

# 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.  | PWO365158   | Schedule Month   | June 2018                    |
| Work Order Date | 01/06/2018  | Completed Date   | 12-06-2018                   |
| Clinic Name     | Klinik Kesihatan Pesta / Kampung Ken.                       | Clinic Code  | JHR015                       |
| BE No.          | JHR020323   | Distict  | BATU PAHAT                   |
| BE Category     | SPHYGMOMANOMETERS, ANER                                     | 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 |    |
| <b>Action Taken</b><br><input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer :<br><input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown Modal :<br>BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA Serial No :<br>Remarks: |    |                        |    |

| Schedule Maintenance Execution Details |                                |            |            |          |
|--|--------------------------------|------------|------------|----------|
| SI No                                  | QMS Engineer / Technician Name | Date       | Start Time | End Time |
|  | MUHD SHAZRUL                   | 12-06-2018 | 13:40      | 14:00    |
|  |                                |            |            |          |
|  |                                |            |            |          |
|  |                                |            |            |          |

|   |   |
|---|---|
| Customer Remarks  |   |
| Engineer / Technician Signature<br>Name<br>Date<br><br>12/06/2018<br>QUANTUM MEDICAL SOLUTION<br>MUHAMMAD SHAZRUL BIN MOHD SAMSURI<br>BIOMEDICAL TECHNICIAN | Customer Signature<br>Name<br>Designation<br>Date<br>Seal<br><br>Nur Hazirah Nacey Abdullah<br>(No. Pendaftaran Penuh: 54451)<br>Jururawat U29<br>KK Kg. Kenangan Dato Onn<br>12/6/18 |

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



**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 365158

BE NO ▶ JHR 020323

MANUFACTURER ▶ MDF

MODEL ▶ NA

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  | TEESA 0252 | PRESSURE METER Gauge | 1985      | 9/11/2018          |
|    |            |                      |           |                    |
|    |            |                      |           |                    |

**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  |
|--------------------------------|------|------------|-----|
| 1 Clean the Exterior/Interior. | (✓)  | ( )        | ( ) |

Notes:

\* 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 ▶

## 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 :

☐ 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 ▶

JUNE 19

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

COMPLETED BY: MUHD SHAZRUL

DATE :

12-06-2018