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| **衝撃試験機検査・校正申込書** | | | | | | | | | | | |
| 日本海事協会 試験機室　御中 | | |  | | 年 | |  | 月 |  | | 日 |
| 申込者名(社名)： | |  | | | | | | | | | |
| 住　　所：〒 | |  | | | | | | | | | |
| 担当者名： | |  | | | | | | | | | |
| 電話番号： | |  | | FAX番号： | |  | | | | | |
| E-mail： | |  | | | | | | | | | |
| * **一軸試験機の検査・校正を日本海事協会の「登録規則」、「船級登録及び設備登録に関する業務提供の条件」、「舶用品等検査試験規則」、「試験機規則」及び「技術サービス規則」を了承の上、下記の検査・校正及び証明書の発行を申込みます。** * **本検査・校正中、業務支援致します。** | | | | | | | | | | | |
| **本検査・校正中、貴会が認める ［** |  | | | | | | | | | **］所有** | |
| **の校正用機器を支給致します。** | | | | | | | | | | | |

証明書の英文記載希望の有無：（  ある ・  ない ） 　※（ある）の場合は、各所の英文を必ず記入してください。

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| 依　　　頼　　　者  （証明書所有者欄に記載） | | 社　名： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　所： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 英文社名： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 英文住所： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 検査・校正場所  （場所名は、社名のみでは不可） | | 場所名： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　所： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 英文場所名： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 英文住所： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 計量器の名称、形式 | | シャルピー衝撃試験機 (金属用) | | | | | | | | | | | | | | | | 容量： | | |  | | | | | | J　　型名： | | |  | | | | | | | |
| 製造番号・製造年月 | | No. |  | | | | | | | | | | | | | | | | | | | ・ | | | | | |  | | | | 年 |  | | | 月 | |
| 製造者 | | (和) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (英) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NK試験機番号 | | **I**　 ― | | | | | | | | | | | |  | | | | | | | | | | | | | なし | | | | | | | | | | |
| 適用規格 | | 試験機規則  (手動機 全自動機 半自動機) | | | | | | | | | | | | | | | | | | | JIS B 7722による鑑定(不確かさを除く)  （体系図） | | | | | | | | | | | | | | | | |
| 検証条件 | | 刃先 （　 2R /  8R ） 　・ 表示形式 （ 　目盛盤と指針 /　　デジタル） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 検証場所重力加速度 | | | | | | | | | | | | |  | | | | | | | | | m/s2（必ず記入） | | | | | | | | | | | | | |
| モーメント（\*前回の値を引き継ぐ場合）　　*F* = | | | | | | | | | | | | | | | | | |  | | | | | | N *l*2 = | | | |  | | | | m | | | |
| 間接検証レベル　(\*間接検証に用いる基準片は申込者からの提供による。2レベル以上とする。) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | J | | | | ・ | |  | | | | J | ・ |  | | | | | J | | | | | | | | | | | | | |
| 立会希望日 | |  | | | | 年 | | |  | | | 月 | |  | | 日 | | | | | | | 前回実施日 | | | | |  | | | 年 |  | 月 | |  | | 日 |
| 証明書送付先  （  申込者と同じ ） | | 社　名： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　所：〒 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 担当者名： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail： | | | | | |  | | | | | | | | | | | | | | | | | | | TEL | |  | | | | | | | | |
| 手数料請求先  ※請求書はE-mailでの発行となります  （  申込者と同じ ） | | 社　名： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　所：〒 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 担当者名： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail： | | | | | |  | | | | | | | | | | | | | | | | | | | TEL | |  | | | | | | | | |
| ※以下欄には記入しないで下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受付番号 | TTT | | | | 受付日 | | | | | | | |  | | | | | | | | | | | | 案件番号 | | |  | | | | | | | | | |

様式TM1号（衝撃試験機用）　Form TM1\_CH (2024.03)