Form B03

Scheduled Maintenance Work Order



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

Work Order No	PW0339789	Scheduled Month		JAN 2018.			
	01/01/2018						
Work Order Date	 	Completed Date		19,01.2018			
Clinic Name	KR JALAN OYA.	Clinic Code		SWK169,			
BE No	SWKOOY696;	District		SiBU:			
Be Category	BP SET, MERCURY.	WO Assigned to		SILIBMET.			
Ownership	Existing Equipment	MEET Equipme	ent				
BE Condition	Under Warranty	BER Proposed					
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)					
vvoik Older Type	Routine Inspection (RI)	Statutory Certi	fication (SC)				
PE Third Party Calibi	ration / Statutory Certification Details	\$					
mpany Name	NIA	Cal / Cert Date		NIA -			
Company Number		Cal / Cert Expiry Date		10 11			
Schedule Maintenan							
	neer / Technician Name	Date	Start Tir				
RRSO(21 Ch	arles than	19.01.2018	15.00	12.30			
L Customer Remarks				J			
Engineer / Technician	Signature	Customer Signature					
Name Date	000	Name					
Date	CHARLES IMAIV. Biomedical Engineer Quantum Medical Solutions Sibu Division 19012018	Designation Date Seal	29 / 23333 27 / 23333	unbalan H32			
For Internal Use Only							

First Verification — QMS Circle Incharge

ge James Bo Sr. Biomedical Engineer Quantum Medical Solutions Final Verification QMS State Incharge



Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury

BE CODE 16-158

CHECKLIST NO: CL-143 REV.000

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11712 (111)	JFACTURER -	Acceson			MOD		Mk 3
FREQ	UENCY >	3 MONTHLY () 3 MONTHLY ()	12 MONTHLY	(PPM	HOURS ►	0.5H.
PART	SPECIAL PRECAU	JTION					
If there	is avidence of body flu	id contamination, si	ubmit the device for cleaning	and decontaminatio	n before inspecting i	<u> </u>	<u> </u>
	ppropriate Personnel F				,		
Wear g	rounded electrostatic w	ristband when hand	dling PCB or electronic comp	onents.			
Refer to	the safety procedure f	or additional precau	itions and guidance as per m	anufacturer guidelin	es.		
	ure the test equipment		ated.				
PART	TEST APPARATUS						
	i where appropriate					-	
	ASSET NO	<u> </u>	DESCRIPTION		SERIAL NO)	CALIBRATION DUE ON
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CHARLE SERVICE	where appropriate	.3		<u> </u>			
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clear	nliness and condition						
2 Mour	nt/ Fasteners - verify ph	ysical integrity (
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		tearity and 7.3					
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Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury

BE CODE: 18-158

CHECKLIST NO:CL-143 REV.000

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CTRICAL SAFETY I	od pressure accuracy	mmHg	40	40	38 - 42		()	()
CTRICAL SAFETY I		mmHg	70	70	68 - 72	(1.4)	7	()
CTRICAL SAFETY I		mmi-lg	100	100	98 - 102	(1/)	()	
CTRICAL SAFETY I		mmHg	130	132	128 - 132	(1)	()	()
CTRICAL SAFETY I		mmHg	160	160	158 - 162	(V)	()	()
CTRICAL SAFETY I		mmHg	190	(30	188 - 192		()	()
CTRICAL SAFETY I				70			•	
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ANDER AND B		s s						
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as been performed in LETED BY:	CORRECTIVE MAINTENANCE REQUIRED		FU	NCTIONING				N 201
(2	CORRECTIVE MAINTENANCE REQUIRED ER NO rformed in accordance to the checklist and the equipment in		FU	NCTIONING				N 201