Form B03

Scheduled Maintenance Work Order



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

Engineer / Technician Signature Name Name Name Nur Hazirah Necey Abdullah													
Clinic Name Klinik Kesihatan Pesta / Kampung Ken Clinic Code JHR015 BE No. JHR014162 Distict BATU PAHAT BE Category Sphygmomanometers, Aneroid WO Assigned to MUHD SHADRUL. Ownership V Existing Equipment Purchase New BE Condition V Active BER Proposed Work Order Type Preventive Maintenance (PM) Third Party Calibration (TPC) Work Order Type Preventive Maintenance (PM) Statutory Certification (SC) Reschedule Date BE Third Party Calibration / Statutory Certification Details Company Name Name Cal / Cert Expiry Date Action Taken PM / Rijob 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 OMS Engineer / Technician Name Date Start Time End Time (MUHD SHADRUL. 05-06-2018 13:96 19.08 Customer Remarks Customer Remarks No Pencatifyran Penuh: 54451) Agme Date Name Name Name Name Name Name Name Nam	Work Order No.	PWO365639	Schedule Month	June 2018									
BE No. JHR014162 Distict BATU PAHAT BE Category Sphygmomanometers, Anerold WO Assigned to MUHD SHADEUL. Ownership V Existing Equipment Purchase New BE Condition V Active BER Proposed Work Order Type Preventive Maintenance (PM) Third Party Calibration (TPC) Work Order Type Preventive Maintenance (PM) Statutory Certification (SC) Reschedule Date BE Third Party Calibration / Statutory Certification Details Company Name Cal / Cert Date Octate 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 OMS Engineer / Technician Name Date Start Time End Time MUHD SH4D 2QU. Customer Remarks Coustomer Remarks PM - Engineer / Technician Signature Name Designature Name Designation Designation Name Designation Name Designation No. Pendadrian Penulti 54451) No.	Work Order Date	01/06/2018	Completed Date	05-06-2018									
BE Category Sphygmomanometers, Anerold WO Assigned to MOHD SHADRUL Ownership V Existing Equipment Purchase New BER Proposed Work Order Type Preventive Maintenance (PM) Third Party Calibration (TPC) Routine Inspection (RI) Statutory Certification (SC) Reschedule Date BE Third Party Calibration / Statutory Certification Details Company Name Confact Number Action Taken PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer: Corrective Maintenance / Breakdown BE Sticker Availability: Yes / NA Serial No: Remarks: Schedule Maintenance Execution Details SI No OMS Engineer / Technician Name Date MUHD SHADRUL Customer Remarks Customer Remarks NA Customer Signature Name Date OUANITUM FIELD CL SULUTION Date Date OUANITUM FIELD CL SULUTION JUHANMAND SHARRUL BIN MOHD SAUSURI BINNEDICAL TECHNICIAN Seal NO MUHD SHADRUL Customer Signature Name Date Date No No Preventive Maintenance Addullabin No No Pendatiran Penults 54451) No Date Seal No No Pendatiran Penults 54451) No Penults 54451 No Penults 54451 No Penults 5	Clinic Name	Klinik Kesihatan Pesta / Kampung Ken	Clinic Code	JHR015									
Ownership Ownership Existing Equipment Purchase New BER Proposed Preventive Maintenance (PM) Preventive Maintenance (PM) Reschedule Date BEThird Party Calibration / Statutory Certification (RI) BEThird Party Calibration / Statutory Certification Details Company Name Contact Number Action Taken PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer: Corrective Maintenance / Breakdown BE Sticker Availability: Yes / NA Serial No: Remarks: Schedule Maintenance Execution Details SI No OMS Engineer / Technician Name Date MOMB Engineer / Technician Name Date Nor Maintenance Nor Maintenance Indication Name Date MOMB Engineer / Technician Name Date Nor Maintenance Indication Name Nor Maintenance Indication Indi	BE No.	JHR014162	Distict	BATU PAHAT									
BE Condition V Active BER Proposed	BE Category	Sphygmomanometers, Aneroid	WO Assigned to	MUHD SHADRUL.									
Work Order Type Preventive Maintenance (PM) Third Party Calibration (TPC) Reschedule Date BE Third Party Calibration / Statutory Certification Details Company Name Contact Number Contract Number Action Taken PM / Ri job done as per checklist. Unit tested functioning good & ready to use. BE Sticker Availability: BE Sticker Availability: Yes / NA Serial No: Schedule Maintenance Execution Details SI NO OMS Engineer / Technician Name Date MUHD SHADRUL Customer Remarks NA Customer Signature Name Date Designation NUMBDICAL SOLUTION QUIANTUM-MEDICAL SOLUTION QUIANTUM-	Ownership	✓ Existing Equipment	Purchase	New									
