

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. | PWO365622 | 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. | JHR002015 | 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 | |
|-----------------|--|

| 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 | 15:40 | 16:00 |
| | | | | |
| | | | | |
| | | | | |
| Customer Remarks | | | | |
| Engineer / Technician Signature Name Date | | Customer Signature Name Designation Date Seal | | |
| MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN | | MUHAMMAD SHAZRUL BIN MOHD SAMSURI (P) 011-232 1000 (F) 011-232 1001 (E) info@qms.com.my | | |

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 ▶ <u>PWO 365622</u> | | ASSET NO ▶ <u>JHR 002015</u> | | |
| MANUFACTURER ▶ <u>ACCASON</u> | | MODEL ▶ <u>MK-5</u> | | |
| FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>) | | PPM HOURS ▶ <u>20 MIN.</u> | | |
| 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 | | |
| | <u>TEESA 0252</u> | <u>Pressure Gauge</u> | <u>1985</u> | <u>9/11/2018</u> |
| PART 4 QUALITATIVE TASKS | | | | |
| <i>Tick (✓) where appropriate</i> | | | | |
| | PASS | FAIL | NA | |
| 1 Chassis - verify physical integrity, cleanliness and condition | (<input checked="" type="checkbox"/>) | () | () | |
| 2 Mount/ Fasteners - verify physical integrity | (<input checked="" type="checkbox"/>) | () | () | |
| 3 Check cuff & hose verify physical integrity and cleanliness | (<input checked="" type="checkbox"/>) | () | () | |
| 4 Check Bulb verify physical integrity and cleanliness | (<input checked="" type="checkbox"/>) | () | () | |
| 5 Check air release valve | (<input checked="" type="checkbox"/>) | () | () | |
| 6 Check mercury valve | (<input checked="" type="checkbox"/>) | () | () | |
| 7 Check Glass tube leak | (<input checked="" type="checkbox"/>) | () | () | |
| PART 5 PREVENTIVE MAINTENANCE TASKS | | | | |
| <i>Tick (✓) where appropriate</i> | | | | |
| | DONE | NOT DONE | NA | |
| 1 Clean exterior and interior of the equipment | (<input checked="" type="checkbox"/>) | () | () | |
| 2 Clean mercury | (<input checked="" type="checkbox"/>) | () | () | |
| 3 Clean mercury tank | (<input checked="" type="checkbox"/>) | () | () | |
| 4 Clean glass tube | (<input checked="" type="checkbox"/>) | () | () | |



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 SHAZRUL

DATE: 19-06-2018