

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	PN0392047	Scheduled Month	FEBRUARY 2018
Work Order Date		Completed Date	13/2/2018
Clinic Name	KD BUKIT KACAM	Clinic Code	WPL011
BE No	WPL000202	District	LA WP Labuan
BE Category	SPHYGMOMANOMETERS, ANEROID	WO Assigned to	MOHD. ARIYANAWI
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		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA

## Action Taken

↳ Do PM as per Checklist.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ARIYANAWI BIOMEDICAL TECHNICIAN, QMS 019-2634331	13/2/2018	11.00am	11.15am

## Customer Remarks

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Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
	Date
	Stamp

For Internal Use only

First Verification  
QMS Circle Incharge

JULIUS FANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3620179

Final Verification  
QMS State Incharge

DICKY LEE  
SABAH STATE MANAGER  
QUANTUM MEDICAL SOLUTIONS SDN BHD



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## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

**Sphygmomanometers, Aneroid**

BE CODE : 16-156

CHECKLIST NO: CL-140  
REV.000

### PART 1 ASSET DETAILS

WORK ORDER NO ▶ **pw0372047** ASSET NO ▶ **wf000202**  
MANUFACTURER ▶ **N 1** ASSET NO MODEL ▶ **N 1**  
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	<b>NA</b>	NON-INVASIVE BLOOD PRESSURE ANALYZER	<b>NA</b>	<b>NA</b>

### PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( <input checked="" type="checkbox"/> )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( <input checked="" type="checkbox"/> )	( )	( )
3 Check cuff & hose verify physical integrity and cleanliness	( <input checked="" type="checkbox"/> )	( )	( )
4 Check Bulb verify physical integrity and cleanliness	( <input checked="" type="checkbox"/> )	( )	( )
5 Check air release valve	( <input checked="" type="checkbox"/> )	( )	( )
6 Check dial	( <input checked="" type="checkbox"/> )	( )	( )
7 Calibration	( )	( )	( <input checked="" type="checkbox"/> )


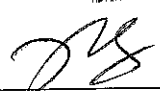
### PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA
1 Clean exterior and interior of the equipment	( <input checked="" type="checkbox"/> )	( )	( )

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 highest quality of medical equipment</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Sphygmomanometers, Aneroid</b> BE CODE : 18-158	CHECKLIST NO: CL-140 REV.000						
WORK ORDER NO ▶ <u>pw0372047</u>								
<b>PART 6 QUANTITATIVE TASKS</b>								
Tick (✓) where appropriate								
ASSET NO								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1.	<u>Leak test</u>	<u>mmHg</u>	<u>200</u>	<u>191</u>	<u>± 6 mmHg</u>	✓		
1	Blood pressure accuracy	mmHg	40		38-42	( )	( )	(✓)
		mmHg	70		68-72	( )	( )	(✓)
		mmHg	100		98-102	ASSET	( )	(✓)
		mmHg	130		128-132	( )	( )	(✓)
		mmHg	160		156-162	( )	( )	(✓)
		mmHg	190		188-192	( )	( )	(✓)
<b>PART 7 ELECTRICAL SAFETY TEST</b>								
ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 60601)								
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA								
<b>PART 8 NOTES</b>								
<div style="text-align: right; padding-right: 50px;"> <b>JURAINI AHMAD</b>  <small>KETUA JURANGKAWATI KESMAMATAN UKS/IGMP</small>  <small>LINE 24420</small>   </div>								
<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING								
WORK ORDER NO ▶ <u>NA</u>						NEXT PPM DATE ▶ <u>12/2/2019</u>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.								
COMPLETED BY: <u>JURAINI AHMAD</u> <small>13/2/2018</small>								
DATE: <u>13/2/2018</u>								