# Form B03 **Scheduled Maintenance Work Order**



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

Work Order No.	14	PWO371566				le Month	June 2018			
Work Order Date		01/06/	2018	Cor	nple	eted Date	25-06-2018			
Clinic Name		Klinik	Kesihatan Pesta / Kampung Ken	Clin	nic C	ode	JHR015			
BE No.		JHNS	PA015	Distict			BATU PAHAT			
BE Category		SPHY	GMOMANOMETERS, ELEC	wo	Ass	signed to	MUHD SHADRUC.			
Ownership			Existing Equipment			Purchase	✓ N	lew		
BE Condition		<b>V</b>	Active			BER Proposed				
Work Order Type		✓ Preventive Maintenance (PM)			Third Party Calibration (TPC)					
			Routine Inspection (RI)		Statutory Certification (SC)					
Reschedule Date										
BE Third Party Calibration / Statutory Certification Details										
Company Name	NA NA				/ Ce	ert Date	NA			
Contact Number	tact Number				/ Ce	ert Expiry Date				
PM / RI job done as per checklist. Unit tested functioning goo  Corrective Maintenance / Breakdown  BE Sticker Availability: Yes / NA  Remarks:						od & ready to use. Manufacturer :  Modal :  Serial No :				
Schedule Mainten	ance Ex	ecution	Details							
SI No		QMS	S Engineer / Technician Name			Date	Start Tir	ne End Time		
	1000	MAN	MUHD SHADRUC.			25-06-20	8 04:50	0 10:50		
			· 4							
			*							
Customer Remarks								-		
O NA.										
Engineer / Technician Signature  Name  Name  Date  OUANTUM MEDICAL SOLUTION MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN  Customer Signature  Name  Name  Designation  Designation  Date  KK Kg. Kenangar, Dato Onn  Seal						nuh: 54451) 29				
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

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## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Electronic, Automatic

BE CODE : 16-173

CHECKLIST NO:CL-141-000 REV.000

PART 1 ASSET DETAILS													
WORK ORDER NO ▶ PWO 371566										BE NO	•	JHNSPA 015	
MANUFACTURER • Mindray										MODEL	•	VS _ 900	
FREQUENCY ► 12 MONTHLY (√)										PPM HOUR	s Þ	1.00	
PAR	T 2 SPECIAL	PRECAUTION							agency com				
If ther	e is evidence	of body fluid contar	mination, s	ubmit the	device	and d	econtamination	before inspecting it.					
Wear appropriate Personnel Protection Equipment (PPE) during work.													
Wear	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 appr	opriate	1										
NO ASSET NO					DE	SCRI	PTION			SERIAL NO	CALIBRATION DUE ON		
1	1 TEESA 0074			RICAL SAF	ETY	ANAL'	YZER			3226906	9/10/2018.		
2	TEES	A 0186	PATIEN <sup>*</sup>	PATIENT SIMULATOR						3233028	10/12/2018		
PAR	T 4 QUALITA	ATIVE TASKS											
Tick (	√) where appr	opriate											
				PASS	FA	AIL.	NA					PASS FAIL NA	
1	Chaesis - Varif	iv physical integrity		(/)	1	1	<i>(</i> )	8	Indicators/Disr	olays - Verify proper illumina	ion	(/)()()	
Chassis - Verify physical integrity,     cleanliness and condition.							and operation.			(			
2 Mount/Fasteners - Verify physical integrity. ( // ) ( ) ( )						9	Hose & Cuff - 'cleanliness.	Verify physical integrity and		(/)()()			
	Power Cord - \ integrity.	tion and	(/)	(	)	( )							
Strain Relief - Verify physical integrity both ends of line cord.				(/)	(	)	( )						
5 Circuit Breaker/Fuse - Verify integrity external circuit breaker and/or rating of external fuse.				(/)	(	)	( )						
6 Fittings/Connectors - Check all fittings/connectors.				(/)	(	)	( )						
	Controls/Switc operation of co	hes/Keypad - Verif ontrols.	y proper	(/)	(	)	( )			8			
PART 5 PREVENTIVE MAINTENANCE TASKS													
Tick (	√) where appr	opriate						1					
				DONE	NC DON	OT IE **	NA	Note	es:				
1	Clean exterior/	interior of the equip	oment.	()	(	) (	(		If you have	I Parts, NA is defined as NC ve ticked 'NOT DONE', then Whichever Applicable			
2	Battery - Chec	sary.***	(/)	(	) (	(		GHOUSE (	Things of Applicable				



## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Electronic, Automatic BE CODE: 16-173

CHECKLIST NO:CL-141-000 REV.000

WORK ORDER NO ▶ PART 6 QUANTITATIVE TASKS Tick ( √ ) where appropriate Measured Units / Limit/Tolerance PASS FAIL NA Description Set Values UOM Values 199 197 - 203 Blood pressure accuracy mmHg () ( ) ( 149 147 - 153 mmHg ()()( ) 101 mmHg 100 97 -103 ()()() 60 58 - 62 (/ ( )( ) 60 2 Pulse rate accuracy bpm 80 78 - 82 (/)()() bpm 80 120 118 - 122 (\_)()() 120 bpm PART 7 ELECTRICAL SAFETY TEST ELECTRICAL SAFETY TEST, (attach report) Tick ( \( \) where appropriate Result: Standard use : IEC 60601 IEC 61010 PASS IEC 62353 FAIL NA PART 8 NOTES NA CORRECTIVE MAINTENANCE REQUIRED FUNCTIONING NOT FUNCTIONING NEXT PPM DATE - JUN 19 WORK ORDER NO ▶\_ PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: MUHD SHADRUL. DATE: 25-06-2018

#### **Test Setup**

## **DUT Information**

Operator ID:

DINA

Equipment Number: JHNSPA015

Calibration Tech:

Serial Number: Manufacturer:

**MINDRAY** 

Calibration Date : Firmware Version: 9/10/2017

VS-900

Serial Number:

2.08.01

Model:

3226906

Location:

KK PESTA

Date & Time:

06/25/2018 & 10:27

Other:

JOB Name:

## **Template Information**

Template Name:

JHNSPA015

Standard:

IEC60601-1-2nd Ed

Pause after Power ON: NO

Pause before Power O NO

Power ON delay:

2

Power OFF delay:

Test Speed:

**NORMAL** 

Test Mode:

AUTO

Halt on Test Failure: YES

NO

Include Time:

Multi PE Test: Multi Resstore:

WORST/LAST

Insulation Resistance \ 500V

YES

Reverse Polarity:

YES

Multi Enclosure Test: NO

Classification:

Ш

## PLC Configuration-Applied part setup

AP Name AP Type AP Num

## **ESA615 Test Results**

Test Name	Value	High Limit	s Low Limits	Status
Insulation Resistance				Р
Mains to Non-Earth Accessible Conductive	Par 999 MOhr	۱-	-	Р
Mains Voltage				Р
Live to Neutral	237.1 V	(50)	-	Р
Equipment Current	0.0 A	_	(2)	Р
Enclosure Leakage Current				Р
Normal Condition	0.6 uA-OP	100	-	Р
Open Neutral	0.7 uA-OP	500	-	Р
Open Neutral- Reversed Mains	0.7 uA-OP	500	-	Р
Normal Condition- Reversed Mains	0.6 uA-OP	100	=	Р
Earth Leakage Current				Р
Open Neutral	27.1 uA-O	1000	=	Р