

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
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Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PW0340278	Scheduled Month	JAN 2018.
Work Order Date	01/01/2018	Completed Date	19.01.2018
Clinic Name	KK JALAN OYA.	Clinic Code	SWK169.
BE No	SWK004687	District	SIBU.
Be Category	BP SET, MERCURY.	WO Assigned to	SUBMEI.
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)	

Third Party Calibration / Statutory Certification Details

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

Action Taken

- ppm done.
- unit is functioning good.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
Q880121	Charles Tham.	19.01.2018	14.30	15.00

Customer Remarks

Engineer / Technician Signature Name Date <div style="text-align: center;"> CHARLES THAM Biomedical Engineer Quantum Medical Solutions Sibu Division 19.01.2018 </div>	Customer Signature Name Designation Date Seal <div style="text-align: center;"> 07/31/2018 </div>
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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



Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist
Sphygmomanometers, Mercury
SE CODE 16-158

CHECKLIST NO: CL-143
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0340278
MANUFACTURER ▶ Accuson
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (☒)
ASSET NO ▶ SWK004687
MODEL ▶ MK3
PPM HOURS ▶ 0.5H

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	TEESA0055	NON-INVASIVE BLOOD PRESSURE ANALYZER	3228029	7/8/18

PART 4 QUALITATIVE TASKS

Tick (☒) where appropriate

	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

Tick (☒) where appropriate

	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"/>)	()	()

Notes.

* 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 BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury BE CODE : 16-158	CHECKLIST NO: CL-143 REV.000
	WORK ORDER NO ▶ PW0240278	

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	72	68 - 72	(✓) () ()		
		mmHg	100	100	98 - 102	(✓) () ()		
		mmHg	130	130	128 - 132	(✓) () ()		
		mmHg	160	162	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

- PPM done.
 - unit is functioning good.

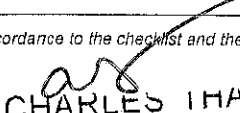
☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ _____

NEXT PPM DATE ▶ Jan 2019

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

COMPLETED BY:


CHARLES THAIN.
 Biomedical Engineer
 Quantum Medical Solutions
 Sdn Bhd

DATE :

10.1.2018