

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

Work Order No.	PWO365098	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	10-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHR002035	Distict	BATU PAHAT
BE Category	Sphygmomanometers, Aneroid	WO Assigned to	MUHD SHAZRUL
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<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)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details			
Company Name	NA	Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken			
<input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use.		Manufacturer :	
<input checked="" type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown (change bp cuff)		Modal :	
BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA		Serial No :	
Remarks:			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL	10-06-2018	16:00	16:20

Customer Remarks	
NA	
Engineer / Technician Signature Name Date QUANTUM MEDICAL SOLUTION MUHAMMAD SHAZRUL BIN MOHD SAMSUR BIOMEDICAL ENGINEER / TECHNICIAN 10/06/2018	Customer Signature Name Designation Date Seal Nur Hazirah Nasyi Abdullah (No. Pendaftaran Penuh: 54451) Jururawat U29 KK Kg. Kenangan Dato Onn 12/6/18

For Internal Use

First Verification
QMS Circle Incharge

RAZILA MISKAN
Biomedical Engineer (Circle In-Charge)
Quantum Medical Solutions Sdn. Bhd.

Final Verification
QMS State Incharge



Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist
Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO: CL-140
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 365098 ASSET NO ▶ JHR 002035
MANUFACTURER ▶ Accason MODEL ▶ NA
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶ 20 min.

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		NON-INVASIVE BLOOD PRESSURE ANALYZER		
	TEESA 0252	Pressure Gauge	1985	9/11/2018

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	(✓)	()	()
7 Calibration	(✓)	()	()


PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA
1 Clean exterior and interior of the equipment	(✓)	()	()

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 <small>Manufacturing, Maintenance, Training & Support</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid BE CODE : 16-156	CHECKLIST NO: CL-140 REV.000						
WORK ORDER NO ►								
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	41	38-42	(✓)	()	()
		mmHg	70	71	68-72	(✓)	()	()
		mmHg	100	101	98-102	(✓)	()	()
		mmHg	130	131	128-132	(✓)	()	()
		mmHg	160	161	156-162	(✓)	()	()
		mmHg	190	191	188-192	(✓)	()	()
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>								
PART 8 NOTES								
<div style="font-size: 2em; color: blue;">NA</div>								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED </div> <div> <input checked="" type="checkbox"/> FUNCTIONING </div> <div> <input type="checkbox"/> NOT FUNCTIONING </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> WORK ORDER NO ► <u>NA</u> </div> <div> NEXT PPM DATE ► <u>JUN 19</u> </div> </div>								
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <u>MUHD SHADRUL</u> DATE: <u>10-06-2018</u>								