

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	PW0339504	Scheduled Month	JANUARY 2019
Work Order Date	01/01/2018	Completed Date	19.01.2018
Clinic Name	RK JALAN DYA.	Clinic Code	SWK169
BE No	SWK004795	District	SIBU
Be Category	BP SET MERCURY	WO Assigned to	
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 checked="" 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)	

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 functionally good.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
QB00124	Charles Tham.	19.01.2018	1130	1200

Customer Remarks

Engineer / Technician Signature

Name

Date

CHARLES THAM
Biomedical Engineer
Quantum Medical Solutions
Sibu Division

19.01.2018

Customer Signature

Name

Designation

Date

Seal

ASAMAK KUNAT
Pen Pegawai Pendaftaran U2
LPPM 0300

For Internal Use Only

First Verification

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions

Final Verification

QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Mercury

BE CODE 19-158

CHECKLIST NO: CL-143
REV.000**PART 1 ASSET DETAILS**

WORK ORDER NO ▶ PWO 339 504 ASSET NO ▶ SWK004795
MANUFACTURER ▶ Accoson MODEL ▶ M63
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	(✓) () ()		
Check air release valve	(✓) () ()		
6 Check mercury valve	(✓) () ()		
7 Check Glass tube leak	(✓) () ()		

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT 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 8
Choose Whichever Applicable

	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury BE CODE : 18-158	CHECKLIST NO: CL-143 REV.000
	WORK ORDER NO ▶ PW0239504	

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	42	38 - 42	(✓)	()	()
		mmHg	70	70	68 - 72	(✓)	()	()
		mmHg	100	100	98 - 102	(✓)	()	()
		mmHg	130	132	128 - 132	(✓)	()	()
		mmHg	160	160	158 - 162	(✓)	()	()
		mmHg	190	192	188 - 192	(✓)	()	()

PART 7: ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 30801)

☐ 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
 Sibu Division

DATE:

19/01/2018