



# Scheduled Maintenance Work Order

Work Order No	PW0410225	Scheduled Month	January 2019
Work Order Date	01-01-19	Completed Date	11/01/19
Clinic Name	K.R. SELINSING	Clinic Code	PRK176
BE No	PRNCP030	District	KERIAN
BE Category	Oximeters, Pulse	WO Assigned to	KAMARUL
Ownership	<input type="checkbox"/> Existing Equipment	<input checked="" 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"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	NA
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## BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA

## Action Taken

PPM COMPLETED

Manufacturer : MINDRAY

Model : PM-60

S/N : CR-76181538

Purchase Date :

Kewpa No :

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1	KAMARUL	11/01/19	1045	1115

## Customer Remarks

Engineer / Technician Signature Name Date 11/01/19  KAMARULZAMAN B. MOHAMMED HASHIM Biomedical Engineer Quantum Medical Solution Sdn. Bhd.	Customer Signature Name Designation Date Seal  MOHD FARIZAH BINTI SAMSUDDIN PEN. KEP. PERUBATAN U29 KLINIK KESIHATAN SELINSING SIMPANG EMPAT, 34400 SEMANGGOL, PERAK. TEL 05-890 4542 11/1/19
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For Internal Use only

First Verification  
QMS Circle Incharge

MOHD AZMAN BIN RAMLI  
Circle Incharge NC2  
LMS, Kerian, Hlu Perak  
Quantum Medical Solutions Sdn Bhd

Final Verification  
QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Oximeters, Pulse

BE CODE : 17-148

CHECKLIST NO: CL-107-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0410225 ASSET NO ▶ PRNXP030  
MANUFACTURER ▶ MINORAY MODEL ▶ PM-60  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY (✓) PPM HOURS ▶ 1.00

## 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
	NA	ELECTRICAL SAFETY ANALYZER		
..	TEESA 0184	OXYGEN SATURATION/PULSE RATE ANALYZER	3231004	230319

## PART 4 QUALITATIVE TASKS

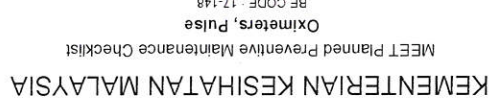
Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )	9 Alarms / Interlocks - check all alarms available	(✓)	( )	( )
2 Power Cord - verify proper insulation and integrity	(✓)	( )	( )	10 SpO2 Probe - verify physical integrity	(✓)	( )	( )
3 Strain Relief - verify physical integrity at both ends of line cord	(✓)	( )	( )	11 Power ON Self Test	(✓)	( )	( )
4 Circuit Breaker / Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	( )	( )	12 Battery test - refer to service manual	( )	( )	(✓)
5 Fittings / Connectors - check all fittings / connectors	(✓)	( )	( )				
6 Controls / Switches - verify proper operation of controls	(✓)	( )	( )				
7 Label - verify physical integrity	(✓)	( )	( )				
8 Indicators / Displays - verify proper illumination and operation	(✓)	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA	
1 Inspect, Clean Interior and Exterior	(✓)	( )	( )	Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Battery - check/ replace***	(✓)	( )	( )	

Oximeters, Pulse  
BE CODE : 17-148

QUANTITATIVE TASKS  
(Continues)

## PART 6

Tick (✓) where appropriate

No	Description	Units / Set	UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	SP02 Accuracy	%	80	80	80	78 - 82	✓	( )	( )
		%	90	90	90	88 - 92	✓	( )	( )
		%	97	97	97	95 - 99	✓	( )	( )
2	Pulse Rate Accuracy	bpm	60	60	60	57 - 63	✓	( )	( )
		bpm	120	120	120	197 - 203	✓	( )	( )
		bpm	200	200	200	197-203	✓	( )	( )

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (v) where appropriate

Standard use :

IEC 60601

IEC 61010

IEC 62353

Result: ☐ PASS

☐ FAIL

NA ☒

## PART 8 NOTES

Part 5 - Item 2

Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any):

WORK ORDER NO	1	FUNCTIONING	NOT FUNCTIONING	NEXT PPM DATE	June 00
CORRECTIVE MAINTENANCE REQUIRED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

COMPLETED BY:

DATE:

KAMARULZAMAN B. MOHAMMED HASHIM

Quantum Medical Solution Sdn. Bhd.