

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

Work Order No.	PWO365639	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	05-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken	Clinic Code	JHR015
BE No.	JHR014162	Distict	BATU PAHAT
BE Category	Sphygmomanometers, Aneroid	WO Assigned to	MUHD SHAZRUL.
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 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)	

Reschedule Date	
-----------------	--

BE Third Party Calibration / Statutory Certification Details

Company Name	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	

Action Taken



PM / RI job done as per checklist. Unit tested functioning good & ready to use.

Manufacturer :



Corrective Maintenance / ☐ Breakdown

Modal :

BE Sticker Availability : ☐ Yes / ☒ NA

Serial No :

Remarks:

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL.	05-06-2018	13:40	14:00

Customer Remarks	NA.
------------------	-----

Engineer / Technician Signature Name Date 05/06/2018 QUANTUM MEDICAL SOLUTION MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN	Customer Signature Name Designation Date Seal Nur Hazirah Nacey Abdullah (No. Pendaftaran Penuh: 54451) Jururawat U29 KK Kg. Kenangan Dato Onn 5/6/18
---	--

For Internal Use

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

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 365639 BE NO ▶ JHR 0140162
MANUFACTURER ▶ Accoson MODEL ▶ NA
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	TEESA 0252	PRESSURE METER	1985	09/11/2018

PART 4 QUALITATIVE TASKS

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.	(✓)	()	()
5 Check air release valve.	(✓)	()	()
6 Check dial.	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Clean the Exterior/Interior.	(✓)	()	()

Notes:

* For all Parts, NA is defined as NOT APPLICABLE

** If you have ticked 'NOT DONE', then justify in Part 8

*** Choose Whichever Applicable



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Sphygmomanometers, Aneroid
BE CODE : 16-156

CHECKLIST NO: CL-140-000
REV.000

WORK ORDER NO ▶

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	39	38-42	(✓)	()	()
		mmHg	70	69	68-72	(✓)	()	()
		mmHg	100	99	98-102	(✓)	()	()
		mmHg	130	129	128-132	(✓)	()	()
		mmHg	160	159	156-162	(✓)	()	()
		mmHg	190	189	188-192	(✓)	()	()

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 ▶ NA

NEXT PPM DATE ▶ JUNE 19

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

COMPLETED BY: MUHD SHAZRU

DATE: 05-06-2018