

# Scheduled Maintenance Work Order

CMP

Quantum Medical Solutions sdn bhd  
transcending boundaries. transforming life

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

Work Order No	pwo410107	Scheduled Month	January 2019
Work Order Date	01/01/2019	Completed Date	09/1/19
Clinic Name	KK Alor Pongu	Clinic Code	PRK018
BE No	PRK030705	District	Kerian
BE Category	Sphygmomanometer Aneroid	WO Assigned to	Razin
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 checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	NA
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## BE Third Party Calibration / Statutory Certification Details

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

## Action Taken

ppm done as per checklist

Manufacturer : Welch Allyn  
 Model : Tyco - TR2  
 S/N : 140909103157  
 Purchase Date : NA  
 Kewpa No : NA

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1.	Razin	9/1/19	1400	1430

## Customer Remarks

Engineer / Technician Signature Name Date  MUHAMMAD RAZIN BIN MOHAMAD RAZIN JUNIOR BIOMEDICAL TECHNICIAN QUANTUM MEDICAL SOLUTIONS SDN BHD 9/1/19	Customer Signature Name Designation Date Seal  NURUL HASMAH BINTI HUSSAIN JURUKAWAT KESIHATAN U29 KK ALOR PONGSU 9/1/19.
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For Internal Use only

 First Verification  
 QMS Circle Incharge

 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 ▶ PW0410107 BE NO ▶ PRK030705  
MANUFACTURER ▶ Welch Allyn MODEL ▶ Tycos-TR2  
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	NA	PRESSURE METER	NA	NA
2	Teerd 0262	Pressure Gauge	002040	21/2/19

**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.	(✓)	( )	( )
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

