Form B03 Scheduled Maintenance Work Order



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

Work Order No.	DW/0265679	0 1 1 1 11	E _{ac}	1 2010							
	PWO365678	Schedule Mont		June 2018							
Work Order Date	01/06/2018	Completed Date	e	12-06-7018.							
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken	Clinic Code		JHR015							
BE No.	JHR024052	Distict		BATU PAHAT							
BE Category	SPHYGMOMANOMETERS, ANER	WO Assigned to)	MUHD SHAZ	RUL.						
Ownership	Existing Equipment	Purch	ase	New							
BE Condition	✓ Active	BER	Proposed	5							
Work Order Type	Preventive Maintenance (PM)	Third	Party Calibrat	ation (TPC)							
Work Order Type	✓ Routine Inspection (RI)	Statut	ory Certificati	ation (SC)							
Reschedule Date											
BE Third Party Calibration / Statutory Certification Details											
Company Name	NO	Cal / Cert Date		NO							
Contact Number	NO	Cal / Cert Expir	y Date	NA							
Action Taken											
PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer :											
Corrective Maintenance / Breakdown Modal :											
BE Sticker Ava				Serial No :							
	1007	ocharino .									
Remarks:											
Schedule Maintenance E	recution Details										
SI No	QMS Engineer / Technician Name		Date	Start Time End Time							
	NUHD SHADRUC .	12-0	e-9018	12:40 13:00							
		-									
Customer Remarks											
Customer Remarks											
<u> </u>	NA										
Engineer / Technician Signa	rure.	Customer Signat	ure								
Engineer / Technician Signa Name	fure.	Name	ure	Ro							
Engineer / Technician Signa Name Date	fure.	Name Designation	کر ما معاد در	ajula sarajiai							
Engineer / Technician Signa Name Date	FUICAL SOLUTION	Name Designation Date	Nur Hazirah Ne	Penuh: 54451							
Engineer / Technician Signa Name Date Plantum M Phammad Shaz	FUICAL SOLUTION	Name Designation	6	n Penuh: 54451							

行加

First Verification

QMS Circle Incharge

RAZILA MISKAN

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

Final Verification QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO:CL-140-000 REV.000

PAF	RT 1 ASSET DET	TAILS											
WOF	RK ORDER NO	► Pwo 3	365678	3 .							BE NO	•	1HB 024027.
MAN	UFACTURER	► Accos	on .								MODEL	•	NA ·
FRE	QUENCY	► 12 MON7	THLY (√)								PPM HOURS	•	0.50
PAF	RT 2 SPECIAL P	RECAUTION											
If the	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 (($\sqrt{\ }$) where appropr	riate											
N	NO ASSET NO		DESCRIPTION							S	ERIAL NO		CALIBRATION DUE ON
	1 TEESA 0252		PRESSUF	RE METE	R- C	jaug	5 .			ı	985		9/11/2018.
PAF	RT 4 QUALITATI	VE TASKS				-	-						
	($$) where appropr												
				PASS	FAIL	-	NA						
1	Chassis - Verify p cleanliness and c			(/)	() ()						
2	Mount/Fasteners	- Verify physical	integrity.	(/)	() ()						
							24						
3	3 Check cuff & hose - Verify physical integrity (/) () () and cleanliness.												
4	Check Bulb - Veri	ify physical integr	rity and	(/)	() ()						
	cleanliness.												
5	Check air release	e valve.		(/)	() ()						
6	Check dial.			(/)	() ()						
PAF	RT 5 PREVENTIV	VE MAINTENAN	CE TASKS	i									
Tick	($$) where appropr	riate											
				DONE	NOT								
				DONE	DONE	**	NA	Notes:					*
1	Clean the Exterio	r/Interior.		(//)	() ()		** If you	have ticked	s defined as NO ⁻ 'NOT DONE', th er Applicable		



12-06-2018.

DATE:

KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid CHECKLIST NO:CL-140-000 REV.000

BE CODE : 16-156 WORK ORDER NO PART 6 QUANTITATIVE TASKS Tick ($\sqrt{\ }$) where appropriate Measured Description Set Values Limit/Tolerance PASS FAIL NA No UOM Values (/) () () 40 38-42 mmHg 40 1 Blood pressure accuracy 70 68-72 70 mmHg) () 100 (/) (100 98-102) () mmHg 130 128-132 (/) (130) () mmHg 160 mmHg 160 156-162 (/) () () 190 188-192 mmHg 190) () PART 7 ELECTRICAL SAFETY TEST ELECTRICAL SAFETY TEST, (attach report) Tick (\(\) where appropriate Standard use: Result: NA IEC 60601 IEC 61010 IEC 62353 PASS FAIL PART 8 NOTES HA **FUNCTIONING** NOT FUNCTIONING CORRECTIVE MAINTENANCE REQUIRED NEXT PPM DATE - JUNE 19 NA WORK ORDER NO ▶ PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: MUHD SHADRUL.