

Form B03

Scheduled Maintenance Work OrderQuantum Medical Solutions sdn bhd
transforming coordinates, transforming life

Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PW0339442	Scheduled Month	JAN 2018
Work Order Date	01/01/2018	Completed Date	19-01-2018
Clinic Name	KIK JALAN OYA.	Clinic Code	SWK169
BE No	SWK004681	District	SIBU
Be Category	BP, SET MERCURY	WO Assigned to	SIURMET
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)	

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
01	Charles Tham	19.01.2018	12.00	12.30

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 21/3/2018
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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



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BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Mercury

BE CODE : 16-158

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

WORK ORDER NO ▶ PWO 339442

ASSET NO ▶ SWK004681

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 APPARATUSTick (☒) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	TEBSA0055	NON-INVASIVE BLOOD PRESSURE ANALYZER	3228027	7/8/18

PART 4 QUALITATIVE TASKSTick (☒) where appropriate

PASS FAIL NA

- | | | | | |
|---|--|---|-----|-----|
| 1 | Chassis - verify physical integrity, cleanliness and condition | (<input checked="" type="checkbox"/>) | () | () |
| 2 | Mount/ Fasteners - verify physical integrity | (<input checked="" type="checkbox"/>) | () | () |
| 3 | Check cuff & hose verify physical integrity and cleanliness | (<input checked="" type="checkbox"/>) | () | () |
| 4 | Check Bulb verify physical integrity and cleanliness | (<input checked="" type="checkbox"/>) | () | () |
| | Check air release valve | (<input checked="" type="checkbox"/>) | () | () |
| 6 | Check mercury valve | (<input checked="" type="checkbox"/>) | () | () |
| 7 | Check Glass tube leak | (<input checked="" type="checkbox"/>) | () | () |


PART 5 PREVENTIVE MAINTENANCE TASKSTick (☒) where appropriate

DONE NOT DONE NA

- | | | | | |
|---|--|---|-----|---|
| 1 | Clean exterior and interior of the equipment | (<input checked="" type="checkbox"/>) | () | () |
| 2 | Clean mercury | () | () | (<input checked="" type="checkbox"/>) |
| 3 | Clean mercury tank | () | () | (<input checked="" type="checkbox"/>) |
| 4 | Clean glass tube | (<input checked="" type="checkbox"/>) | () | () |

Notes:

* For all Parts, NA is defined as NOT APPLICABLE
If you have ticked 'NOT DONE', then justify in Part 8
Choose Whichever Applicable

 <small>quantum medical solutions sdn bhd</small> <small>100, Jalan Puchong, 47100 Puchong, Selangor, Malaysia</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury <small>BE CODE : 16-158</small>	<small>CHECKLIST NO: CL-143</small> <small>REV.000</small>
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WORK ORDER NO ▶ **DW0339442**

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	72	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 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
 Sibu Division

DATE :

19/01/2018