

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 340495	Scheduled Month	JAN 2019.
Work Order Date	01/01/2018	Completed Date	19.01.2018
Clinic Name	KK JALAN OYA.	Clinic Code	SWK004697
BE No	SWK004697	District	SIBU.
Be Category	BP SET, MERCURY	WO Assigned to	SUBMEG.
Ownership	<input 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 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	

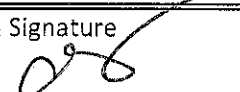

## Action Taken

-ppm done.  
-Unit is functioning good.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0050121	Charles Tham.	19.01.2018	12.30	13.00.

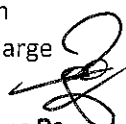
## Customer Remarks

Engineer / Technician Signature Name Date  <b>CHARLES THAM</b> Biomedical Engineer Quantum Medical Solutions Sibul Division 19.01.2018	Customer Signature Name Designation Date Seal  17/1/2018
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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



# Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist  
Sphygmomanometers, Mercury  
BE CODE 16-153

CHECKLIST NO: CL-143  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO240495 ASSET NO ▶ SWK004697  
MANUFACTURER ▶ Accoson MODEL ▶ MK3  
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	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 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 3  
Choose Whichever Applicable

	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury BE CODE : 16-158	CHECKLIST NO: CL-143 REV.000
	WORK ORDER NO ▶ <b>PW0340495</b>	

**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	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  
 19.01.2018

DATE: