

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
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Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PWO339548	Scheduled Month	JAN 2018
Work Order Date	01/01/2018	Completed Date	19.01.2018
Clinic Name	KK JALAN OYA.	Clinic Code	SWK169.
BE No	SWK006675	District	SIBU.
Be Category	BP set, Mercury.	WO Assigned to	SIUBME1.
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)	

BE Third Party Calibration / Statutory Certification Details

Company Name	N/A	Cal / Cert Date	N/A
Company Number	N/A	Cal / Cert Expiry Date	N/A

Action Taken

-pm done.
-unit is functioning good.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
QBS0121	Charles Tham	19/01/2018	1100	1130.

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 ARTHUR ASAN AK ELIJAT Pegawai Pembinaan IIS LPPM 6086
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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 ▶ PW0339548 ASSET NO ▶ SWK004675
MANUFACTURER ▶ Wuxi Medical MODEL ▶ CH-3653
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

	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	TEEGAD0055	NON-INVASIVE BLOOD PRESSURE ANALYZER	3228079	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	(✓)	()	()
5 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

 <small>Quantum Medical Solutions Sdn Bhd</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury <small>BE CODE : 18-158</small>	CHECKLIST NO: CL-143 REV.000
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WORK ORDER NO ▶ **PW0339548**

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	71	68 - 72	(✓)	()	()
		mmHg	100	100	98 - 102	(✓)	()	()
		mmHg	130	130	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