

日本海事協会 御中
TO NIPPON KAIJI KYOKAI

日付
Date

申込者
(Applicant)

住所
(Address)

機関計画保全検査申込書(PMS)
Application for continuous Machinery Survey based on Planned Maintenance Scheme

下記船舶の機関計画保全検査方式の採用を申請します。

We hereby request your acceptance on application of PMS to the following ship.

船名
SHIP NAME : _____
船級番号
CLASS NUMBER : _____
主機関の型式
TYPE OF MAIN ENGINE : _____

機関計画保全検査は下記の条件のもとに行います。

We assure you that the arrangement on the PMS will be made on the following conditions:

- (1) 機関計画保全検査の各項目は、5年以内に検査を一巡させること。
One cycle of PMS is to be completed within five years.
- (2) 各検査項目の検査間隔は、5年を越えないこと。
Inspection interval of each survey item is not to exceed five years.
- (3) 添付の機関保全計画書及び受験計画書に従って期間の保全及び検査を行うこと。
Maintenance and Survey of Machinery are to be carried out in accordance with the approved Planned Maintenance Scheme and Survey Schedule Table.
- (4) 船舶管理会社に変更される場合には、機関計画保全検査システムによる機関継続検査方式は取り消され、通常の機関継続検査方式(CMS)になる。またこの取扱いについて変更後の船舶管理会社に確実に伝達すること。
The information that Machinery Survey based on Planned Maintenance Scheme is to be changed to the Continuous Machinery Survey scheme when the management of the vessel is transferred to other party than undersigned, is to be transferred by the undersigned to the succeeding management company.

署名
Signature

Attachment: (1) Planned Maintenance Scheme (3 copies)
(2) Survey Schedule Table (3 copies)
(3) Sample forms of machinery maintenance records (1 copy)
(4) Organization chart identifying the section and the personnel responsibility for the machinery maintenance (1 copy)