

Form B03

Scheduled Maintenance Work Order



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

Work Order No	PW0339842	Scheduled Month	January 2018
Work Order Date	01/01/2018	Completed Date	18/1/2018
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169
BE No	SWK4677	District	SIBU
Be Category	B.P Set, Mercury	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

To do ppm as per schedule attached.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
02	Wesley Charles	18/1/2018	1140	1500

Customer Remarks

Engineer / Technician Signature Name Date WEDNISLEYJI JIMMY BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS 18/1/18	Customer Signature Name Designation Date Seal ARTHUR ASAK AR KUJAT Pen Pegawai Perubatan U32 LPPM 5398
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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



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BEMS Planned Preventive Maintenance Checklist
Sphygmomanometers, Mercury
SE CODE 16-158CHECKLIST NO: CL-143
REV.000**PART 1 ASSET DETAILS**

WORK ORDER NO ▶ PW039842 ASSET NO ▶ SWK 4677 -
MANUFACTURER ▶ Accoson MODEL ▶ Dekamat MK3
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶

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	Tresa 0123	NON-INVASIVE BLOOD PRESSURE ANALYZER	H213243	

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	(✓)	()	()
Check air release valve	(✓)	()	()
6 Check mercury valve	(✓)	()	()
7 Check Glass tube leak	(✓)	()	()

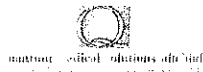
PART 5 PREVENTIVE MAINTENANCE TASKS

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 8
Choose Whichever Applicable

	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury BE CODE : 16-158	CHECKLIST NO: CL-143 REV.000
	WORK ORDER NO ▶ <u>PWO339842</u>	

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 60601)

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES

not functioning well

☐ 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:

WEDNISLEYJI JIMMY
BIOMEDICAL TECH
QUANTUM MEDICAL SOLUTIONS

DATE:

18/1/18