

Form B03

Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd
transcending boundaries, transcending time
Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PWO 339888	Scheduled Month	JAN 18
Work Order Date	01/01/2018	Completed Date	18.01.2018
Clinic Name	KK JALAN OYA.	Clinic Code	SWK 169.
BE No	SWK004785.	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		Cal / Cert Expiry Date	

Action Taken

-ppm done.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
QMS0121	Charles Tham	18.01.2018	11.00	11.30.

Customer Remarks

Engineer / Technician Signature Name Date CHARLES THAM Biomedical Engineer Quantum Medical Solutions Sibul Division 18.01.2018	Customer Signature Name Designation Date Seal ARTHUR... P04... 18.01.2018
--	--

For Internal Use Only

First Verification

QMS Circle Incharge

James Bo
Biomedical Engineer
Quantum Medical Solutions

Final Verification

QMS State Incharge



quantum medical solutions sdn bhd

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Mercury

3E CODE: 16-158

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

WORK ORDER NO ▶ PWO 339 888 ASSET NO ▶ SMT0004785
MANUFACTURER ▶ Accson MODEL ▶ MK
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶ 0.5

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	TEEA0055	NON-INVASIVE BLOOD PRESSURE ANALYZER	3228029	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 DONE NA

- | | | | | |
|---|--|-------|-----|-----|
| 1 | Clean exterior and interior of the equipment | (/) | () | () |
| 2 | Clean mercury | (/) | () | () |
| 3 | Clean mercury tank | (/) | () | () |
| 4 | Clean glass tube | (/) | () | () |

Notes:

* For all Parts, NA is defined as NOT APPLICABLE
If you have ticked 'NOT DONE', then justify in Part 3
Choose Whichever Applicable

**

	<p align="center">Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury BE CODE : 16-158</p>	<p align="right">CHECKLIST NO: CL-143 REV.000</p>
--	---	--

WORK ORDER NO ▶ PW0329888

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	42	38 - 42	(✓)	()	()
		mmHg	70	70	68 - 72	(✓)	()	()
		mmHg	100	100	98 - 102	(✓)	()	()
		mmHg	130	130	128 - 132	(✓)	()	()
		mmHg	160	162	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

- ppm done.

- unit is functioning satisfactory.

☐ 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: **CHARLES THAM**
 Biomedical Engineer
 Quantum Medical Solutions
 Sibul Division

DATE: 18-01-2018.