

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 557151

		EQUIPMENT INSPE			
tate Number: H372 Type of Unit: Hand Lift apacity: 750 Installed: 10/31/1990 olts: 115 Floor to Floor: 1 to 2 wner: LIFEQUEST INC., 100 9TH ST., WASHINGTON, Noccupant: LIFEQUEST INC., 100 9TH ST., WASHINGTON,			0/31/1990	Manuf: AMER STAIR GLID Speed: 10 Rope Size: 0	
		ISPECTION INFORM	IATION		
Inspection Date 07/29/2008				County Name BEAUFORT	
		VIOLATIONS FOU	ND		
Notify the Elevator Bu	ureau in writing on Corrected Vic equipmen	plations Form when the tinto compliance with		ions have been made in o	rder to bring your
Violations pointed out to: Office			Inspector		
		INVOICE			
No other invoice will be iss If not paid within 30 days from date of invoice, your Return this stub with payment to: NC Department of Labor, B 1101 Mail Service Center, Raleigh, NC 27699-1101 Owner: LIFEQUEST INC., 100 9TH ST., WASHINGTON, Occupant: LIFEQUEST INC., 100 9TH ST., WASHINGTON		our certificate become , Budget and Purchasi N, NC, 27889		Invoice Number 557151 State Nbr: H372 Date: 07/29/2008 Fee: \$0	