

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	PW0340099	Scheduled Month	JAN 18.
Work Order Date	01/01/2018	Completed Date	18.01.2018.
Clinic Name	KK JALAN OYA.	Clinic Code	SWK169.
BE No	SWK004816.	District	SIBU.
Be Category	BP SET, MERCURY.	WO Assigned to	SUDAMEZ.
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.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
QBE021	Charles Tham.	18.01.2018	10.20	11.00.

## Customer Remarks

Engineer / Technician Signature Name Date  <b>CHARLES THAM</b> Biomedical Engineer Quantum Medical Solutions Sibul Division 18.01.2018.	Customer Signature Name Designation Date Seal  18/1/2018
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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

 Quantum Medical Solutions Sdn Bhd	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury BE CODE 19-158	CHECKLIST NO: CL-143 REV.000
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<b>PART 1 ASSET DETAILS</b>			
WORK ORDER NO	▶ Pw0340099	ASSET NO	▶ SWK004816.
MANUFACTURER	▶ Accoson	MODEL	▶ MK3
FREQUENCY	▶ 3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY ( <input checked="" type="checkbox"/> )    PPM HOURS ▶ 0.5H.		

<b>PART 2 SPECIAL PRECAUTION</b>
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.


<b>PART 3 TEST APPARATUS</b>				
Tick ( ✓ ) where appropriate				
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	TECA00055	NON-INVASIVE BLOOD PRESSURE ANALYZER	3228019	7/8/18

<b>PART 4 QUALITATIVE TASKS</b>			
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	( ✓ )	( )	( )
Check air release valve	( ✓ )	( )	( )
6 Check mercury valve	( ✓ )	( )	( )
7 Check Glass tube leak	( ✓ )	( )	( )

<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>			
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

	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury BE CODE : 16-158	CHECKLIST NO: CL-143 REV.000
	WORK ORDER NO ▶ <b>PW0340099</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	72	68 - 72	(✓)	( )	( )
		mmHg	100	100	98 - 102	(✓)	( )	( )
		mmHg	130	130	128 - 132	(✓)	( )	( )
		mmHg	160	158	158 - 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.

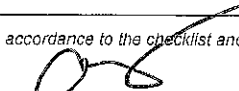
☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ \_\_\_\_\_

NEXT PPM DATE ▶ **JAN 19.**

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  
 18-01-2018

DATE:

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