

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.	PWO365951	Schedule Month	July 2018
Work Order Date	01/07/2018	Completed Date	17/7/18
Clinic Name	Klinik Kesihatan Sungai Rengit	Clinic Code	JHR047
BE No.	JHR008620	Distict	KOTA TINGGI
BE Category	Sphygmomanometers, Mercury	WO Assigned to	
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	Up
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BE Third Party Calibration / Statutory Certification Details

Company Name	MD	Cal / Cert Date	MD
Contact Number	MD	Cal / Cert Expiry Date	MD

Action Taken

☒ PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer : —

☐ Corrective Maintenance / ☐ Breakdown Model : —

BE Sticker Availability : ☒ Yes / ☐ NA Serial No : —

Remarks:

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
MD	Shahrang	17/7/18	945	1015

Customer Remarks

MD

Engineer / Technician Signature	Customer Signature
Name	Name
Date	Date
NOORSHARVANA BINTI LATIP	NORHASTAN BINTI BAHRUN
Biomedical Engineer	Jururawat Kesihatan U29
Quantum Medical Solutions Sdn. Bhd.	KK Sungai Rengit
012-3962428	Seal
17/7/18	17/7/18

For Internal Use

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Final Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Sphygmomanometers, Mercury
BE CODE : 16-158

CHECKLIST NO: CL-143-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PN/0365451 BE NO ▶ JHR 068620
MANUFACTURER ▶ - MODEL ▶ -
FREQUENCY ▶ 6 MONTHLY () 12 MONTHLY () PPM HOURS ▶ 0.50

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

Tick (✓) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	<u>TEESA 0338</u>	<u>PRESSURE METER</u>	<u>4.315545</u>	<u>8/11/18</u>

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		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

Tick (✓) where appropriate

	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



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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	40	41	38 - 42	(/)	()	()
		mmHg	70	71	68 - 72	(/)	()	()
		mmHg	100	100	98 - 102	(/)	()	()
		mmHg	130	129	128 - 132	(/)	()	()
		mmHg	160	160	158 - 162	(/)	()	()
		mmHg	190	192	188 - 192	(/)	()	()

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601 ☐ IEC 61010 ☐ IEC 62353

Result :

☐ PASS ☐ FAIL ☒ NA

PART 8 NOTES

[Handwritten signature and diagonal line across the notes section]

☐ CORRECTIVE MAINTENANCE REQUIRED ☒ FUNCTIONING ☐ NOT FUNCTIONING

WORK ORDER NO ▶ 100

NEXT PPM DATE ▶ July 2014

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

COMPLETED BY:

NOOR WAN BINTI LATIP
Biomedical Engineer

DATE :

Quantum Medical Solutions Sdn Bhd
012-3962428
17/7/18