

N C Department of Labor Elevator Bureau 1101 Mail Service Center, Raleigh, NC 27699-1101

INSPECTION REPORT

IMPORTANT: Always use State Number in any correspondence relating to your equipment www.nclabor.com/elevator.htm

| Invoice ? | Number |
|-----------|--------|
| 556 | 958 |

| | | EQUIPMENT INSPE | CCTED | | | |
|---|---|---------------------------------|-------------------------|--|------------------|--|
| State Number: N7.1 Capacity: 1500 Volts: 220 | Type of Unit: Freight Installed: 05/21/1975 Floor to Floor: B to 3 | /1975 Complied: 05/21/1975 | | Manuf: WESTBROOK Speed: 100 Rope Size: 5/8 | | |
| | NNING, PO BOX 1522, WASHI | | 2 | Rope Size. 3/8 | | |
| | RIGHT FURNITURE CO., 246 | | INGTON, NC, 2788 | 39 | | |
| | П | NSPECTION INFORM | | | | |
| Inspection Date 04/23/2008 | Type Inspection Routine | Certificate Status Re-issued | Inspector 16 - Moore | | County Code 7 | |
| Violation Abatement | Date: 05/23/2008 V | IOLATIONS FOUNI |) | | | |
| Notify the Elevator Burea quipment into complianc | | ons Form when the fo | | | er to bring your | |
| 3.11.2.2.2 | Preform the annual no load | | | | | |
| 2.1 | Repair hoistway where nee | • | | | | |
| | | | | | | |
| iolations pointed out to: | Fredrick Switzer | | | Inspector | | |
| | | INVOICE | | | | |
| Return this stub with pay | No other invoice will be in 30 days from date of invoice, y ment to: NC Department of Labo r, Raleigh, NC 27699-1101 | your certificate become | | 11 | e Number 6958 | |

Owner: NORMAN MANNING, PO BOX 1522, WASHINGTON, NC, 27889

Occupant: PHILLIPS WRIGHT FURNITURE CO., 246 W MAIN ST, WASHINGTON, NC, 27889

04/23/2008 Date: Fee: \$200