

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	P00371958	Scheduled Month	February / 2018	
Work Order Date	11/2/18	Completed Date	15/2/18	
Clinic Name	KD BATU MANIKAR	Clinic Code	WPL007	
BE No	SAH/6/2018 WPL00369	District	Wp. LABUAN	
BE Category	SAH/6/2018/ANEROID	WO Assigned to	Che Muhammed	
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 checked="" 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		Cal / Cert Expiry Date		
Action Taken 1. Preventive Maintenance PM was carried out as per Checklist.				
Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		15/2/18	0945	1000
Customer Remarks				
Engineer / Technician Signature Name Date		Customer Signature Name Designation Date Stamp		
[Signature] CHE MUHAMMAD, LABUAN CLINICAL ENGINEER, QMS 012-3620319 15/2/18		[Signature] MAZIANA BT YUNUS JURURAWAT MASYARAKAT U24 No. LIM : 9691 15.02.2018 		

For Internal Use only

First Verification
QMS Circle InchargeJULIUS TAN SUN
BIOMEDICAL ENGINEER, QMS
012-3620319Final Verification
QMS State Incharge

DICKY LEE
 STATE MANAGER
 QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO: CL-140
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0371958 ASSET NO ▶ WPL000369
MANUFACTURER ▶ N/A ASSET NO MODEL ▶ spm 6
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


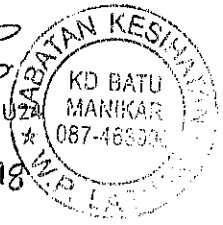

	DONE	NOT DONE	NA
1 Clean exterior and interior of the equipment	(/) () ()	**	

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 <small>Specializing in medical devices, maintenance and repair</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 ▶ <u>PO 371 958</u>								
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	192	± 16 mmHg	✓		
	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	()	()	()
2	Leak Test	mmHg	180	178	± 15 mmHg	pass		
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA								
PART 8 NOTES								
<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: left;"> MAZIANA BT ALIUS JURURAWAT WASYARAKAT U22 No. LIM : 9691 15.02.2018 </div> <div style="text-align: center;">  </div> </div>								
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED WORK ORDER NO ▶ <u>AAA NA</u> </div> <div> <input checked="" type="checkbox"/> FUNCTIONING NEXT PPM DATE ▶ <u>14/2/19</u> </div> <div> <input type="checkbox"/> NOT FUNCTIONING </div> </div>								
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <div style="text-align: center;">  <u>15/2/18</u> </div>								
DATE:								