

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 557550

EQUIPMENT INSPECTED					
State Number: 4141 Type of Unit: Pass Capacity: 1200 Installed: 02/17/19 Volts: 208 Floor to Floor: 1 t Owner: ORR LODGE 104, PO BOX 1913, WASHI Occupant: ORR LODGE 104, 3RD BONNER STS,		enger Landings: 2 59 Complied: 02/17/1959 52 Entrances: 1 NGTON, NC, 27889 WASHINGTON, NC, 27889		Manuf: SOUTHERN Speed: 50 Rope Size: 0	
		INSPECTION INFOR	MATION		
Inspection Date 03/10/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County Name BEAUFORT	County Cod 7
Violation Abatement	Date: 04/09/2009				
equipment into complianc			-	nave been made in order	to bring your
8.11.3.2.1	Perform the annual	relief valve test			
Violations pointed out to:	Ray Briley		Iı	nspector	
		INVOICE			
	No other invoice w	vill be issued.			
If not paid with	in 30 days from date of invo	oice, your certificate becom	es invalid.		e Number
Return this stub with payment to: NC Department of Labor, Budget and Purchasin 1101 Mail Service Center, Raleigh, NC 27699-1101			ing Division,	State Nbr: Date:	7550 4141 03/10/2009
Owner: ORR LODGE 104, PO BOX 1913, WASHINGTON, NC, 27889				Fee:	\$175

Occupant: ORR LODGE 104, 3RD BONNER STS, WASHINGTON, NC, 27889