

Form B03

Scheduled Maintenance Work Order



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

Work Order No	PWO 340960	Scheduled Month	JAN 2018
Work Order Date	01/01/2018	Completed Date	19.01.2018
Clinic Name	KU JALAN OYA.	Clinic Code	SWK169.
BE No	SWK004691	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)	

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
085011	Charles Tham.	19.01.2018	11.30	12.00.

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 ASAMER KUDAY
Sibu Division

21/1/2018

For Internal Use Only

First Verification

QMS Circle Incharge

Jamz Bo
Sr. Biomedical Engineer
Quantum Medical Solutions

Final Verification

QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist
Sphygmomanometers, Mercury

BE CODE 16-158

CHECKLIST NO: QL-143
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0340960 ASSET NO ▶ SWK000691
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

	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	TEESA0055	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	(✓) () ()		
5 Check air release valve	(✓) () ()		
6 Check mercury valve	(✓) () ()		
7 Check Glass tube leak	(✓) () ()		

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT 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 : 10-158

CHECKLIST NO: CL-143
REV.000

WORK ORDER NO ▶ PWO340960

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	102	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 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

Sibu Division

DATE:

19.01.2018