

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	PW0372007	Scheduled Month	February 2018
Work Order Date	11/2/18	Completed Date	15/2/18
Clinic Name	LD BEBULUH.	Clinic Code	WPL 008
BE No	WPL000246	District	WP. Labuan.
BE Category	SPH & MONOMETERS, ANEROID	WO Assigned to	One Muhammad
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 checked="" 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	NA	Cal / Cert Date	NA
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 15	11 30

Customer Remarks

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Engineer / Technician Signature Name: Gd. Date: 15/2/18	Customer Signature Name: FAJARIA BINTI PETRUS Designation: JURURAWAT MASYARAKAT U19 Date: 15.2.2018 Stamp: NO LJM: 30367
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For Internal Use only

First Verification
QMS Circle Incharge
 JULIUS NARSON
 BIOMEDICAL ENGINEER, QMS
 019-3620179
Final Verification
QMS State Incharge
 DICKY LEE
 STATE MANAGER
 QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist
Sphygmomanometers, Aneroid
BE CODE : 18-158

CHECKLIST NO: CL-140
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ 020372007 ASSET NO ▶ WFL000 246
MANUFACTURER ▶ N/A ASSET NO MODEL ▶ N/A
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.

ASSET NO

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	<u>NA</u>	NON-INVASIVE BLOOD PRESSURE ANALYZER	<u>NA</u>	<u>NA</u>

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 dial	(/)	()	()
7 Calibration	()	()	(/)



PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (/) where appropriate

	DONE	NOT DONE **	NA
1 Clean exterior and interior of the equipment	(/)	()	()

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 patient safety, enhancing life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid <small>BE CODE : 18-156</small>	CHECKLIST NO: CL-140 REV.000						
WORK ORDER NO ▶ <u>pw0371007</u>								
PART 6 QUANTITATIVE TASKS								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	<u>Leak test</u>	mmHg	200	189	± 16 mmHg	✓		
1	Blood pressure accuracy	mmHg	40		38-42	()	()	(✓)
		mmHg	70		68-72	()	()	(✓)
		mmHg	100		98-102	ASSET N ()		(✓)
		mmHg	130		128-132	()	()	(✓)
		mmHg	160		158-162	()	()	(✓)
		mmHg	190		188-192	()	()	(✓)
2	<u>Leak test</u>							
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								
<div style="text-align: right;">  FAJARIA BINTI PETRUS JURURAWAT MASYARAKAT U19 NO LJM: 30367 </div>								
<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; align-items: center; margin-top: 10px;"> <div> WORK ORDER NO ▶ <u>NA</u> </div> <div> NEXT PPM DATE ▶ <u>14/2/19</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="height: 40px; border-bottom: 1px solid black; margin-top: 10px;"></div>								
DATE : <u>15/2/18</u>								