

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	PW0340261	Scheduled Month	January 2018	
Work Order Date	01/01/2018	Completed Date	18/01/2018	
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169	
BE No	Swk064788	District	SIBU	
Be Category	Bp 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 <p>To 6 ppm as per checklist & attach.</p>				
Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
022	WEDNISLEYJI JIMMY	18/11/2018	1410	1430
	charles			
Customer Remarks				
Engineer / Technician Signature Name: Date: 18/1/18 WEDNISLEYJI JIMMY BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS		Customer Signature Name: Designation: Date: Seal:		

For Internal Use Only

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions



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BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Mercury

BE CODE 16-158

CHECKLIST NO: CL-143
REV.000**PART 1 ASSET DETAILS**

WORK ORDER NO ▶ RW0340261 ASSET NO ▶ SWK062788
MANUFACTURER ▶ Accoson MODEL ▶ Dekamet Mk3
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/) PPM HOURS ▶ 0.20

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	Telsa 0125	NON-INVASIVE BLOOD PRESSURE ANALYZER	8313 293	7/10/18

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

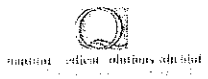
DONE NOT
DONE

NA

Notes:

- | | | | | |
|---|--|-------|-----|-----|
| 1 | Clean exterior and interior of the equipment | (/) | () | () |
| 2 | Clean mercury | (/) | () | () |
| 3 | Clean mercury tank | (/) | () | () |
| 4 | Clean glass tube | (/) | () | () |

* 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 ▶ PW0340261	

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

unit 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