

## 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.	PWO366035	Schedule Month	July 2018
Work Order Date	01/07/2018	Completed Date	16-7-18
Clinic Name	Klinik Kesihatan Sungai Rengit	Clinic Code	JHR047
BE No.	JHR011500	Distict	KOTA TINGGI
BE Category	Sphygmomanometers, Aneroid	WO Assigned to	KTGBME1
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	NA
-----------------	----

<b>BE Third Party Calibration / Statutory Certification Details</b>			
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: Evk 9	
<input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown		Model: NA	
BE Sticker Availability: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA		Serial No: 03018298	
Remarks:			

<b>Schedule Maintenance Execution Details</b>				
Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
NA	Shalwana	10/7/18	10 00	10 30

Customer Remarks	NA
------------------	----

Engineer / Technician Signature	Customer Signature
Name	Name
Date	Date
NOORSHALWANA BINTI LATIP	NORHASMIA BINTI BAHRUN
Biomedical Engineer	Designation Jurutawati Kesihatan U29
16-7-2018	KK Sungai Rengit
Quantum Medical Solutions Sdn. Bhd.	Seal
012-3962428	10/7/18

For Internal Use  
**MUHD RAMADHAN D. TAMAR JAYA**  
 Biomedical Engineer  
 Technical Service Department  
 Quantum Medical Solutions Sdn. Bhd.  
 Tel: +60 12-396 1697

First Verification  
 QMS Circle Incharge

Final Verification  
 QMS State Incharge



# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Sphygmomanometers, Aneroid  
BE CODE : 16-156

CHECKLIST NO: CL-140-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 366035 BE NO ▶ JHR011500  
MANUFACTURER ▶ EKA MODEL ▶ NA  
FREQUENCY ▶ 12 MONTHLY (✓) PPM HOURS ▶ 0.50

## 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	TEESA 0338	PRESSURE METER	H. 313545	8/11/18

## 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.	( / )	( )	( )
5 Check air release valve.	( / )	( )	( )
6 Check dial.	( / )	( )	( )

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Clean the Exterior/Interior.	( / )	( )	( )

Notes:

- \* For all Parts, NA is defined as NOT APPLICABLE
- \*\* If you have ticked 'NOT DONE', then justify in Part 8
- \*\*\* Choose Whichever Applicable



# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Sphygmomanometers, Aneroid  
BE CODE : 16-156

CHECKLIST NO: CL-140-000  
REV.000

WORK ORDER NO ▶ PWO 366035

## 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	156-162	(✓)	( )	( )
		mmHg	190	190	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

MP

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ MP

NEXT PPM DATE ▶ 7/19

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

COMPLETED BY:

NOORSHALWAN BINTI LATIP  
Biomedical Engineer  
Quantum Medical Solutions Sdn. Bhd.  
012-3962428

DATE:

10/7/18