

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	PW0340197	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	SWK004809	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	N/A	Cal / Cert Expiry Date	N/A

## Action Taken

To do ppm as per checklist attached

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
002	WEDNESLEY JIMMY	18/1/2018	6:10	12:30
	Charles			

## Customer Remarks

Engineer / Technician Signature Name: WEDNESLEY JIMMY Date: 18/1/18 BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS	Customer Signature Name: ARTHUR ASAK AK Designation: Pen Pegawai Perubatan U32 Date: 18/1/18 Seal: 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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## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Mercury

SE CODE 18-158

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

WORK ORDER NO ▶ PWD340917

ASSET NO ▶ SWK664809

MANUFACTURER ▶ Accoson

MODEL ▶ Defunct WK3

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 0128	NON-INVASIVE BLOOD PRESSURE ANALYZER	H313293	7/8/18

**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

 <small>quantum medical solutions sdn bhd</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury <small>SE CODE : 18-158</small>	<small>CHECKLIST NO: CL-143 REV.000</small>
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WORK ORDER NO ▶ **PW0340917**

**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**