

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 Planned Machinery Survey based on  
Planned Machinery 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 approval of 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検計画書に従って機関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 machinery maintenance scheme and survey schedule table.
- (4) 船舶管理会社が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計画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 Planned Machinery Survey based on Planned Machinery Maintenance Scheme is to be changed to the Continuous Machinery Survey when the management of the vessel is transferred to other party than the undersigned, is to be transferred to the succeeding management company by the undersigned.

署名  
Signature

Attachment: (1) Machinery maintenance scheme (3 copies)  
(2) Survey schedule table (3 copies)  
(3) Function descriptions for maintenance management system (3 copies)  
(4) Sample form of machinery maintenance records (1 copy)  
(5) Organization chart identifying the section and the personnel responsibility for the machinery maintenance (1 copy)