

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.	PWO365353	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.	JHR002016	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. <input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA Remarks:		Manufacturer : Modal : Serial No :	

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL	19-06-2018	16:00	16:20

Customer Remarks	NA
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Engineer / Technician Signature Name Date MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN	Customer Signature Name Designation Date Seal Siti Roslinda 19/06/2018
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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>transforming healthcare, 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 365353		ASSET NO ▶ JHR 002016		
MANUFACTURER ▶ Accason		MODEL ▶ MK-5		
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				
Tick (✓) where appropriate				
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				
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 mercury valve	(✓) () ()		
7	Check Glass tube leak	(✓) () ()		
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	
2	Clean mercury	(✓) () ()		
3	Clean mercury tank	(✓) () ()		
4	Clean glass tube	(✓) () ()		



KEMENTERIAN KESIHATAN MALAYSIA

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

CHECKLIST NO: CL-143-000
REV.000

WORK ORDER NO ▶

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	40	38 - 42	(✓)	()	()
		mmHg	70	70	68 - 72	(✓)	()	()
		mmHg	100	100	98 - 102	(✓)	()	()
		mmHg	130	130	128 - 132	(✓)	()	()
		mmHg	160	160	158 - 162	(✓)	()	()
		mmHg	190	190	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

NA



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NA

NEXT PPM DATE ▶

JUN 19

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

COMPLETED BY: MUHD SHAZRUH

DATE :

19-06-2018