

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	PW0371994	Scheduled Month	February 2018
Work Order Date	1/2/18	Completed Date	15/2/18
Clinic Name	PD BEPULUH.	Clinic Code	WPL008
BE No	WPL024107	District	WPL. Luban.
BE Category	Sphygmomanometers, Electronic	WO Assigned to	Chc. 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 checked="" type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	<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

BER proposed BER
 ↳ ~~NA~~ was carried out as per Checklist.

Schedule Maintenance Execution Details

Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
		15/2/18	1515	1530

Customer Remarks


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

For Internal Use only

First Verification
QMS Circle InchargeJUKITS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179Final Verification
QMS State Incharge

DICKY LEE
 SABAH STATE MANAGER
 QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <i>transcending boundaries, transforming life</i>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Electronic, Automatic BE CODE : 16-173	CHECKLIST NO: CL-141 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ PW0321994		ASSET NO ▶ WFL024107					
MANUFACTURER ▶ microlife Aea		MODEL ▶ microlife Aere					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)		PPM HOURS ▶ 0.5					
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	NA	ELECTRICAL SAFETY ANALYZER	NA	NA			
	NA	PRESSURE METER	NA	NA			
2	10/12	NON-INVASIVE BLOOD PRESSURE ANALYZER	1/12	1/12			
PART 4 QUALITATIVE TASKS							
<i>Tick (✓) where appropriate</i>							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	8 Indicators/ Displays - verify proper illumination and operation	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)
2 Mount/ Fasteners - verify physical integrity	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	9 Alarm - verify proper operation and automatic activation	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)
3 Power Cord - verify proper insulation and integrity	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	10 Hoses & Cuff - verify physical integrity and cleanliness	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)
4 Strain Relief - verify physical integrity at both ends of line cord	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	11 Calibration	()	()	(<input checked="" type="checkbox"/>)
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)				
6 Fittings/ Connectors - check all fittings/connectors	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)				
7 Controls/Switches/Keypad - verify proper operation of controls.	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)				
PART 5 PREVENTIVE MAINTENANCE TASKS							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE	NA	Notes:			
1 Clean exterior and interior of the equipment	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Battery - check / replace ***	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)				

 Quantum Medical Solutions Sdn Bhd <small>Perbadanan Perubatan Berteknologi, Berasaskan Kejuruteraan</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Electronic, Automatic <small>BE CODE : 16-173</small>	CHECKLIST NO: CL-141 REV.000
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WORK ORDER NO ▶ pw-371994

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Blood pressure accuracy	mmHg	100	<u>98</u>	96 - 104	(✓)	()	(✓)
		mmHg	65	<u>65</u>	61 - 69	(✓)	()	(✓)
		mmHg	120	<u>120</u>	116 - 124	(✓)	()	(✓)
		mmHg	80	<u>80</u>	76 - 84	(✓)	()	(✓)
		mmHg	150	<u>150</u>	146 - 154	(✓)	()	(✓)
		mmHg	100	<u>98</u>	96 - 104	(✓)	()	(✓)
2	Pulse rate accuracy	bpm	60	<u>60</u>	57 - 63	()	()	(✓)
		bpm	80	<u>80</u>	76 - 84	()	()	(✓)
		bpm	120	<u>120</u>	114 - 126	()	()	(✓)

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS
 ☐ FAIL
 ☒ NA

PART 8 NOTES

Test of pulse rate accuracy


FAJARIA BINTI PETRUS
 JURURAWAT MASYARAKAT U19
 NO LJM: 30367

☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 14/2/19

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

COMPLETED BY:

DATE:

15/2/19