

Form B03

Scheduled Maintenance Work Order

Cmp



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

Work Order No.	PWO359602	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	26/6/18
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Rei	Clinic Code	NSB234
BE No.	NSB006620	Distict	REMBAU
BE Category	Sphygmomanometers, Electronic, M	WO Assigned to	ISHA
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	NA
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Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken - PM JOB DONE			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	ISHA	26/6/18	1130	1200
Customer Remarks NA				
Engineer / Technician Signature		Customer Signature		
Name ISHA		Name		
Date 26/6/18		Designation		
ZUZAILISHAH J ZUBIR BIOMEDICAL ENGINEER QUANTUM MEDICAL SOLUTION SDN BHD (868567-V)		Date		
		Seal		
		MUHAMMAD HAFIZULLAH B RAHM JURUTEKNOLOGI PERGIGIAN		
		26/6/18		

For Internal Use

First Verification
QMS Circle Incharge

NOR AZLINA MOHD ISHAK
Circle In Charge CC5
Quantum Medical Solutions S/B
(012-396 2139)

26/6/18

Final Verification
QMS State Incharge

ZARIZA HUSSAIN
State Manager
Quantum Medical Solutions S/E
(012-367 1277)

26/6/18



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Sphygmomanometers, Electronic, Manual
BE CODE : 16-174

CHECKLIST NO: CL-142-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 359602 BE NO ▶ NRB006602
MANUFACTURER ▶ OMRON MODEL ▶ OMRON HEM-7203
FREQUENCY ▶ 12 MONTHLY (✓) PPM HOURS ▶ 0.50

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	TEESAOTS ²	ELECTRICAL SAFETY ANALYZER	— NA —	—
2	TEESA0155	PATIENT SIMULATOR	3233026	12/10/15

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - Verify physical integrity, cleanliness and condition.	(✓)	()	()	8 Indicators/ Displays - Verify proper illumination and operation.	(✓)	()	()
2 Mount/Fasteners - Verify physical integrity.	(✓)	()	()				
3 Power Cord - Verify proper insulation and integrity.	()	()	(✓)				
4 Strain Relief - Verify physical integrity at both ends of line cord.	()	()	(✓)				
5 Hose & Cuff - Verify physical integrity and cleanliness.	(✓)	()	()				
6 Fittings/ Connectors - Check all fittings/connectors.	(✓)	()	()				
7 Controls/Switches/Keypad - Verify proper operation of controls.	(✓)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Clean exterior/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
2 Battery - Check/replace.***	(✓)	()	()	***



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
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BE CODE : 16-174

CHECKLIST NO: CL-142-000
REV.000

WORK ORDER NO ▶ PW0389602 -

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	200	201	197 - 203	(✓) () ()		
		mmHg	150	151	147 - 153	(✓) () ()		
		mmHg	100	101	97 - 103	(✓) () ()		

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

☐ IEC 60601

☐ IEC 61010

☒ IEC 62353

Result :

☒ PASS

☐ FAIL

☒ NA

PART 8 NOTES

NA

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶ 20/1/19

PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.

COMPLETED BY: ISHA

DATE: 26/6/18