

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	pw0371980	Scheduled Month	February 2018	
Work Order Date	1/2/18	Completed Date	15/2/18	
Clinic Name	KD BEBULUH.	Clinic Code	WPL008	
BE No	WPL 000 247	District	WPL Labuan	
BE Category	PHY & NOMANOMETERS, ANEPOID	WO Assigned to	enc. Mohammed	
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 checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <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> ↳ 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	1100	1115
<b>Customer Remarks</b>				
Engineer / Technician Signature Name: <i>AS</i> Date: 15/2/18		Customer Signature Name: <i>Fajri</i> Designation: FAJARIA DINTI PETRUS Date: JURURAWAT MASYARAKAT U19 NO LJM: 30367 Stamp: 15.2.2018		

For Internal Use only

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



Quantum Medical Solutions sdn bhd  
transforming human lives, transforming life

## 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 ▶ JWC0371980 ASSET NO ▶ WPL000 247  
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 <small>Quantum Medical Solutions sdn bhd is a registered company in Malaysia.</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Sphygmomanometers, Aneroid</b> <small>BE CODE : 16-156</small>	<b>CHECKLIST NO: CL-140</b> <b>REV.000</b>
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WORK ORDER NO ▶ puo 371980

**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	189	± 16	✓		
	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**

  
**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: 15/2/18