Scheduled Maintenance Work Order

GMP

Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

Work Order No	PWO410387	Scheduled Month	January 2019
Work Order Date	01/01/19	Completed Date	9/1/19
Clinic Name	KK. Alor Pongsu	Clinic Code	PRK018
BE No	PRK030704	District	Kerian
BE Category	Sphygmomanometer, Aneroid	WO Assigned to	Razin
Ownership	☑ Existing Equipment	☐ MEET Equipment	
BE Condition	☐ Under Warranty	☐ BER Proposed	
Work Order Type	☐ Preventive Maintenance (PM) ☑ Routine Inspection (RI)	☐ Third Party Calibration (TPC) ☐ Statutory Certification (SC)	
Reschedule Date	NA		

BE Third Party Calibration / Statutory Certification Details

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

Action Taken

PPM done as per checklist

Manufacturer : Welch Allyn
Model : Shock Resistant
S/N : # 14P1183207
Purchase Date : NA
Kewpa No: NA

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1.	Razin	9/1/19	1430	1500

Customer Remarks

Engineer / Technician Signature
Name
Date

MUHAMMAD RAZIN BIN MOHAMAD ECOF
JUNIOR BIOMEDICAL TECHNICIAN
QUANTUM MEDICAL SOLUTIONS SDN BHD

9/1/19

Customer Signature
Name
Designation
Date 9/1/19
Seal

NURUL HASANAH BT HUSSAIN
JURURAWAT... AN U29
KK ALOR...

For Internal Use only

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge

KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO:CL-140-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ►	Pwo 410387	BE NO ►	PRK 030704
MANUFACTURER ►	Welch Allyn	MODEL ►	Shock Resistant
FREQUENCY ►	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	NA	PRESSURE METER	NA	NA
2.	Tees90262	Pressure Gauge	002040	21/2/19

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 dial.	(√)	( )	( )

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (√) where appropriate

		DONE	NOT DONE **	NA	Notes:
1	Clean the Exterior/Interior.	(√)	( )	( )	

* For all Parts, NA is defined as NOT APPLICABLE
** If you have ticked 'NOT DONE', then justify in Part 8
*** Choose Whichever Applicable

KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO:CL-140-000
REV.000

WORK ORDER NO ▸ PWO ₤10387

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	156-162	(/)	( )	( )
		mmHg	190	190	188-192	(/)	( )	( )

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (√) where appropriate

Standard use :   Result :

☐ IEC 60601   ☐ IEC 61010   ☐ IEC 62353   ☐ PASS   ☐ FAIL   ☑ NA

PART 8 NOTES

* Est not required due to not electrical usage.

☐ CORRECTIVE MAINTENANCE REQUIRED   ☑ FUNCTIONING   ☐ NOT FUNCTIONING

WORK ORDER NO ▸ NA   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:

MUHAMMAD ~~BAZ~~ BIN MOHAMED ~~ECTP~~
JUN ~~OF~~
QUANTUM MEDICAL SOLUTIONS SDN BH..

DATE : 9/1/19