

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO365597	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	19-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHR002020	Distict	BATU PAHAT
BE Category	Sphygmomanometers, Mercury	WO Assigned to	MUHD SHAZRUL
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<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)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details			
Company Name	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
Action Taken			
<input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use.		Manufacturer :	
<input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown		Modal :	
BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA		Serial No :	
Remarks:			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL	19-06-2018	14:20	14:40


Customer Remarks	
NA	
Engineer / Technician Signature Name Date 19/06/2018 QUANTUM MEDICAL SOLUTION MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN	Customer Signature Name Designation Date Seal 19/6/18


For Internal Use

First Verification
QMS Circle Incharge

RAZILA MISKAN
 Biomedical Engineer (Circle In-Charge)
 Quantum Medical Solutions Sdn. Bhd.

Final Verification
QMS State Incharge

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury <small>BE CODE : 16-158</small>	CHECKLIST NO: CL-143 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ PWO 365597		ASSET NO ▶ JHR 002020		
MANUFACTURER ▶ NA		MODEL ▶ NA		
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)		PPM HOURS ▶ 20 min		
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		NON-INVASIVE BLOOD PRESSURE ANALYZER		
	TEESA 0252	Pressure Gauge	1985	9/11/2018
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 mercury valve	(✓) () ()			
7 Check Glass tube leak	(✓) () ()			
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
2 Clean mercury	(✓) () ()			
3 Clean mercury tank	(✓) () ()			
4 Clean glass tube	(✓) () ()			

	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury <small>BE CODE : 16-158</small>	CHECKLIST NO: CL-143 REV.000						
WORK ORDER NO ►								
PART 6 QUANTITATIVE TASKS								
<i>Tick (✓) where appropriate</i>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Blood pressure accuracy	mmHg	40	40	38 - 42	(✓)	()	()
		mmHg	70	70	68 - 72	(✓)	()	()
		mmHg	100	100	98 - 102	(✓)	()	()
		mmHg	130	130	128 - 132	(✓)	()	()
		mmHg	160	180	158 - 162	(✓)	()	()
		mmHg	190	190	188 - 192	(✓)	()	()
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>								
PART 8 NOTES								
<div style="font-size: 2em; color: blue;">NA</div>								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED </div> <div> <input checked="" type="checkbox"/> FUNCTIONING </div> <div> <input type="checkbox"/> NOT FUNCTIONING </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> WORK ORDER NO ► <u>1NA</u> </div> <div> NEXT PPM DATE ► <u>JUN 19</u> </div> </div>								
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <u>MUHD SHAZRUL</u> DATE: <u>19-06-2018</u>								