

Form B03

Scheduled Maintenance Work OrderQuantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PW0340091	Scheduled Month	January 2018
Work Order Date	01/01/2018	Completed Date	18/01/2018
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169
BE No	SWK004684	District	SIBU
Be Category	Mercury BP. Set	WO Assigned to	SIUBME1
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input 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"/> Third Party Calibration (TPC)	
	<input checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

BE Third Party Calibration / Statutory Certification Details

Company Name	N/A	Cal / Cert Date	N/A
Company Number		Cal / Cert Expiry Date	

Action Taken

To be done at patient's office.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0212	Wesley	18/1/2018	15:30	15:30

Customer Remarks

Engineer / Technician Signature Name Date WEDNISLEYJI JIMMY BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS 18/1/18	Customer Signature Name Designation Date Seal ARTHUR ASAR AK/QUANTUM 18/1/2018 5396
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For Internal Use Only

First Verification

QMS Circle Incharge

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions

Final Verification

QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist
Sphygmomanometers, Mercury

BE CODE 16-153

CHECKLIST NO: CL-143
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO340091

ASSET NO ▶ SWK004684

MANUFACTURER ▶ Accoson

MODEL ▶ Dekamat Mk3

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

PPM HOURS ▶ 0.20

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	Telsum 0129	NON-INVASIVE BLOOD PRESSURE ANALYZER	AB13243	

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 | (✓) | () | () |
| | 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 | (✓) | () | () |
| 2 | Clean mercury | (✓) | () | () |
| 3 | Clean mercury tank | (✓) | () | () |
| 4 | Clean glass tube | (✓) | () | () |

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

 quantum medical solutions sdn bhd	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury BE CODE : 18-158	CHECKLIST NO: CL-143 REV.000
	WORK ORDER NO ▶ PWO 340091	

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)

(In accordance to IEC 60601)

☐ PASS
 ☐ FAIL
 ☒ NA

PART 8 NOTES

and functioning well.

☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ _____

NEXT PPM DATE ▶ Jan 19

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

COMPLETED BY:

WEDNISLEYJI JIMMY
 BIOMEDICAL TECH
 QUANTUM MEDICAL SOLUTIONS

DATE:

18/1/18