

Form B03

Scheduled Maintenance Work OrderQuantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PWO339473	Scheduled Month	JAN 2018
Work Order Date	01/01/2018	Completed Date	18.01.2018
Clinic Name	KK JALAN OYA	Clinic Code	SWK169
BE No	SWK004690	District	SIBU
Be Category	BP SET, MERCURY	WO Assigned to	SWBME1
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.

- Unit is functioning good.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0030121	Charles Tham	18.01.2018	8:00am	8:30am

Customer Remarks

Engineer / Technician Signature Name Date CHARLES THAM Biomedical Engineer Quantum Medical Solutions Sibu Division 18.01.2018	Customer Signature Name Designation Date Seal ARTHUR ASAN AK KUNT Pen Pegawai Pendaftaran LPPM 5595
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For Internal Use Only

First Verification

QMS Circle Incharge

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions

Final Verification

QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist
Sphygmomanometers, Mercury

SE CODE : 16-158

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

WORK ORDER NO ▶ DW0339473 ASSET NO ▶ SAK004690
MANUFACTURER ▶ Accoson MODEL ▶ Mk 3
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶ 0.5H.

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

Sl	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	TEESA0055	NON-INVASIVE BLOOD PRESSURE ANALYZER	3m809g	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

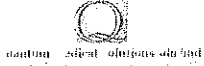
DONE NOT
DONE DONE NA

- | | | | | |
|---|--|-----|-----|-----|
| 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 8
Choose Whichever Applicable

**



Quantum Medical Solutions Sdn Bhd
BEMS Planned Preventive Maintenance Checklist
Sphygmomanometers, Mercury
BE CODE : 16-158

CHECKLIST NO: CL-143
REV.000

WORK ORDER NO ▶ PW0339773

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	60	38 - 42	(✓) () ()		
		mmHg	70	70	68 - 72	(✓) () ()		
		mmHg	100	102	98 - 102	(✓) () ()		
		mmHg	130	130	128 - 132	(✓) () ()		
		mmHg	160	160	158 - 162	(✓) () ()		
		mmHg	190	192	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

☐

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
Sibu Division

DATE :

18-01-2018