

## Form B03

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO365690	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	19-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken	Clinic Code	JHR015
BE No.	JHR002017	Distict	BATU PAHAT
BE Category	Sphygmomanometers, Mercury	WO Assigned to	MUHD SHAZRUL
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<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)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details			
Company Name	NA	Cal / Cert Date	NA
Contact Number	NA	Cal / Cert Expiry Date	NA
<b>Action Taken</b> <input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer : <input checked="" type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown Modal : BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA Serial No : Remarks:			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL	19-06-2018	15:20	15:40

Customer Remarks	
NA Engineer / Technician Signature Name Date 19/06/2018 QUANTUM MEDICAL SOLUTION MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN	Customer Signature Name Designation Date Seal 19/6/18


For Internal Use

First Verification  
QMS Circle Incharge

**RAZILA MISKAN**  
 Biomedical Engineer (Circle In-Charge)  
 Quantum Medical Solutions Sdn. Bhd.

Final Verification  
QMS State Incharge



 Quantum Medical Solutions sdn bhd <small>transforming healthcare, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist <b>Sphygmomanometers, Mercury</b> <small>BE CODE : 16-158</small>	CHECKLIST NO: CL-143 REV.000		
<b>PART 1 ASSET DETAILS</b>				
WORK ORDER NO ▶ <b>PWO 365690</b>		ASSET NO ▶ <b>JHR 002017</b>		
MANUFACTURER ▶ <b>Accason</b>		MODEL ▶ <b>mk-5</b>		
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( <input checked="" type="checkbox"/> )		PPM HOURS ▶ <b>20 min</b>		
<b>PART 2 SPECIAL PRECAUTION</b>				
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.				
<b>PART 3 TEST APPARATUS</b>				
Tick (✓) where appropriate				
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1		NON-INVASIVE BLOOD PRESSURE ANALYZER		
	<b>TEESA 0252</b>	<b>Pressure Gauge</b>	<b>1985</b>	<b>9/11/2018</b>
<b>PART 4 QUALITATIVE TASKS</b>				
Tick (✓) where appropriate				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	( <input checked="" type="checkbox"/> )	( )	( )	
2 Mount/ Fasteners - verify physical integrity	( <input checked="" type="checkbox"/> )	( )	( )	
3 Check cuff & hose verify physical integrity and cleanliness	( <input checked="" type="checkbox"/> )	( )	( )	
4 Check Bulb verify physical integrity and cleanliness	( <input checked="" type="checkbox"/> )	( )	( )	
5 Check air release valve	( <input checked="" type="checkbox"/> )	( )	( )	
6 Check mercury valve	( <input checked="" type="checkbox"/> )	( )	( )	
7 Check Glass tube leak	( <input checked="" type="checkbox"/> )	( )	( )	
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>				
Tick (✓) where appropriate				
	DONE	NOT DONE	NA	Notes:
1 Clean exterior and interior of the equipment	( <input checked="" type="checkbox"/> )	( )	( )	* For all Parts, NA is defined as NOT APPLICABLE If you have ticked 'NOT DONE', then justify in Part 8 Choose Whichever Applicable
2 Clean mercury	( <input checked="" type="checkbox"/> )	( )	( )	
3 Clean mercury tank	( <input checked="" type="checkbox"/> )	( )	( )	
4 Clean glass tube	( <input checked="" type="checkbox"/> )	( )	( )	



# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Sphygmomanometers, Mercury  
BE CODE : 16-158

CHECKLIST NO: CL-143-000  
REV.000

WORK ORDER NO ▶

## 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	39	38 - 42	(✓)	( )	( )
		mmHg	70	69	68 - 72	(✓)	( )	( )
		mmHg	100	99	98 - 102	(✓)	( )	( )
		mmHg	130	129	128 - 132	(✓)	( )	( )
		mmHg	160	159	158 - 162	(✓)	( )	( )
		mmHg	190	189	188 - 192	(✓)	( )	( )

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601

☐ IEC 61010

☐ IEC 62353

Result :

☐ PASS

☐ FAIL

☒ NA

## PART 8 NOTES

+ Corrective Maintenance.

+ Cuff leaking.

+ Job done. Change with the new unit.

+ Tested ok.

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA.

NEXT PPM DATE ▶ JUN 19.

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

COMPLETED BY: MUHD SHAZRU.

DATE: 19-06-2018