/18

Customer Signature

Name

Designation

Date

Stamp

MAZIANA BT YUNUS
JURURAWAT MASYARAKAT
No. LIM : 9691
15.02.2018



For Internal Use only

First Verification


QMS Circle Incharge


JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
025-3621379

Final Verification

QMS State Incharge

DICKY LEE
SABAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Electronic, Automatic <small>BE CODE : 16-173</small>	CHECKLIST NO: CL-141 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ PO 0371965		ASSET NO ▶ W010 24121					
MANUFACTURER ▶ micro life Ag		MODEL ▶ Agex micro life					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)		PPM HOURS ▶ 0.5					
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	NA	ELECTRICAL SAFETY ANALYZER	NA	NA			
	NA	PRESSURE METER	NA	NA			
2	TEESA 0187	NON-INVASIVE BLOOD PRESSURE ANALYZER	3233027	11/3/2018			
PART 4 QUALITATIVE TASKS							
<i>Tick (✓) where appropriate</i>							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	8 Indicators/ Displays - verify proper illumination and operation	(/)	()	()
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	9 Alarm - verify proper operation and automatic activation	(/)	()	()
3 Power Cord - verify proper insulation and integrity	(/)	()	()	10 Hoses & Cuff - verify physical integrity and cleanliness	(/)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	11 Calibration	()	()	(/)
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(/)	()	()				
6 Fittings/ Connectors - check all fittings/connectors	(/)	()	()				
7 Controls/Switches/Keypad - verify proper operation of controls.	(/)	()	()				
PART 5 PREVENTIVE MAINTENANCE TASKS							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE **	NA	Notes:			
1 Clean exterior and interior of the equipment	(/)	()	()	* 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 ***	(/)	()	()				

 Quantum Medical Solutions Sdn Bhd 10, Jalan Pahlawan 1/1, Taman Pahlawan, 40100 Shah Alam, Selangor, Malaysia	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Electronic, Automatic BE CODE : 18-173	CHECKLIST NO: CL-141 REV.000
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WORK ORDER NO ▶ PWO 371695

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	121	116 - 124	(/) () ()		
		mmHg	80	79	76 - 84	(/) () ()		
		mmHg	150	149	146 - 154	(/) () ()		
		mmHg	100	97	96 - 104	(/) () ()		
2	Pulse rate accuracy	bpm	60		57 - 63	() () ()		✓
		bpm	80		76 - 84	() () ()		✓
		bpm	120		114 - 126	() () ()		✓

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS
 ☐ FAIL
 ☒ NA

PART 8 NOTES

No need EST cause its using battery.

MAZIANA BT YUNUS
 JURURAWAT MASYARAKAT
 No. LIM : 9691 15.02.2018



☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ N109

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: [Signature]

DATE: 15/2/18