

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	PW0372011	Scheduled Month	February 2018
Work Order Date	1/2/18	Completed Date	15/2/18
Clinic Name	KD BEBULUH.	Clinic Code	WPL008
BE No	WPL000240	District	Wp. Labuan
BE Category	SPHYGMOMANOMETERS, MERCURY	WO Assigned to	Chie. 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		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA

Action Taken

↳ PPM was carried out as per checklist.

Schedule Maintenance Execution Details


Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
		15/2/18	1200	1215

Customer Remarks

Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Stamp
[Signature] 15/2/18	[Signature] FAJARIA BINTI PETRUS JURURAWAT MASYARAKAT U19 NO LJM: 30367 15.2.2018

For Internal Use only

First Verification
QMS Circle Incharge
 JULIUS LIANSUN
 BIOMEDICAL ENGINEER, QMS
 019-3620179
Final Verification
QMS State Incharge
 [Signature]
 DICKY LEE
 SABAH STATE MANAGER
 QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>transforming lives, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury ASSET NO	CHECKLIST NO: CL-143 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ <u>PM0322011</u>		ASSET NO ▶ <u>WPL000240</u>		
MANUFACTURER ▶ <u>Accuson</u>		MODEL ▶ <u>M1C3</u>		
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)		PPM HOURS ▶ <u>0-25</u>		
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	<u>NA</u>	NON-INVASIVE BLOOD PRESSURE ANALYZER	<u>NA</u>	<u>NA</u>
PART 4 QUALITATIVE TASKS				
<i>Tick (✓) where appropriate</i>				
	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				
<i>Tick (✓) where appropriate</i>				
	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
Ensuring quality, ensuring safety, ensuring the best

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Mercury

ASSET NO

CHECKLIST NO: CL-143
REV.000

WORK ORDER NO

PWO 342011

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1.	Leak test	mmHg	200	196	± 16	✓		
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)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES

faj

FAJARIA BINTI PETRUS
JURURAWAT MASYARAKAT U19
NO LJM: 30367

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO NA

NEXT PPM DATE 12/2/19

PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.

COMPLETED BY:

DATE:

15/2/18