

Form B03

**Scheduled Maintenance Work Order**

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

Meth.

Work Order No	PW0339864	Scheduled Month	JAN 2018
Work Order Date	01/01/2018	Completed Date	19.01.2018
Clinic Name	KK JALAN MAYA.	Clinic Code	SWK169
BE No	SWK004721	District	SIBU.
Be Category	BP SET, MERCURY.	WO Assigned to	SWRME1.
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 checked="" 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 satisfactory.

**Schedule Maintenance Execution Details**

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
QBS0121	Charles Tham	19.01.18	15:30	16:00

**Customer Remarks**

Engineer / Technician Signature

Name

Date

CHARLES THAM  
Biomedical Engineer  
Quantum Medical Solutions  
Sibu Division

19.01.18.

Customer Signature

Name

Designation

Date

Seal

2/3/2018

For Internal Use Only

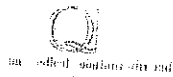
First Verification

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  
BE CODE 19-158

CHECKLIST NO: CL-143  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0339864  
MANUFACTURER ▶ ACCOSSON & SONS.  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY (✓)  
ASSET NO ▶ SWK004721  
MODEL ▶ DEKAMET MK.3.  
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 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		NON-INVASIVE BLOOD PRESSURE ANALYZER	Not Applicable.	

## 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 mercury valve	(✓) ( ) ( )		
7 Check Glass tube leak	(✓) ( ) ( )		


## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA
1 Clean exterior and interior of the equipment	(✓) ( ) ( )		
2 Clean mercury	(✓) ( ) ( )		
3 Clean mercury tank	(✓) ( ) ( )		
4 Clean glass tube	(✓) ( ) ( )		

Notes:

\* For all Parts, NA is defined as NOT APPLICABLE  
If you have ticked 'NOT DONE', then justify in Part 3  
Choose Whichever Applicable

 Quantum Medical Solutions Sdn Bhd	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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WORK ORDER NO ▶ PW0339864

**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	158 - 162	( ✓ )	( )	( )
		mmHg	190	190	188 - 192	( ✓ )	( )	( )

**PART 7** ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60801)

☐ 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 19

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

COMPLETED BY:

CHARLES LIAM  
 Biomedical Engineer  
 Quantum Medical Solutions  
 Sibul Division

DATE :

19/01/2018