

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	PWO 3A2 031	Scheduled Month	FEBRUARY 2018	
Work Order Date	1/2/18	Completed Date	15/2/18	
Clinic Name	KD PEBULUH	Clinic Code	WPL008	
BE No	WPL024109	District	WP. LABUAN	
BE Category	SPHYGMOMANOMETERS, ANDROID		WO Assigned to	che Muhamad
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)	
BE Third Party Calibration / Statutory Certification Details				
Company Name	NA		Cal / Cert Date	NA
Contact Number	NA		Cal / Cert Expiry Date	NA
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	1230	1245
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 15.2.18		

For Internal Use only

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

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid <small>BE CODE : 16-156</small>	CHECKLIST NO: CL-140 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ PWD 372031		ASSET NO ▶ W9L024109		
MANUFACTURER ▶ N/A		ASSET NO MODEL ▶ N/A		
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)		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				
<i>Tick (✓) where appropriate</i>				
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	N/A	NON-INVASIVE BLOOD PRESSURE ANALYZER	N/A	N/A
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 dial	(✓)	()	()	
7 Calibration	()	()	(✓)	
PART 5 PREVENTIVE MAINTENANCE TASKS				
<i>Tick (✓) where appropriate</i>				
	DONE	NOT DONE	NA	Notes:
1 Clean exterior and interior of the equipment	(✓)	()	()	* 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>Healthcare Technology, Equipment & Service</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid BE CODE : 16-156	CHECKLIST NO: CL-140 REV.000
---	---	---------------------------------

WORK ORDER NO ▶ pw0372031

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate						ASSET NO		
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Leak test	mmHg	200	195	± 16mmHg	✓		
1	Blood pressure accuracy	mmHg	40	41	38-42	(✓)	()	(✓)
		mmHg	70	72	68-72	(✓)	()	(✓)
		mmHg	100	101	98-102	ASSET	()	(✓)
		mmHg	130	129	128-132	(✓)	()	(✓)
		mmHg	160	158	156-162	(✓)	()	(✓)
		mmHg	190	190	188-192	(✓)	()	(✓)


PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60801)

☐ PASS
 ☐ FAIL
 ☒ NA

PART 8 NOTES


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>NA</u>		NEXT PPM DATE ▶ <u>18/2/19</u>

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

COMPLETED BY:

DATE: 15/2/18