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| **一軸試験機検査・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 | | | 一軸試験機　（　引張 圧縮 ・ 油圧 ネジ ・竪 横　）型名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 最大容量（切換ﾚﾝｼﾞ） | | |  | | | | | | | | | | kN | | | | 切換 | | | | 段 | | | | | | | |  | | | | | |
| 製造番号・製造年月 | | | No. |  | | | | | | | | | | | | | | | | | ・ | | | | |  | | | | | 年 |  | | 月 |
| 製造者 | | | (和) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (英) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NK試験機番号 | | | **Ｔ**　**・**　 **Ｃ**  ― | | | | | | | | | |  | | | | | | | | | | | なし | | | | | | | | | | |
| 適用規格 | | | 試験機規則  (手動機 全自動機 半自動機) | | | | | | | | | | | | | | | | | JIS B7721による鑑定  （体系図） | | | | | | | | | | | | | | |
| ※　一般検査における整備前の計測を除く | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 整備前計測 | | | 別途申込書による申込みあり　　　　　　不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 検　証　条　件 | 力指示計 | | 目盛板・指針（置針使用：有・無）　 ﾃﾞｨｼﾞﾀﾙ 　  記録計(ﾁｬｰﾄ等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 検 証 範 囲　他 | | 検証レンジ（オートレンジは各範囲） | | | | | | | | | | | | | 下限値 | | | 一増分 | | | | | | 希望等級 | | | 検力センサー等 | | | | | | |
|  | | | | | | | | | | | | | % | | |  | | | | | | 級 | | | 圧力ｾﾙ / ﾛｰﾄﾞｾﾙ | | | | | | |
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|  | | | | | | | | | | | | | % | | |  | | | | | | 級 | | | 器物番号： | | | | | | |
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| 相対往復誤差の検証 | | 要 (検証ﾚﾝｼﾞの最小ﾚﾝｼﾞ及び最大ﾚﾝｼﾞ) 　  否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 検証場所重力加速度 | |  | | | | | | | | | | | m/s2 | | | | (50 N 未満の測定点がある場合必ず記入) | | | | | | | | | | | | | | | | |
| 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（一軸試験機用）　Form TM1\_UA (2024.03)