

## Scheduled Maintenance Work Order

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

Work Order No	PWO 410386	Scheduled Month	January 2019
Work Order Date	01/01/2019	Completed Date	9/01/2019
Clinic Name	kk. Alor Pongru	Clinic Code	PRK 018
BE No	PRK 030703	District	Kerian
BE Category	Sphygmomanometer Aneroid.	WO Assigned to	Ramin
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)	

Reschedule Date	NA
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## BE Third Party Calibration / Statutory Certification Details

Company Name	NA	Cal / Cert Date	NA
Contact Number	NA	Cal / Cert Expiry Date	NA

## Action Taken

pdm done as per checklist

Manufacturer : Welch Allyn  
 Model : Tycoos - TR2  
 S/N : 08118004  
 Purchase Date : NA  
 Kewpa No : NA

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1.	Ramin	09/1/19	1230	1300

## Customer Remarks

## Engineer / Technician Signature

Name: MUHAMMAD FAZIN BIN MOHAMAD ECCE  
 JUNIOR BIOMEDICAL TECHNICIAN  
 QUANTUM MEDICAL SOLUTIONS SDN BHD  
 Date: 09/1/19

## Customer Signature

Name: NURUL HASANAH BT MUSSAIN  
 Designation: JURURAWAT KESIHATAN U29  
 Date: 9/1/19  
 Seal: KK ALOR PONGRU

For Internal Use only

First Verification  
 QMS Circle Incharge

Final Verification  
 QMS State Incharge





# 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 ▶ PWD410386 BE NO ▶ PRK030703  
MANUFACTURER ▶ Welch Allyn Model ▶ TycoS-TR2  
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	NA	PRESSURE METER	NA	NA
2	TER90262	Pressure Gauge	002040	21/2/19

## 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.	(✓)	( )	( )


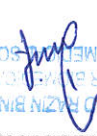
## PART 5 PREVENTIVE MAINTENANCE TASKS

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

 <b>KEMENTERIAN KESIHATAN MALAYSIA</b> MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid SE CODE : 19-156		CHECKLIST NO. CL-140-000 REV.000
WORK ORDER NO. <b>puw 410386</b>		
<b>PART 6 QUANTITATIVE TASKS</b>		
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    30    68-72    (✓)    ( )    ( )	
	mmHg    100    100    98-102    (✓)    ( )    ( )	
	mmHg    130    130    128-132    (✓)    ( )    ( )	
	mmHg    160    160    156-162    (✓)    ( )    ( )	
	mmHg    190    190    188-192    (✓)    ( )    ( )	
<b>PART 7 ELECTRICAL SAFETY TEST</b>		
ELECTRICAL SAFETY TEST, (attach report) Tick (✓) where appropriate Standard use:		
Result:		
<input type="checkbox"/> IEC 60601 <input type="checkbox"/> IEC 61010 <input type="checkbox"/> IEC 62353 <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA		
<b>PART 8 NOTES</b>		
<p style="font-size: 1.2em;">* Est not required due to not electrical usage.</p>		
CORRECTIVE MAINTENANCE REQUIRED <input type="checkbox"/> FUNCTIONING <input checked="" type="checkbox"/> NOT FUNCTIONING <input type="checkbox"/>		
WORK ORDER NO. <b>NA</b> NEXT PPM DATE <b>Jan 20</b>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY:  DATE: <b>9/1/19</b> MUHAMMAD RAZIN BIN MUHAMMAD RAZI    JUNIOR ELECTRICAL TECHNICIAN    QUANTUM MEDICAL SOLUTIONS SDN BHD		