Routine Inspection (RI) Statutory Certification (SC) Reschedule Date BE Third Party Calibration / Statutory Certification Details Company Name	BE Condition	✓ Active	BER Proposed										
Reschedule Date BE Third Party Calibration / Statutory Certification Details Company Name	Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)										
BE Third Party Calibration / Statutory Certification Details Company Name NA	Trem Gradi Type	✓ Routine Inspection (RI)	Statutory Certificat	ion (SC)									
Company Name 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 SHADRUL 05-06-2018 13:40 14:00 Customer Remarks Customer Remarks Engineer / Technician Signature Name Nur Hazirah Micey Abdullah (No. Pendalignan Penut: 54451) JUANTUM-MEDICAL SOLUTION Date K Kg. Kenangan Dato Onn JUANTUM-MEDICAL SOLUTION Seal 50 6 1 8 Date K Kg. Kenangan Dato Onn JUANTUM-MEDICAL TECHNICIAN Seal 50 6 1 8	Reschedule Date			N.									
Contact Number Action Taken PM / RI job done as per checklist. Unit tested functioning good & ready to use. 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 SHADRUL. OS - 06 - 2018 13: Ye 19.00 Customer Remarks Customer Remarks Customer Signature Name Nur Hazirah Nocey Abdullah (No. Pendaltyran Penut: 54451) AUHADMAND SHAZRUL BIN MOHD SAMSURI Seal Date KK Kg, Kenangan Dato Onn Seal Seal Seal Seal Seal Manufacturer: Modal: Serial No: Remarks: Customer Signature Nur Hazirah Nocey Abdullah (No. Pendaltyran Penut: 54451) Manufacturer: M	BE Third Party Calibration / Statutory Certification Details												
Contact Number Action Taken PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer: Corrective Maintenance / Breakdown BE Sticker Availability: Yes / NA Remarks: Schedule Maintenance Execution Details SI No QMS Engineer / Technician Name Date Start Time End Time MUHD SHADRUL. Customer Remarks Customer Remarks Name Date Nur Hazirah Nécey Abdullah (No. Pendatiran Penuh: 54451) Amme Date OUANTUM-MEDICAL SOLUTION MUHAMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN Seal Manufacturer: Modal: Serial No: Serial No: Customer Signature Nur Hazirah Nécey Abdullah (No. Pendatiran Penuh: 54451) Amme Date OUANTUM-MEDICAL SOLUTION MUHAMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN Seal	Company Name	NA	Cal / Cert Date	110									
PM / RI job done as per checklist. Unit tested functioning good & ready to use. PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer:	Contact Number		Cal / Cert Expiry Date	/ 1010									
SI No QMS Engineer / Technician Name Date Start Time End Time MUHD SHADRUL. CUSTOMER Remarks Customer Remarks Customer Signature Name Date Nur Hazirah Necey Abdullah (No. Pendattaran Penut: 54451) Date OUANTUM-MEDICAL SOLUTION MUHAMMAD 5-MAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN Date Start Time End Time End Time Name Nur Hazirah Necey Abdullah (No. Pendattaran Penut: 54451) KK Kg. Kenangan Dato Onn Seal Seal	Corrective BE Sticker	e Maintenance / Breakdown r Availability : Yes / NA	od & ready to use.	Modal :									
Customer Remarks Customer Remarks Customer Signature Name Name Date OUANTUM_MEDICAL SOLUTION VUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN Seal Stat Time Liti Time L	Schedule Maintenan	ce Execution Details											
Customer Remarks Engineer / Technician Signature Name Date QUANTUM-MEDICAL SOLUTION VUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN Customer Signature Nur Hazirah Necey Abdullah (No. Pendataran Penuh: 54451) Jarurawat U29 KK Kg. Kenangan Dato Onn Seal	SI No	QMS Engineer / Technician Name	Date	Start Time End Time									
Engineer / Technician Signature Name Date OSOOO DO		MUHD SHAZRUL.	05-06-2018	13:40 14:00									
Engineer / Technician Signature Name Date OSOOO DO													
Engineer / Technician Signature Name Name Nur Hazirah Necey Abdullah No. Pendattaran Penuh: 54451) Pate OUANTUM-MEDICAL SOLUTION VUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN Customer Signature Name Nur Hazirah Necey Abdullah (No. Pendattaran Penuh: 54451) Date KK Kg. Kenangan Dato Onn Seal	Customer Remarks	NA ·											
	Name Date QUANTUM-MEI MUHAMMAD SHAZRU BIOMEDICA	OS OG 2018 DICAL SOLUTION DI BIN MOHD SAMSURI	Name Nur Ha: Designation (No. Pen Date KK Kg	daftaran Penuh: 54451) Jarurawat U29									

First Verification

QMS Circle Incharge

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

Final Verification

QMS State Incharge

THE RESERVE STATES OF THE STAT



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO:CL-140-000 REV.000

TAKE I	ASSET DETAILS			J. 1									
WORK OF	RDER NO ► PUO 3	36263	9 -							BE NO	>	14K 0140165.	
MANUFACTURER > A ccoson									MODEL	ODEL NA -			
FREQUEN	ICY ► 12 MON	THLY (√)	Ĺ							PPM HOURS	>	0.50	
PART 2	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 grour	nded electrostatic wristband	when hand	dling PCB	or elec	ctroni	ic com	ponents.						
Refer to the	e safety procedure for addition	onal precau	utions and	guida	nce a	s per	manufacti	urer gui	delines.				
Make sure the test equipment used are duly calibrated.													
PART 3 TEST APPARATUS													
Tick ($\sqrt{\ }$) where appropriate													
NO	NO ASSET NO			DESCRIPTION SE						ERIAL NO		CALIBRATION DUE ON	
1	TEESA 0252	PRESSUE	RE METE	R					10	185		8105/11/60	
	<												
PART 4	QUALITATIVE TASKS										-		
	here appropriate												
rick () wi	исте аррторните		PASS	FAII	L	NA							
	sis - Verify physical integrity, liness and condition.		(/)	() (()						
2 Mount	t/Fasteners - Verify physical i	integrity.	(/)	() (()						
3 Check and cle	I integrity	(/)	() (()							
4 Check cleanli	k Bulb - Verify physical integri liness.	ity and	(/)	() ()						
5 Check	k air release valve.		(/)	() ()					58	
6 Check	c dial.		(/)	() ()						
PART 5	PREVENTIVE MAINTENANCE	CE TASKS										Handy and the complete	
	here appropriate												
				NOT	г	07070							
			DONE	DONE	**	NA	Notes:						
1 Clean the Exterior/Interior. (/) () ())	**	For all Parts, NA is o If you have ticked 'N Choose Whichever	NOT DONE', then	APF 1 jus	PLICABLE stify in Part 8		
							1						



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sphygmomanometers, Aneroid

BE CODE : 16-156

CHECKLIST NO:CL-140-000 REV.000

Description ruracy	Units / UOM mmHg mmHg mmHg mmHg	Set Values 40 70 100 130	Measured Values 39 69	Limit/Tolerance 38-42 68-72 98-102	PASS (/)	()	(
TO AND THE STATE OF THE STATE O	mmHg mmHg mmHg mmHg	40 70 100	\(\frac{\partial \text{Values}}{39} \) \(\frac{69}{49} \)	38-42 68-72	1	()	(
TO AND THE STATE OF THE STATE O	mmHg mmHg mmHg mmHg	40 70 100	\(\frac{\partial \text{Values}}{39} \) \(\frac{69}{49} \)	38-42 68-72	1	()	(
uracy	mmHg mmHg mmHg	70	69 49	68-72	(/)			
	mmHg mmHg	100	49		200	()	()
	mmHg			98-102				*
		130			(-)	()	()
	mmHg		129	128-132	(/)	()	()
		160	159	156-162	()	()	()
	mmHg	190	189	188-192	1	()	()
ETY TEST								
, (attach report)								
		Result:						
IEC 60601 IEC 61010 IEC 6235	53		PASS	FAIL	NA			
	111							
CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONIN	IG			laht	E le
	CORRECTIVE MAINTENANCE REQUIRED	IEC 60601 IEC 61010 IEC 62353	Result: IEC 60601	Result: IEC 60601	Result: IEC 60601	Result: IEC 60601	Result: IEC 60601	Result: PASS