Form B03 Scheduled Maintenance Work Order



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

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Work Order No.		PWO365569		nedule Month	June 2018					
Work Order Date		01/06/2018		npleted Date	05-06-2018					
Clinic Name		Klinik Kesihatan Pesta / Kampung Ken		ic Code	JHR015					
BE No.		JHR014177		tict	BATU PAHAT					
BE Category		Sphygmomanometers, Aneroid		Assigned to	MUHD SHADRUL.					
Ownership		✓ Existing Equipment		Purchase	New					
BE Condition		✓ Active		BER Proposed						
Work Order Type		Preventive Maintenance (PM)	Third Party Calibration (TPC)							
Work Order Type		✓ Routine Inspection (RI)	Statutory Certification (SC)							
Reschedule Date										
BE Third Party Calibration / Statutory Certification Details										
Company Name			Cal / Cert Date		2.0					
Contact Number		NA		/ Cert Expiry Date	NA -					
Action Taken										
PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer :										
Corrective Maintenance / Breakdown Modal :										
BE Stie	cker Availa	ability: Yes / NA	es / NA		Serial No :					
Remarks:										
Notificity.										
Schedule Mainter	nance Ex	ecution Details		,						
SI No		QMS Engineer / Technician Name		Date	Start Time	End Time				
	M	THD SHADRUL.		02-06-2018	12:00	17:50				
		2								
					-/					
Customer Remarks				I	1 Car (10 Car)					
	WHAT III				1					
NA /										
Engineer / Technician Signature Customer Signature Nur Hazireh Necey Abdullah										
Name Name (No. Pendaftaran Penuh; 54451) Date Designation Designation										
Date Designation Designation NKK Kg. Kenangan Date Onn Date Date Designation Date Designation Date Designation NKK Kg. Kenangan Date Onn										
WUMAMMAD SH	MAZRUL BIN	MOHD SAMSURI	Seal 56/18							
BIOMEDICAL TECHNICIAN										
For Internal Use										

First Verification

RAZILA MISKAN
Biomedical Engineer (Circle In-Charge)

QMS Circle Incharge Quantum Medical Solutions Sdn. Bhd.

Final Verification

QMS State Incharge

Control (M. A. W. A.) Barrio (M. A.) Barrio (M. A.) Barrio (M. A.) Barrio (M. A.)



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO:CL-140-000 REV.000

PART 1 ASSET DETAILS											
WORK ORDER NO ▶ PWO 3	65569			BE NO	JHR 014177 .						
MANUFACTURER ► TYTON	medical			MODEL	NA ·						
FREQUENCY ► 12 MONTH	HLY (√)			PPM HOURS	▶ 0.50						
PART 2 SPECIAL PRECAUTION	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 TEESA 0252	PRESSURE METER			1985	09 / 11 / 2018.						
PART 4 QUALITATIVE TASKS											
Tick ($\sqrt{\ }$) where appropriate	PASS	FAIL NA									
	1 700	TAIL IVA									
Chassis - Verify physical integrity, cleanliness and condition.	(/)	() ()	Ē.								
2 Mount/Fasteners - Verify physical integrity. (/) () ()											
Check cuff & hose - Verify physical integrity (//) () (and cleanliness.											
and disaminess.	and dicarminess.										
4 Check Bulb - Verify physical integrit cleanliness.	y and (//)	() ()									
5 Check air release valve.	(/)	() ()									
6 Check dial.	(/)	() ()									
DART & DREVENTIVE HAINTENANC	ETARKS										
PART 5 PREVENTIVE MAINTENANC	LIMONO										
Tick ($\sqrt{\ }$) where appropriate .		50.027623									
	DONE	NOT DONE ** NA	Notes:								
1 Clean the Exterior/Interior.	(/)	()()	** If you	Parts, NA is defined as NOT A have ticked 'NOT DONE', then se Whichever Applicable							
			20								



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid BE CODE: 16-156 CHECKLIST NO:CL-140-000 REV.000

WORK ORDER NO PART 6 QUANTITATIVE TASKS Tick ($\sqrt{\ }$) where appropriate Units / Measured Description Set Values Limit/Tolerance PASS FAIL NA UOM Values 38 38-42 V)()() 1 Blood pressure accuracy mmHg 70 69 68-72 mmHg (/) () () 99 98-102 mmHg 100 () () () 128 128-132 130 () () () mmHg () () () 158 156-162 mmHg 160 188-192 190 188 ()()() mmHg PART 7 ELECTRICAL SAFETY TEST ELECTRICAL SAFETY TEST, (attach report) Tick (\(\) where appropriate Standard use : Result: IEC 60601 IEC 61010 IEC 62353 PASS FAIL NA PART 8 NOTES NA NOT FUNCTIONING CORRECTIVE MAINTENANCE REQUIRED FUNCTIONING NEXT PPM DATE - JUNE 19 WORK ORDER NO ►____ NA PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: MUHD SHADRUL. DATE: 05-06-2018.