

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transcending life
Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PWO 340846	Scheduled Month	JAN 2018
Work Order Date	01/01/2018	Completed Date	01/01/2018
Clinic Name	KK JALAN OYA	Clinic Code	26K169
BE No	SWK004725	District	Sibu
Be Category	SPRING MONOMETERS, ANDROID	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

- PPM done.
- unit is functioning good.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
QB30124	Charles Tham.	19.01.2018	10.00	10.30

Customer Remarks

Engineer / Technician Signature Name Date CHARLES THAM Biomedical Engineer Quantum Medical Solutions Sibu Division 19.01.2018	Customer Signature Name Designation Date Seal ARTHUR ASAK AK IDRIS Pegawai Perubatan UAZ LPPM 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

 Quantum Medical Solutions Sdn Bhd	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid BE CODE 18-156	CHECKLIST NO: GL-140 REV.000
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PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0340846 MANUFACTURER ▶ ALP FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)	ASSET NO ▶ SW16004725 MODEL ▶ K2 PPM HOURS ▶ 0.54
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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

(✓) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	EEFA0055	NON-INVASIVE BLOOD PRESSURE ANALYZER	3228028	7/8/18

PART 4 QUALITATIVE TASKS


Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()
Check cuff & hose - verify physical integrity and cleanliness	(✓)	()	()
4 Check Bulb - verify physical integrity and cleanliness	(✓)	()	()
5 Check air release valve	(✓)	()	()
6 Check dial	(✓)	()	()
7 Calibration	()	()	(✓)

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA	Notes:
1 Clean exterior and interior of the equipment	(✓)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable

	<p align="center">Quantum Medical Solutions Sdn Bhd</p> <p align="center">BEMS Planned Preventive Maintenance Checklist</p> <p align="center">Sphygmomanometers, Aneroid</p> <p align="center">BE CODE : 18-158</p>	<p>CHECKLIST NO: CL-140</p> <p>REV.000</p>
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WORK ORDER NO ▶ **PW0340846**

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	71	68-72	(✓)	()	()
		mmHg	100	102	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)

(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 THAM
 Biomedical Engineer
 Quantum Medical Solutions
 Sibu Division

DATE:

19/01/2018