Form B03

Scheduled Maintenance Work Order



Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO365139	Sch	edule Month	June 2018						
Work Order Date	01/06/2018	Con	npleted Date	10-06-2018						
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken	Clin	ic Code	JHR015						
BE No.	JHR014206	Dist	ict	BATU PAHAT						
BE Category	Sphygmomanometers, Aneroid	wo	Assigned to	MUHD SHADRUC.						
Ownership	✓ Existing Equipment		Purchase	New						
BE Condition	✓ Active	BER Proposed								
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)								
Work Order Type	✓ Routine Inspection (RI)		Statutory Certificat	ion (SC)						
Reschedule Date										
BE Third Party Calibration / Statutory Certification Details										
Company Name	NO	Cal	/ Cert Date	NO NO						
Contact Number		Cal /	/ Cert Expiry Date							
Action Taken			·							
PM / RI j	ob done as per checklist. Unit tested functioning go	od & r	eady to use.	Manufacturer :						
Corrective Maintenance / Breakdown Modal :										
	er Availability : Yes / NA		Serial No :							
Remarks				Genal No .						
Schedule Maintenar	nce Execution Details									
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time					
	MUHD SHADRUL		10-06-7018	15:40	16:00					
Customer Remarks				-						
	NA.									
Foringer / Tackwising		0 1	0.	1						
Engineer / Technician		Customer Signature Name								
Date	10/06/2018	Designation Nur Hazirah Necey Abdullah								
The state of the s	NP*V	Date (No. Pendaftaran Penuh: 54451)								
MUHAMMAD SHA	ZOUL DINI MOUD CAMCUDI	Seal Jururawat U29 Seal KK Kg. Kenangan Dato Onn								
For Internal Use	IONE (COMMON)			19/10/18						

First Verification

QMS Circle Incharge

RAZILA MISKAN
Biomedical Engineer (Circle In-Charge)
Quantum Medical Solutions Sdn. Bhd.

Final Verification QMS State Incharge

Quantum Medical Solutions som blid transcending lenumberes, transforming life

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO: CL-140 REV.000

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VORK O	RDER NO POWO	36513	89						ASSET NO	▶	JHE	5014206.
//ANUFAG	CTURER > KONS-	tante	١						MODEL	▶	F	Bosch
REQUE	NCY ▶ 3 MONT	HLY ()	6 N	MONTHLY	′ ()	12	MONTHLY	V	PPM HOURS	>	20	min
	SPECIAL PRECAUTION	5.										
there is	evidence of body fluid contar	mination, subr	nit the d	evice for o	cleaning	and dec	contaminatio	n before ins	specting it.	_		
Vear appropriate Personnel Protection Equipment (PPE) during work.												
Vear grounded electrostatic wristband when handling PCB or electronic components.												
Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.												
flake sure the test equipment used are duly calibrated.												
PART 3 TEST APPARATUS												
ick (√) where appropriate												
NO	NO ASSET NO DESCRIPTION					s	SERIAL NO CALIBRATION DUI					
1	1 NON-INVASIVE BLOOD PRESSURE ANALYZER						ZER					A
	TEESA 0252 Pressure Gauge					10	785		8105/11/6			
				11.273.								
									9			
PART 4	QUALITATIVE TASKS					7				1		
ick(√)w	here appropriate					THE PERSON NAMED IN	The state of the s				- Andrews	
		P	ASS	FAIL	NA				Ç			
	sis - verify physical integrity, liness and condition	(-	/) (.) ()							
		integrity /) (v.							
∠ ivioun	t/ Fasteners - verify physical	integrity () () ()							
3 Check cuff & hose verify physical integrity (/) () () and cleanliness												
4 Check Bulb verify physical integrity and (/) () ()												
clean			, \	, X								
5 Check	k air release valve	(/) () ()							
6 Check	c dial	(_	/) () ()							
•	atter.											
7 Calibr	ation	()	/ () ()							
ART 5 PREVENTIVE MAINTENANCE TASKS												
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BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid

CHECKLIST NO: CL-140 REV.000

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WORK O	ORDER NO >						Ä			
PART 6	QUANTITATIVE T	ASKS	100							
Tick (√)	where appropriate									
No		Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA	
			ļ		20	00.40	. ()	, ,		`
1	Blood pressure ac	curacy	mmHg	40	39	38-42			(
		1	mmHg	70	69	68-72	(/))
			mmHg	100	99	98-102	()		(
	,		mmHg	130	PCI	128-132)
			mmHg	160	159	156-162	(A)	())
			mmHg	190	189	188-192	(/)	()	()
									755 45	
PART 7.	ELECTRICAL SAI	FETY TEST						,		
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	(In accordance to IEC 6		<u> </u>							
		PASS FAIL		ΙA						
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PART 8	NOTES				e destination	K. P. Carlotte Bridge		i lina		9-5
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			NA							
		CORRECTIVE MAINTENANCE REQUIRED		Z	FUNCTIONIN	NG	NOT FUNCTION	NG		
		WA					NEXT PPM DATE		UN	19.
WOF	RK ORDER NO ▶						NEXT PPM DATE			10 15 15 15 15 15 15 15 15 15 15 15 15 15
DOM:		accordance to the sheaklist and the sourisment	tie firet-	ning to #	intended no	masa				
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: MUHD SHA 2RU										
JUMPLE		HD SHAZRUC.								
		~								
DATE:	10 - 06 -	2018.	117				3			