

Form B03

## Scheduled Maintenance Work Order

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Format Ref. - QMS/TSD-003 Rev. 00

Work Order No	PWO 372042	Scheduled Month	FEBRUARY / 2018
Work Order Date	1/2/18	Completed Date	13/2/2018
Clinic Name	PD BUKIT KALAM	Clinic Code	WPL011
BE No	WPL000204	District	Wp Lahar
BE Category	SPHYGMOMANOMETERS ANTEPOIN	WO Assigned to	Moffo. Asthawan
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	NA	Cal / Cert Date	NA
Contact Number	NA	Cal / Cert Expiry Date	NA

## Action Taken

Do PPM as per Checklist.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	JURAINI AHMAD, QMS ENGINEER, QMS	13/2/2018	11:00am	11:55am
	JURAINI AHMAD, QMS ENGINEER, QMS		11:15am	11:30am

## Customer Remarks

Engineer / Technician Signature Name Date 13/2/2018	Customer Signature Name Designation Date Stamp
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For Internal Use only

First Verification  
QMS Circle InchargeJULIUS HANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3620179Final 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 ▶ PW0372042 ASSET NO ▶ UPL000 204  
MANUFACTURER ▶ N/A ASSET NO MODEL ▶ N/A  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY (✓) PPM HOURS ▶ 0-28

### 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	<u>NA</u>	NON-INVASIVE BLOOD PRESSURE ANALYZER	<u>NA</u>	<u>NA</u>

### 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 <small>Medicine and Medical Equipment Supplier</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Sphygmomanometers, Aneroid</b> BE CODE : 18-156	CHECKLIST NO: CL-140 REV.000
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WORK ORDER NO ▶ PO0372042

**PART 6 QUANTITATIVE TASKS**

Tick (✓) where appropriate						ASSET NO		
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1.	<u>Leak test</u>	mmHg	200	188	±16	✓		
1	Blood pressure accuracy	mmHg	40		38-42	( )	( )	(✓)
		mmHg	70		68-72	( )	( )	(✓)
		mmHg	100		98-102	ASSET N	( )	(✓)
		mmHg	130		128-132	( )	( )	(✓)
		mmHg	160		156-162	( )	( )	(✓)
		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**

JURAINI AHMAD  
 KETUA JABATAN KESEHATAN USPA/UM/USM  
 012-2550034

*[Signature]*

☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA
NEXT PPM DATE ▶ 12/12/2019

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

COMPLETED BY: DR. NUR HANIS BINTI HUSNAN  
MANAJER KESEHATAN USPA/UM/USM

DATE: 12/12/2018