

Form B03

# Scheduled Maintenance Work Order



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

MCH.

Work Order No	PWO 340050	Scheduled Month	JAN 2018
Work Order Date	01/01/2018	Completed Date	19/01/2018
Clinic Name	RK JALAN OYA.	Clinic Code	SWK169.
BE No	SWK004704	District	SIRU
Be Category	SPHYGMOMANOMETERS, ANELOID	WFO Assigned to	SIURMEI.
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 satisfactory

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0830121	Charles Tham	19/01/2018	8:00 am	8:30 am

## Customer Remarks

Engineer / Technician Signature

Name

Date

CHARLES THAM  
Biomedical Engineer  
Quantum Medical Solutions  
Sibu Division

Customer Signature

Name

Designation

Date

Seal

ARTHUR ASAK AK KUMAR  
Pen Pegawai Pejabat in U.S.  
LPPM 5338

For Internal Use Only

19/01/2018

First Verification

QMS Circle Incharge

James Bo  
Sr. Biomedical Engineer  
Quantum Medical Solutions

Final Verification

QMS State Incharge



Quantum Medical Solutions Sdn Bhd  
100, Jalan Puchong, 47100 Puchong, Selangor, Malaysia

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO: CL-140  
REV.000

### PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0330050

ASSET NO ▶ SWK008 JOP

MANUFACTURER ▶ ALP

MODEL ▶ K2

FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY (✓)

PPM HOURS ▶ 0.5 H.

### 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	TEESA0055	NON-INVASIVE BLOOD PRESSURE ANALYZER	322004	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	(✓)	( )	( )
	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

Notes:

1 Clean exterior and interior of the equipment (✓) ( ) ( )

\* 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>11, Jalan Puchong Perdana, Puchong, 47100 Puchong, Selangor, Malaysia</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid BE CODE : 16-156	CHECKLIST NO: CL-140 REV.000
	WORK ORDER NO ▶ <b>PW0340050</b>	

### 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	101	98-102	(✓)	( )	( )
		mmHg	130	130	128-132	(✓)	( )	( )
		mmHg	160	160	156-162	(✓)	( )	( )
		mmHg	190	191	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  
 Sibul Division

DATE:

**19/01/2018**