

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 | PWO 340946 | Scheduled Month | JAN 2018 |
| Work Order Date | 01/01/2018 | Completed Date | 19/01/2018 |
| Clinic Name | KK JALAN DYA. | Clinic Code | SWK169. |
| BE No | SWK004726 | District | SIBU |
| Be Category | SPHYGMOMANOMETERS, AVERA | WO Assigned to | SIBU BME 1. |
| 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) | |

BE 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 |
|---------|--------------------------------|------------|------------|----------|
| 0850121 | Charles Tham. | 19.01.2018 | 1030 | 1100 |
| | | | | |
| | | | | |
| | | | | |

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 1032 |
|---|--|

For Internal Use Only


First Verification

QMS Circle Incharge

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions

Final Verification

QMS State Incharge

| | | |
|--|---|---------------------------------|
|  Quantum Medical Solutions Sdn Bhd | Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid BE CODE : 18-156 | CHECKLIST NO: CL-140 REV.000 |
|--|---|---------------------------------|

PART 1 ASSET DETAILS

| | |
|--|--|
| WORK ORDER NO ▶ PWO 340046 MANUFACTURER ▶ Spenger FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>) | ASSET NO ▶ SWK004726 MODEL ▶ PPM HOURS ▶ 0.54. |
|--|--|

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

(☒) where appropriate

| NO | ASSET NO | DESCRIPTION | SERIAL NO | CALIBRATION DUE ON |
|----|-----------|--------------------------------------|-----------|--------------------|
| 1 | TEESA0055 | 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 | (<input checked="" type="checkbox"/>) | () | () |
| 2 Mount/ Fasteners - verify physical integrity | (<input checked="" type="checkbox"/>) | () | () |
| Check cuff & hose - verify physical integrity and cleanliness | (<input checked="" type="checkbox"/>) | () | () |
| 4 Check Bulb - verify physical integrity and cleanliness | (<input checked="" type="checkbox"/>) | () | () |
| 5 Check air release valve | (<input checked="" type="checkbox"/>) | () | () |
| 6 Check dial | (<input checked="" type="checkbox"/>) | () | () |
| 7 Calibration | () | () | (<input checked="" type="checkbox"/>) |


PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (☒) where appropriate

| | DONE | NOT DONE | NA |
|--|---|----------|-----|
| 1 Clean exterior and interior of the equipment | (<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

| | |
|--|---|
|  <p>Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid BE CODE : 16-156</p> | <p>CHECKLIST NO: CL-140 REV.000</p> |
|--|---|

WORK ORDER NO ▶ PWO340946

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 | 72 | 68-72 | (✓) | () | () |
| | | mmHg | 100 | 100 | 98-102 | (✓) | () | () |
| | | mmHg | 130 | 130 | 128-132 | (✓) | () | () |
| | | mmHg | 160 | 162 | 156-162 | (✓) | () | () |
| | | mmHg | 190 | 190 | 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
Siku Division
19.01.2018

DATE: