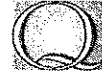


Form B03

**Scheduled Maintenance Work Order**Quantum Medical Solutions sdn bhd  
transcending boundaries, transcending time

Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PWD340086	Scheduled Month	JAN 18.
Work Order Date	01/01/2018	Completed Date	18.01.2018
Clinic Name	KK JALAN BUA.	Clinic Code	SWK169.
BE No	SWK004718.	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)	

**Third Party Calibration / Statutory Certification Details**

Company Name	N/A	Cal / Cert Date	N/A
Company Number		Cal / Cert Expiry Date	

**Action Taken**

- PPM done.

- Unit is functioning good.

**Schedule Maintenance Execution Details**

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
QBS0121	Charles Tham	18.01.2018	9.30am	10.00 pm

**Customer Remarks**

Engineer / Technician Signature Name Date  <b>CHARLES THAM</b> Biomedical Engineer Quantum Medical Solutions Sibu Division 18.01.2018	Customer Signature Name Designation Date Seal  ANITA KUMAR KUAT Asst. Manager (Public Health) LPMI 0008 2/3/2018
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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



quantum medical solutions sdn bhd

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Sphygmomanometers, Mercury

BE CODE: 19-158

CHECKLIST NO: CL-143  
REV.000**PART 1 ASSET DETAILS**

WORK ORDER NO ▶ PWO 340086 ASSET NO ▶ SWK2004718  
MANUFACTURER ▶ Accoson MODEL ▶ Mk3  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ☒ PPM HOURS ▶ 0.5 H.

**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	TESA0055	NON-INVASIVE BLOOD PRESSURE ANALYZER	3m8029	7/8/18

**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 NA

Notes.

- |   |  |     |     |     |
|---|--|-----|-----|-----|
| 1 | Clean exterior and interior of the equipment | (✓) | ( ) | ( ) |
| 2 | Clean mercury                                | ( ) | ( ) | (✓) |
| 3 | Clean mercury tank                           | ( ) | ( ) | (✓) |
| 4 | Clean glass tube                             | (✓) | ( ) | ( ) |

\* For all Parts, NA is defined as NOT APPLICABLE  
If you have ticked 'NOT DONE', then justify in Part 8  
Choose Whichever Applicable

\*\*  
\*\*\*

 <small>quantum medical solutions sdn bhd</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Sphygmomanometers, Mercury <small>SE CODE 18-158</small>	CHECKLIST NO: CL-143 REV.000
	WORK ORDER NO ▶ <b>PW0340086</b>	

**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	42	38 - 42	(✓) ( ) ( )		
		mmHg	70	70	68 - 72	(✓) ( ) ( )		
		mmHg	100	102	98 - 102	(✓) ( ) ( )		
		mmHg	130	130	128 - 132	(✓) ( ) ( )		
		mmHg	160	160	158 - 162	(✓) ( ) ( )		
		mmHg	190	192	188 - 192	(✓) ( ) ( )		

**PART 7 ELECTRICAL SAFETY TEST**

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

**PART 8 NOTES**

- PPM done.

- Unit is functioning good.

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

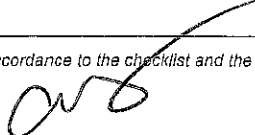
☐ NOT FUNCTIONING

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:

  
**CHARLES THAM**  
 Biomedical Engineer  
 Quantum Medical Solutions  
 QMS Division

DATE:

**18.01.2018.**