Scheduled Maintenance Work Order MP



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

| | | | | | 888 8 | |
|----------------------|---|---|--|--|----------|--|
| Work Order No | pw0410107 | | eduled Month | January 2019 | | |
| Work Order Date | 01/01/2019 | Completed Date | | calilia | | |
| Clinic Name | KK. Alor Pongru | Clinic Code | | PRESIE | | |
| BE No | PRK930705 | Dist | rict | Kerian | | |
| BE Category | Sphygmomanohuter Ancroid | WO | Assigned to | Razin | | |
| Ownership | Existing Equipment | | MEET Equipment | | | |
| BE Condition | ☐ Under Warranty | | BER Proposed | | | |
| Made Order Torre | Preventive Maintenance (PM) | ☐ Third Party Calibration (TPC) | | | | |
| Work Order Type | Routine Inspection (RI) | | Statutory Certification | n (SC) | | |
| Reschedule Date | M | | 9 | | | |
| BE Third Party Ca | libration / Statutory Certification Details | | | | | |
| Company Name | e Na | | Cert Date | NA | | |
| Contact Number | WA | Cal | Cert Expiry Date | NA | | |
| | IPPM done as per checklist | Model: Tycos - TR2 S/N: 140909103157 Purchase Date: MA Kewpa No: MA | | | | |
| Schedule Maintena | ance Execution Details | | CONTRACTOR OF THE RESIDENCE OF THE PROPERTY OF | WEAT THE SOUTH COMMERCE STATE OF THE SOUTH STATE OF THE SOUTH COMMERCE STATE OF THE SOUTH STATE OF THE SOUTH COMME | | |
| SI No | QMS Engineer / Technician Name | | Date | Start Time | End Time | |
| ls. | Ronin | | alilia | 1400 | 1430 | |
| | | | | | 10 | |
| | | | | | Al a | |
| Customer Remarks | | | | g 6 7 | | |
| Engineer / Technicia | an Signature | Cust | omer Signature | 00 1 | | |
| Name | \wedge | Nam | e | Julistuffe | | |
| Date | AMMAD ROOM ON MOHAMAD ROOM | Desi | gnation | NURUL BASANAH BT HUSSAIN JUKUKAWAT KESIHATAN U29 KK ALOR PONGSU | | |
| QUA | NTUM MELICAL SOLUTIONS SON BITE | Seal | | 9/1/19. | 4 | |
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For Internal Use only

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KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid CHECKLIST NO:CL-140-000 REV.000

| distribute to a ref. of | | BE 0 | CODE : 16-156 | | |
|---|----------------------------|--------------------------|------------------------|---|-------------------------------|
| PART 1 ASSET DETAILS | | | | | |
| WORK ORDER NO - | PW0410107 | | | BE NO | PRK030705 |
| MANUFACTURER > | # Welch | Allyn | | MODEL | - Tycos. TA2 |
| FREQUENCY > | 12 MONTHLY (√) | | | PPM HOURS | 6 ▶ 0.50 |
| PART 2 SPECIAL PRECAU | JTION | | | | |
| If there is evidence of body flu | id contamination, submit | the device for cleaning | and decontamination | before inspecting it. | |
| Wear appropriate Personnel F | | | | | |
| Wear grounded electrostatic v | vristband when handling | PCB or electronic comp | onents. | | |
| Refer to the safety procedure | for additional precautions | and guidance as per m | nanufacturer guideline | es. | |
| Make sure the test equipment | used are duly calibrated. | | | | |
| PARTS TEST APPARATU | s | | | | |
| Tick (√) where appropriate | | | | | |
| NO ASSET NO | | DESCRIPTION | | SERIAL NO | CALIBRATION DUE ON |
| 1 NA | PRESSURE N | ETER | | NA | NA |
| 2. Teera 02 | .62 Pressur | e Gauge | | openo | 21/2/19 |
| | | | | | |
| PART 4 QUALITATIVE TAS | SKS | | | | |
| 1 Chassis - Verify physical cleanliness and condition 2 Mount/Fasteners - Verify 3 Check cuff & hose - Verify and cleanliness. 4 Check Bulb - Verify physicleanliness. 5 Check air release valve. 6 Check dial. | physical integrity. (/ | /) () () /) () () | | | |
| PART 5 PREVENTIVE MAI | NTENANCE TASKS | | | | |
| Tick ($\sqrt{\ }$) where appropriate | | | | | |
| 1 Clean the Exterior/Interior | | NE NOT NA | * For al | II Parts, NA is defined as NO have ticked 'NOT DONE', th ose Whichever Applicable | |

KEMENTERIAN KESIHATAN MALAYSIA



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| PASS FAIL NA | Limit/Tolerance | Measured Values | Set Values | \ stinU MOU | Descubtion | oN |
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