## Form B03

# **Scheduled Maintenance Work Order**



Work Orde	er No	PW0340261	Scheduled Month		January Je	alc
Work Orde		01/01/3018	Completed Date		18/01/201	
Clinic Nam		Klinik Kesihatan Jalan Oya	Clinic Code		SWK169	
BE No		SWKUU4788	District		SIBU	
Be Categor	·v	Bb Set, Mercuny	WO Assigned to		SIUBME1	
Ownership		Existing Equipment	MEET Equipme	ent		
BE Condition		Under Warranty	BER Proposed			
		Preventive Maintenance (PM)	Third Party Ca	libration (T	PC)	
Work Order Type		Routine Inspection (RI)	Statutory Cert	ification (S	C)	
BE Third Po	arty Calibi	ration / Statutory Certification Details				
mpany N		- Alla	Cal / Cert Date		N/W	
Company N	lumber		Cal / Cert Expiry Date	e		
Schedule IV	//////////////////////////////////////	ce Execution Details				
SI No 4		ineę <u>r</u> / Technician Name	Date	Start <sup>*</sup>	Time End Ti	me
on		มน-	18/11/2018	1410	14,30	)
	C	hales				
Customer R	<u> </u>				l	
	lemarks			<del></del>		
	Remarks				·	
es est	Remarks				<u> </u>	
Engineer / 1		Signature	Customer Signature			
Engineer / 1 Name		N	Name	ou wikay		
•	Technician (N	EDNISLEYII JIMMY	Name Designation	on an kul	3 may of	
Name	Techniciar <b>(V</b> VVI	<b>}</b>	Name	AN AN KOW	Sp/	row

For Internal Use Only

First Verification

QMS Circle Incharge

Final Verification QMS State Incharge

James (20)
Sr. Biomedical Engineer
Quantum Medical Solutions



# Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury 8E CODE 16-158

CHECKLIST NO: CL-143 REV.000

PART 1	ASSET	DETAI	LS

WORK ORDER NO

· 1200340761

ASSET NO

SWK-064788

MANUFACTURER

A coosen

MODEL

· Dekamed Mk3

FREQUENCY

3 MONTHLY (

12 MONTHLY (

PPM HOURS ►

6.20

-71	DT 7	SPECIAL	000	CALIF	TECH
-	تعالد	SECIME	FRS	UHU	TION

If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.

6 MONTHLY ( )

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.

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CILI	γ	,	WHELE	аратапас	

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	Telsn 2125	NON-INVASIVE BLOOD PRESSURE ANALYZER	9313 293	7/10/18

	ART 4 QUALITATIVE TASKS		
Tic	$k$ ( $ec{v}$ ) 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		

### PARTS PREVENTIVE MAINTENANCE TASKS

Check air release valve

6 Check mercury valve

7 Check Glass tube leak

Tick ( v ) where appropriate

		DONE	DON	E NA	No.	otes.
f,	Clean exterior and interior of the equipment	( /)	(	) (	)	
2	Clean mercury	(/)	(	) (	)	
3	Clean mercury tank	(/)	(	) (	)	
а	Clean glass tube	1/1	,	1. /		

( \_ ) (

NOT

\* 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

CHECKLIST NO:CL-143 REV.900

WORK CHOER NO.   RWO 340 >61	111111111111111111111111111111111111111			Spriygmothal BE 00	DDE : 16-15					
CORRECTIVE MAINTENANCE REQUIRED    CORRECTIVE MAINTENANCE REQUIRED   PUNCTIONING   NOT FUNCTIONING   NOR FUNCTIONING   N	WORK	ORDER NO >	19034D261							
NO Description    Control   Control										
NOTES    Description   Descrip				·						
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