

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

Work Order No.	PWO365243	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	10-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHR014220	Distict	BATU PAHAT
BE Category	Sphygmomanometers, Aneroid	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		Cal / Cert Expiry Date	
Action Taken			
<input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use.		Manufacturer :	
<input 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	10-06-2018	15:00	15:20

Customer Remarks
NA

Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
	Date
	Seal


Engineer / Technician: MUHAMMAD SHAZRUL BIN MOHD SAMSURI, BIOMEDICAL TECHNICIAN
 Date: 10/06/2018
 Customer: Nur Hazirah Nacey Abdullah (No. Pendaftaran Penuh: 54451), Jururawat U29, KK Kg. Kenangan Dato Onn
 Date: 12/6/18


For Internal Use

RAZILA MISKAN

First Verification Biomedical Engineer (Circle In-Charge)
QMS Circle Incharge Quantum Medical Solutions Sdn. Bhd.

Final Verification
QMS State Incharge

 Quantum Medical Solutions sdn bhd <small>transforming healthcare, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid BE CODE : 16-156	CHECKLIST NO: CL-140 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ PWO 365243		ASSET NO ▶ JHR 014220		
MANUFACTURER ▶ MDF		MODEL ▶ NA		
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)		PPM HOURS ▶ 20 min		
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		NON-INVASIVE BLOOD PRESSURE ANALYZER		
	TEESA 0052	Pressure Gauge	1985	9/11/2018
PART 4 QUALITATIVE TASKS				
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 dial	(<input checked="" type="checkbox"/>)	()	()	
7 Calibration	(<input checked="" type="checkbox"/>)	()	()	
PART 5 PREVENTIVE MAINTENANCE TASKS				
Tick (✓) where appropriate				
	DONE	NOT DONE	NA	
1 Clean exterior and interior of the equipment	(<input checked="" type="checkbox"/>)	()	()	

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WORK ORDER NO ►								
PART 6 QUANTITATIVE TASKS								
<i>Tick (✓) where appropriate</i>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Blood pressure accuracy	mmHg	40	38	38-42	(✓)	()	()
		mmHg	70	69	68-72	(✓)	()	()
		mmHg	100	99	98-102	(✓)	()	()
		mmHg	130	129	128-132	(✓)	()	()
		mmHg	160	159	156-162	(✓)	()	()
		mmHg	190	189	188-192	(✓)	()	()
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>								
PART 8 NOTES								
<div style="font-size: 2em; color: blue;">NA</div>								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED </div> <div> <input checked="" type="checkbox"/> FUNCTIONING </div> <div> <input type="checkbox"/> NOT FUNCTIONING </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> WORK ORDER NO ► <u>NA</u> </div> <div> NEXT PPM DATE ► <u>JUN 19</u> </div> </div>								
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <u>MUHD SHAARUL</u> DATE: <u>10-06-2018</u>								