Form B03 Scheduled Maintenance Work Order



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

Work Order No.	PWO365694	Schedule Month	June 2018								
Work Order Date	01/06/2018	Completed Date	19-06-2018 .								
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015								
BE No.	JHR024041	Distict	BATU PAHAT								
BE Category	SPHYGMOMANOMETERS, MERC	WO Assigned to	MUHD SHAZRUL.								
Ownership	✓ Existing Equipment	Purchase	New								
BE Condition	✓ Active	BER Proposed									
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)									
Work Order Type	✓ Routine Inspection (RI)	Statutory Certifica	ion (SC)								
Reschedule Date											
BE Third Party Calibration / Statutory Certification Details											
Company Name	NA	Cal / Cert Date	NA -								
Contact Number	/ "	Cal / Cert Expiry Date									
PM / RI job doi Corrective Mai BE Sticker Ava Remarks:		od & ready to use. Manufacturer : Modal : Serial No :									
Schedule Maintenance E	xecution Details										
SI No	QMS Engineer / Technician Name	Date	Start Time End Time								
1	MUHD SHADRUC.	19-06-2018	00: F1 Op 131								
	20										
Customer Remarks											
	MA										
Engineer / Technician Signa	ature	Customer Signature									
Name /	10 1001 10	Name									
Date	19 66 2018	Designation									
A		Date Programme Control of the Contro									
MUTUAL	MEDICAL SOLUTION	Seal (all lic									
For Internal Use	AZRUL BIN MOHD SAMSURI DICAL TECHNICIAN	1971	of Tuescas								

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, Mercury

CHECKLIST NO: CL-143 REV.000

BE CODE : 16-158																	
PART 1	ASSET DET	AILS										ALC: NO.			12.17		
WORK (ORDER NO	>	Pwo	3656	594							ASSET NO	•	JHR	020	14041	
MANUFA	CTURER	•	Mikro	bome	ic							MODEL	•	NA			
FREQUE	NCY	•	3 MONTH	HLY ()	6 MON	NTHLY (()	12 N	MONTHLY	5	PPM HOURS	>	20	Mu).	
PART 2	SPECIAL PR	RECA	UTION														
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.																	
Contraction Contract	re the test equi					na gaic	uance as	s per n	ianuiacio	i ei galaeli	nes.						
	TEST APPAI	HILDE CORN	Tallia Alexandra Managa	daily daily										i i i i i			
	where appropri	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10			4 4								estation.	pa stementes	Biological & F.	Input and the state of the	
NO	ASSE	ETNO)			DE	SCRIPT	ION			SERIAL NO			CALIBRATION DUE ON			
1	1			NON-INV	'ASIVE E	BLOOD	PRESS	SURE	ANALYZ	ER					120		
	TEESA O	22	2	Pres	Sore	C	dana	96			(4	785		9	(1)	7018	
PART 4	QUALITATIV	Æ TA	SKS														
Tick (√)	where appropri	iate			PASS	FA	0 1	NA									
					1.145.5												
	issis - verify ph inliness and co				(() ()									
2 Mou	unt/ Fasteners	- verif	y 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 Che	eck mercury va	lve			(/)) () (
7 Che	eck Glass tube	leak) () ()									
PART 5	PREVENTIV	E MA	INTENAN	ICE TASE	(S		ALC COM	1100									
	where appropri				es il silveti						BASE SENSEM						
					DONE	NC DO		NA	Notes:								
	an exterior and ipment	d inter	ior of the		<u> </u>) () ()		If you have		is defined as NO OT DONE', then				•••	
2 Clea	an mercury				(\rangle) () ()		5110036		- Inplication					
3 Clea	an mercury tan	nk			(/) () ()									
4 Clea	an glass tube				(/) () ()									



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury
BE CODE: 16-158

CHECKLIST NO:CL-143-000 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	yo	38 - 42	(/)	()()		
		mmHg	70	70	68 - 72	(/)	()()		
		mmHg	100	(00	98 - 102		()()		
		mmHg	130	130	128 - 132		()()		
		mmHg	160	160	158 - 162		()()		
		mmHg	190	190	188 - 192		()()		
		i i i i i i i i i i i i i i i i i i i	100	¥ 1-					
DART 7	ELECTRICAL SAFETY TEST								
OWN MISSING	CAL SAFETY TEST (attach report)								
	where appropriate								
	Standard use :		Result:						
	IEC 60601 IEC 61010 IEC 6238	53		PASS	FAIL	NA			
PART 8									
PETAL DESIGNATION									
						20			
				/					
		1	AC						
		,							
								Ξ	
			_						
	CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONIN	NG	NOT FUNCTIONIN			
woi	RK ORDER NO ►N#					NEXT PPM DATE	- JUN 19	•	
	been performed in accordance to the checklist and the equipment is f	unctioning	to the intende	d purpose.					
	TED BY: MUHD SHAPRUL								
DATE:	19-06-2018								