

## 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.	PWO365435	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.	JHR024046	Distict	BATU PAHAT
BE Category	SPHYGMOMANOMETERS, ANER	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	
<b>Action Taken</b> <input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer : <input checked="" type="checkbox"/> Corrective Maintenance / <input checked="" type="checkbox"/> Breakdown Modal : BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA Serial No : Remarks:			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL	05-06-2018	13:20	13:40

Customer Remarks	
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 Hecoy 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 365435 BE NO ▶ JHR 024046  
MANUFACTURER ▶ MDF 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 Gauge	1985	9/11/2018

## 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	38	38-42	(✓)	( )	( )
		mmHg	70	68	68-72	(✓)	( )	( )
		mmHg	100	98	98-102	(✓)	( )	( )
		mmHg	130	128	128-132	(✓)	( )	( )
		mmHg	160	158	156-162	(✓)	( )	( )
		mmHg	190	188	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

+ Change 1 unit ~~one~~ of bp cuff.  
(double tubing type).

+ Job done. Functioning well.

☐ 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 SHAKRUL

DATE: 05-06-2018