

Form B03

Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd
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Format Ref. - QMS/TSD-003 Rev. 00

Work Order No	PWS-371734	Scheduled Month	February 2018
Work Order Date	1/2/18	Completed Date	15/2/18
Clinic Name	KD Peguhat	Clinic Code	WPL 008
BE No	WPL 000244	District	Wp. Cabuan
BE Category	Sphygmomanometers, Mercury	WO Assigned to	che whhem med
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	AA	Cal / Cert Date	AA
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	11 45	12 00

Customer Remarks

Engineer / Technician Signature

Name

Date

ed.

15/2/18

Customer Signature

Name

Designation

Date

Stamp

fbd

FAJARIA BINTI PETRUS
JURUKAWAT MASYARAKAT U19
NO LJM: 30367

15-2-2018

For Internal Use only

First Verification
QMS Circle InchargeJUTUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179Final Verification
QMS State Incharge

DICKY LEE
SALES STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Mercury

ASSET NO

CHECKLIST NO: CL-143
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ J200371734 ASSET NO ▶ WPL 000244
MANUFACTURER ▶ Accason MODEL ▶ MK3
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/) PPM HOURS ▶ 0.25

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

Tick (✓) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	NA	NON-INVASIVE BLOOD PRESSURE ANALYZER	NA	NA

PART 4 QUALITATIVE TASKS

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	(/)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS



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	(/)	()	()

Notes:

* For all Parts, NA is defined as NOT APPLICABLE
If you have ticked 'NOT DONE', then justify in Part 8
Choose Whichever Applicable

**

 Quantum Medical Solutions sdn bhd <small>Ensuring the best clinical performance every day</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury <small>ASSET NO</small>	CHECKLIST NO: CL-143 REV.000						
WORK ORDER NO ▶ <u>200371734</u>								
PART 6 QUANTITATIVE TASKS								
<i>Tick (✓) where appropriate</i>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1.	Leak test	mmHg	200	194	± 16 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	()	()	(✓)
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>								
PART 8 NOTES								
 FAJARIA BINTI PETRUS JURURAWAT MASYARAKAT U19 NO IJM: 30367								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED </div> <div> <input checked="" type="checkbox"/> FUNCTIONING </div> <div> <input type="checkbox"/> NOT FUNCTIONING </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> WORK ORDER NO ▶ <u>NA</u> </div> <div> NEXT PPM DATE ▶ <u>14/11/19</u> </div> </div>								
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>DATE: <u>15/11/18</u></div> </div>								