

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 556976

		EQUIPMENT INS	SPECTED	
State Number: H1190 Type of Unit: Hand Lift Capacity: 750 Installed: 10/31/2001 Volts: 120 Floor to Floor: 1 to 2 Owner: BLEHAVEN PUBLIC LIBRARY, 333 E MAIN ST, B Occupant: BLEHAVEN PUBLIC LIBRARY, 333 E MAIN ST		1/2001 1 to 2 MAIN ST, BELHAVEN, 1		Manuf: ACCESS Speed: 10 Rope Size: 3/8
		INSPECTION INFO	RMATION	
Inspection Date 05/08/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County Name County Code BEAUFORT 7
		VIOLATIONS F	OUND	
Notify the Elevator Bu		ted Violations Form when aipment into compliance v		s have been made in order to bring your
n/a No vie	olations found			
Violations pointed out to: Joan Bogun			Ins	pector
		INVOICE	<u> </u>	
No other invoice will be issued. If not paid within 30 days from date of invoice, your certification of the control of the co		oice, your certificate beco		Invoice Number
Return this stub with payment to: NC Department of Labor, Budget and Put 1101 Mail Service Center, Raleigh, NC 27699-1101			chasing Division,	556976 State Nbr: H1190 Date: 05/08/2008
Owner: BLEHAVEN PUBLIC LIBRARY, 333 E MAIN ST, BELHAVEN, NC, 27810 Occupant: BLEHAVEN PUBLIC LIBRARY, 333 E MAIN ST, BELHAVEN, NC, 27810				Fee: \$65