

# Scheduled Maintenance Work Order

# CMP



Quantum Medical Solutions sdn bhd  
transcending boundaries. transforming life

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

Work Order No	PWO410130	Scheduled Month	January 2019
Work Order Date	01/01/19	Completed Date	02/1/2019
Clinic Name	KK. Alor Pongru	Clinic Code	PRK018
BE No	PRK000 030701	District	Kerian
BE Category	Sphygmomanometer Aneroid	WO Assigned to	Ravin
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 checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	NA
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## BE Third Party Calibration / Statutory Certification Details

Company Name	NA	Cal / Cert Date	NA
Contact Number	NA	Cal / Cert Expiry Date	NA

## Action Taken



ppm done as per checklist

Manufacturer : Welch Allyn  
Model : Tycoos - TA2  
S/N : 07105303  
Purchase Date : NA  
Kewpa No: NA

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1.	Ravin	02/1/19	1200	1230

## Customer Remarks

<b>Engineer / Technician Signature</b> Name Date <div>               MUHAMMAD RAZIN BIN MOHAMAD EZZAH              JUNIOR ENGINEER / TECHNICIAN              QUANTUM MEDICAL SOLUTIONS SDN BHD              02/1/19         </div>	<b>Customer Signature</b> Name Designation Date Seal <div>               NURUL MASNAH BT HUSSAIN              JURURAWAT KESIHATAN U29              KK ALOR PONGRU              9/1/19         </div>
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For Internal Use only

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 ▶ PW0410130

BE NO ▶ PRK030701

MANUFACTURER ▶ Welch Allyn

MODEL ▶ Tygas TR2

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	NA	PRESSURE METER	NA	NA
2	Teeja 0262	Pressure Gauge	002040	21/2/19

## 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

WORK ORDER NO **PWO 410130**

**PART 6 QUANTITATIVE TASKS**

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Blood pressure accuracy	mmHg	40	140	38-42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		mmHg	70	70	68-72	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		mmHg	100	100	98-102	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		mmHg	130	130	128-132	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		mmHg	160	160	156-162	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		mmHg	190	190	188-192	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 7 ELECTRICAL SAFETY TEST**

ELECTRICAL SAFETY TEST (attach report)

Tick (✓) where appropriate

Standard use:

Result:

☐ IEC 60601 ☐ IEC 61010 ☐ IEC 62353

☐ PASS ☐ FAIL ☒ NA

**PART 8 NOTES**

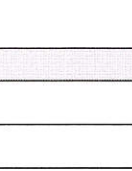
First not required due to not electrical usage.

WORK ORDER NO **NA**

NEXT PPM DATE **Jan 2020**

☐ CORRECTIVE MAINTENANCE REQUIRED ☒ FUNCTIONING ☐ NOT FUNCTIONING

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

COMPLETED BY: 

DATE: \_\_\_\_\_