

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	PWO340097	Scheduled Month	JAN 2018.
Work Order Date	01/01/2018	Completed Date	101/2018
Clinic Name	KK JALAN OYA.	Clinic Code	SWKIG9.
BE No	SWK004081	District	SIBU.
Be Category	SPARKMOMANOMETERS, AVERTECH.	WO Assigned to	SIVAMEI.
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
QAS 0121	Charles Tham	19/01/2018	0930	1000.

Customer Remarks

Engineer / Technician Signature Name Date CHARLES THAM Biomedical Engineer Quantum Medical Solutions SibU Division 19/01/2018	Customer Signature Name Designation Date Seal ARTHUR ASAK AN KUAT Pegawai Perubatan US2 LPPM 5393
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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, Aneroid

SE CODE : 16-156

CHECKLIST NO: CL-140
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 340097

ASSET NO ▶ SWK004081

MANUFACTURER ▶ Welch Allyn

MODEL ▶ Silver

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

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	1ESSA0055	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	(✓)	()	()
	Check cuff & hose - verify physical integrity and cleanliness	(✓)	()	()
4	Check Bulb - verify physical integrity and cleanliness	(✓)	()	()
5	Check air release valve	(✓)	()	()
6	Check dial	(✓)	()	()
7	Calibration	()	()	(✓)

PART 5 PREVENTIVE MAINTENANCE TASKS


Tick (✓) where appropriate

DONE NOT
DONE DONE NA

1	Clean exterior and interior of the equipment	(✓)	()	()
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Notes:

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

 <small>quantum medical solutions sdn bhd</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid <small>BE CODE : 16-158</small>	CHECKLIST NO: CL-140 REV.009
	WORK ORDER NO ▶ PW0340047	

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	132	128-132	(✓)	()	()
		mmHg	160	160	156-162	(✓)	()	()
		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.
- Unit is functionally good.

☐

CORRECTIVE MAINTENANCE REQUIRED

☐

FUNCTIONING

☐

NOT FUNCTIONING

WORK ORDER NO ▶ _____

NEXT PPM DATE ▶ **Jan 2019.**

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:

19.01.2019