

## 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.	PWO369141	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	25-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHPREY002	Distict	BATU PAHAT
BE Category	Resuscitators, Pulmonary, Manual	WO Assigned to	MUHD SHAZRUL .
Ownership	<input type="checkbox"/> Existing Equipment	<input checked="" type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details			
Company Name	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
<b>Action Taken</b> <input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer : <input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown Modal : BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> NA Serial No : Remarks:			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL .	25-05-2018	15:05	15:55

Customer Remarks	
Engineer / Technician Signature Name Date  25/06/2018 QUANTUM MEDICAL SOLUTION MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN	Customer Signature Name Designation Date Seal  Nur Hazirah Nacey Abdullah (No. Pendaftaran Penuh: 54451) Jururawat U29 KK Kc. Kangsan Dato Onn 25/6/18

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  
Resucitators, Pulmonary, Manual  
BE CODE : 13-367

CHECKLIST NO: CL-123-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 369141 BE NO ▶ JHPREY002  
MANUFACTURER ▶ Heqstar Medical MODEL ▶ NA  
FREQUENCY ▶ 6 MONTHLY ( ) 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

## PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )
2 Fittings/ Connectors - check all fittings/connectors	(✓)	( )	( )
3 Resuscitation Bag - Verify condition	( )	( )	(✓)
4 Diaphragm/Valve - Verify condition	(✓)	( )	( )
5 Ventilation mask - Verify condition	(✓)	( )	( )

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA
1 Clean exterior and interior of the equipment	(✓)	( )	( )

Notes:

- \* For all Parts, NA is defined as NOT APPLICABLE
- \*\* If you have ticked 'NOT DONE', then justify in Part 8
- \*\*\* Choose Whichever Applicable



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MEET Planned Preventive Maintenance Checklist  
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WORK ORDER NO ▶

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA

## 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: 25-06-2018 .