

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	PWO340883	Scheduled Month	January 2018
Work Order Date	01/01/2018	Completed Date	18/1/2018
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169
BE No	SWK004796	District	SIBU
Be Category	BP Set, Mercury	WO Assigned to	SIUBME1
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	N/A	Cal / Cert Expiry Date	N/A

Action Taken

To do ppm as per checklist attached.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0212	WEDNISLEYJI JIMONTY	18/1/2018	12:00	13:00
	Charles			

Customer Remarks

Engineer / Technician Signature Name: WEDNISLEYJI JIMONTY Date: 18/1/18 Sr. Biomedical Engineer Quantum Medical Solutions	Customer Signature Name: ARTHUR ASAK AK KUTAN Designation: Pen Pegawai Perubatan U32 Date: 15/2/2018 Seal: LPPM 5398
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For Internal Use Only

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions



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BEMS Planned Preventive Maintenance Checklist
Sphygmomanometers, Mercury
SE CODE : 16-158CHECKLIST NO: CL-143
REV.000**PART 1 ASSET DETAILS**

WORK ORDER NO ▶ PWO 340883 ASSET NO ▶ SWK004 J46
MANUFACTURER ▶ Accoson MODEL ▶ Dekanet Mk3
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶ 6.26

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	Tesuh 0128	NON-INVASIVE BLOOD PRESSURE ANALYZER	A313203	7/10/19

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 | (✓) | () | () |
| | Check air release valve | (✓) | () | () |
| 6 | Check mercury valve | (✓) | () | () |
| 7 | Check Glass tube leak | (✓) | () | () |

PART 5 PREVENTIVE MAINTENANCE TASKS


Tick (✓) where appropriate

DONE NOT
DONE 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**

 Quantum Medical Solutions Sdn Bhd	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury BE CODE : 18-158	CHECKLIST NO: CL-143 REV.000
	WORK ORDER NO ▶ PW0340883	

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	70	68 - 72	(✓)	()	()
		mmHg	100	100	98 - 102	(✓)	()	()
		mmHg	130	130	128 - 132	(✓)	()	()
		mmHg	160	160	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

unit functioning well.

☐ 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:


WEDNISLEYJI JIMMY
 BIOMEDICAL TECH
 QUANTUM MEDICAL SOLUTIONS

DATE:

10/1/18