**1. Company Information \*DO NOT write the address of P.O.Box.**

|  |  |  |
| --- | --- | --- |
| **1.1** | **Official Company Name** **(in English)** |  |
| **1.2** | **Official Company Plant Name** **(if applicable)** |  |
| **1.3** | **Address of Plant** | **Line1:** |  |
| **Line2 (City)** |  |
| **Post code:** |  |
| **Country:** |  |
| **1.4** | **Address for Invoice Delivery　(If different)** | **Line1:** |  |
| **Line2 (City)** |  |
| **Post code:** |  |
| **Country:** |  |

**2. Contact Information**

|  |
| --- |
| **Plant Contact for TPM** *(Normal**contact person for TPM matters)*  |
| Given Name |  | Family Name |  |
| Position |  | Mr. / Ms. / Mrs. |  |
| Contact Telephone No. |  |
| Email Address |  |

**3.** **Additional Plant Information**

|  |  |  |
| --- | --- | --- |
| **3.1** | **Industrial Classification** | *Please select one from the list and tick the box*Automobile and Other Motor VehicleAutomotive Parts Iron and Steel & Non-Ferrous Metal Chemicals Rubber & Plastic Products Pulp & Paper Electric & Gas, Petroleum and Coal Others ( )*If you chose Others, please fill in your Industrial Classification above.* |
| **3.2** | **Product Category** |  |
| **3.3** | **Annual Turnover** *(State Currency)* |  |
| **3.4** | **Number of Employees** |  |
| **3.5** | **Total Size of Site (m2)** |  |
| **3.6** | **Number of days for Follw-up** | (  ) day(s) |

**4. Reason for Follow-up / Pre-Assessmnet**

**4.1** Please write the reason of applying

**4.2** What kind of contents do you request as Follow-up / Pre-Assessment? (From this information JIPM will consider assessor)

**4.3** Estimated application for TPM Award

We wish to apply for the TPM Excellence Award in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year)

**5. Name of Consultant(s)**

*The name of your regular consultant and also the name(s) of any other person(s) performing consulting services such as*

*one day consulting, special visit and Health check are requested*

|  |  |
| --- | --- |
| **Name of Consultant** | **Name of the Consulting Firm** |
| *Mr.*  |  |
|  |  |
|  |  |

*This is required to avoid any risk of a conflict of interest between a consultant and that same person being appointed as an　assessor.*

**6. TPM Information**

|  |  |  |
| --- | --- | --- |
| **7.1** | **Do you already have a TPM Award?** | *(Please tick appropriate box)* **YES NO** |
| **7.2** | **If YES, Category of Award** |  |
| **7.3** | **Applied Year of Award**  |  |
| **Person responsible for the application****Name**(Please type)  | **Date** |  |
|  **Position** |  |  |  |
| **Signature**(For hard copy submission) |  |  |  |

**Japan Institute of Plant Maintenance**

**TPM Award Office**

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