

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.	PWO365337	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	12-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHR014161	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	NA
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 type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown		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	12-06-2018	13:20	13:40

Customer Remarks		NA	
Engineer / Technician Signature	Customer Signature		
Name	Name		
Date	Designation		
	Date		
	Seal		
QUANTUM MEDICAL SOLUTION MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN		Nur Hazirah Neezy Abdullah (No. Pendaftaran Penuh: 54451) Jururawat U29	

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

12/6/18



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 ▶ PWO 365337 BE NO ▶ JHR 014161
MANUFACTURER ▶ Accoson MODEL ▶ NA
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	TEESA 0252	PRESSURE METER 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. | (✓) | () | () |

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



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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	130	128-132	(✓)	()	()
		mmHg	160	160	156-162	(✓)	()	()
		mmHg	190	190	188-192	(✓)	()	()

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601

☐ IEC 61010

☐ IEC 62353

Result :

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES

NA

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA.

NEXT PPM DATE ▶ JUNE 19.

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

COMPLETED BY: MUHD SHADRUL.

DATE: 12-06-2018.