

Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

Work Order No	PWO 409917	Scheduled Month	January 2019
Work Order Date	01-01-19	Completed Date	11/01/19
Clinic Name	K.R. SELINSING	Clinic Code	PRE176
BE No	PRNEM 051	District	KERIAN
BE Category	ELECTROCARDIOGRAPH.	WO Assigned to	KAMARUL
Ownership	<input type="checkbox"/> Existing Equipment	<input checked="" type="checkbox"/> MEET Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input type="checkbox"/> Preventive Maintenance (PM) <input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	NA
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BE Third Party Calibration / Statutory Certification Details

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

Action Taken

PPM COMPLETED.

Manufacturer : EDAN.

Model : SE-301.

S/N : 360738-M17S11080047

Purchase Date : -

Kewpa No: -

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1	KAMARUL	11/01/19	1115	1215

Customer Remarks

Engineer / Technician Signature

Name

Date

11/01/19.

KAMARULZAMAN B. MOHAMMED HASHIM
Biomedical Engineer
Quantum Medical Solution Sdn. Bhd.

Customer Signature

Name

Designation

Date

Seal

NOOR FARIZA BINTI SAMSUDDIN
PEN. PERUBATAN U29
KLINIK KESEHATAN SELINSING
SIMPANG EMPAT,
34400 SEMANGGOL, PERAK.
TEL: 05-8924542
11/1/19

For Internal Use only

First Verification
QMS Circle InchargeMOHD AZMAN BIN RAMLI
Circle Incharge NC2
LMS, Kerian, Hulu Perak
Quantum Medical Solutions Sdn BhdFinal Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Electrocardiographs, Multichannel

BE CODE : 11-411

CHECKLIST NO: CL-063-
004 REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0409917

ASSET NO ▶ PRNELMOS1

MANUFACTURER ▶ Edan Instruments

MODEL ▶ SE - 301

FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)

PPM HOURS ▶ 1.00

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

DESCRIPTION	ASSET NO / SERIAL NO	CALIBRATION DUE ON
<input checked="" type="checkbox"/> ELECTRICAL SAFETY ANALYZER	NA	NA
<input checked="" type="checkbox"/> ECG SIMULATOR (EST)	TEESA0144	060918

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1. Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8. Fittings/ Connectors - check all fittings/connectors	(✓)	()	()
2. Mount/ Fasteners - verify physical integrity	(✓)	()	()	9. Controls/ Switches/ Keypad - verify proper operation of controls	(✓)	()	()
3. Casters/Brakes - if mounted, verify physical integrity	(✓)	()	()	10. Indicators/ Displays - verify proper illumination and operation	(✓)	()	()
4. Power Cord - verify proper insulation and integrity	(✓)	()	()	11. Alarm/ Audible Signal - verify operation	(✓)	()	()
5. Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	12. Printer -Verify operation and condition	(✓)	()	()
6. Leads/ Electrodes- Verify integrity and condition	(✓)	()	()	13. Keypad- Verify operation and condition	(✓)	()	()
7. Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

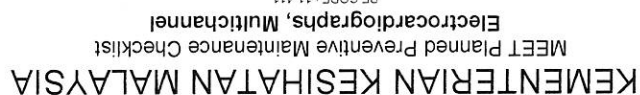
	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1. Cleanliness - clean interior and exterior of the equipment	(✓)	()	()	4. Clean/Lubricate	(✓)	()	()
2. Clean leads & electrode	(✓)	()	()	a) Thermal head			
3. Battery - check and replace if necessary	(✓)	()	()	b) Paper empty sensor			
				c) Paper mark sensor			

Notes:

*For all parts, NA defined as NOT APPLICABLE

**If you have ticked 'NOT DONE', then input relevant remarks

***Choose whichever applicable. Please indicate in Part 8 for



WORK ORDER NO. 170917

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Electrocardiographs, Multichannel

BE CODE 11-411

CHECKLIST NO: CL-063-004
REV.000

WORK ORDER NO ► 000409917

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

POWER ADAPTOR USED.

Reference:

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ► _____

NEXT PPM DATE ► JAN 20

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

COMPLETED BY :

KAMARULZAMAN B. MOHAMMED HASHIM

Biomedical Engineer

Quantum Medical Solution Sdn. Bhd.

DATE : 11/01/19

