

## 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.	PWO365750	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	26-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken.	Clinic Code	JHR015
BE No.	JHR024051	Distict	BATU PAHAT
BE Category	SPHYGMOMANOMETERS, ANER	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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<b>BE Third Party Calibration / Statutory Certification Details</b>			
Company Name	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
<b>Action Taken</b>			
<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 checked="" type="checkbox"/> Breakdown		Modal :	
BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA		Serial No :	
Remarks:			

<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL	26-06-2018	15:50	16:40

Customer Remarks	
NA	
Engineer / Technician Signature Name Date  MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN	Customer Signature Name Designation Date Seal  Nur Hazirah Neezy Abdullah (No. Pendaftaran Penlyh: 54451) Jururawat 020 KK Kg. Kenangan Dato Onn 26/6/18

For Internal Use

First Verification  
QMS Circle Incharge

RAZILAMISKAN  
Biomedical Engineer (Circle In-Charge)  
Quantum Medical Solutions Sdn. Bhd.

Final Verification  
QMS State Incharge



**PART 1 ASSET DETAILS**

WORK ORDER NO ▶ PWO 365750 ASSET NO ▶ JHR 024051  
MANUFACTURER ▶ MDF MODEL ▶ NA  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY (✓) PPM HOURS ▶ 50 min.

**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		NON-INVASIVE BLOOD PRESSURE ANALYZER		
	TEESA 0252	Pressure 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	(✓)	( )	( )
7 Calibration	(✓)	( )	( )


**PART 5 PREVENTIVE MAINTENANCE TASKS**

Tick (✓) where appropriate

	DONE	NOT DONE	NA
1 Clean exterior and interior of the equipment	(✓)	( )	( )

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 <small>Ensuring Healthcare, Strengthening Life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Sphygmomanometers, Aneroid</b> BE CODE : 16-156	CHECKLIST NO: CL-140 REV.000						
WORK ORDER NO ►								
<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	39	38-42	(✓)	( )	( )
		mmHg	70	69	68-72	(✓)	( )	( )
		mmHg	100	99	98-102	(✓)	( )	( )
		mmHg	130	129	128-132	(✓)	( )	( )
		mmHg	160	159	156-162	(✓)	( )	( )
		mmHg	190	189	188-192	(✓)	( )	( )
<b>PART 7 ELECTRICAL SAFETY TEST</b>								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> PASS         <input type="checkbox"/> FAIL         <input checked="" type="checkbox"/> NA       </div>								
<b>PART 8 NOTES</b>								
<div style="font-size: 2em; color: blue;">NA</div>								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED         </div> <div> <input checked="" type="checkbox"/> FUNCTIONING         </div> <div> <input type="checkbox"/> NOT FUNCTIONING         </div> </div>								
WORK ORDER NO ► <u>NA</u>		NEXT PPM DATE ► <u>JUN 19</u>						
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <u>MUHD SHAZRUL</u>								
DATE: <u>26-06-2018</u>								