

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	PW0372030		Scheduled Month	FEBRUARY 2018	
Work Order Date	11/2/18		Completed Date	05/2/18	
Clinic Name	KD DEBULUH.		Clinic Code	WPL008	
BE No	WPL0248108		District	WP-Labuan	
BE Category	SPHYGMOMANOMETERS, ANEROID		WO Assigned to	Che Arshammar	
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 type="checkbox"/> Third Party Calibration (TPC)		
	<input checked="" type="checkbox"/> Routine Inspection (RI)		<input type="checkbox"/> Statutory Certification (SC)		
<b>BE Third Party Calibration / Statutory Certification Details</b>					
Company Name	NA		Cal / Cert Date	NA	
Contact Number	NA		Cal / Cert Expiry Date	NA	
<b>Action Taken</b>					
LD PPM was carried out as per Checklist.					
<b>Schedule Maintenance Execution Details</b>					
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
			15/2/18	1215	1230
<b>Customer Remarks</b>					
<b>Engineer / Technician Signature</b>			<b>Customer Signature</b>		
Name			Name		
Date			Designation		
15/2/18			FAJARIA BINTI PETRUS		
			JURURAWAT MASYARAKAT U19		
			NO LJM: 30367		
			Stamp		
			15-2-18		

For Internal Use only

First Verification  
QMS Circle InchargeJULIUS DANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3620179Final Verification  
QMS State InchargeDICKY LEE  
SAFETY 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 ▶ PW0372030 ASSET NO ▶ WPL024108  
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	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 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 11, Jalan Puchong Perdana 1, Puchong Perdana, 47100 Puchong, Selangor, Malaysia	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Sphygmomanometers, Aneroid</b> BE CODE : 18-158	CHECKLIST NO: CL-140 REV.000						
WORK ORDER NO ▶ <u>PW0372030</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	Blood pressure accuracy	mmHg	40	194	± 16 mmHg	✓		
		mmHg	70		38-42	( )	( )	(✓)
		mmHg	100		68-72	( )	( )	(✓)
		mmHg	130		96-102	ASSET	( )	(✓)
		mmHg	160		128-132	( )	( )	(✓)
		mmHg	190		156-162	( )	( )	(✓)
					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>								
 FAJARIA BINTI PETRUS JURURAWAT MASYARAKAT U19 NO LJM: 30367								
<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING								
WORK ORDER NO ▶ <u>214</u>						NEXT PPM DATE ▶ <u>15/2/19</u>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.								
COMPLETED BY:								
DATE: <u>15/2/18</u>								