

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 567027

EQUIPMENT INSPECTED					
	Type of Unit: Hand Lift Installed: 08/16/2004 Floor to Floor: 1 to 2 CHOOLS, PO BOX 2519, ELIZABETHTOW IIDDLE SCHOOL, 14888 NC HWY 87 W, TA			Manuf: SAVARIA Speed: 25 Rope Size: 0	
		INSPECTION INFOR	MATION		
07/24/2008	Type Inspection Routine	Re-issued	Inspector 48 - Martin	BLADEN	County Co 9
	Pate: 08/23/2008	VIOLATIONS FOUN			
Notify the Elevator Bureau equipment into compliance	with current codes.	iolations Form when the fo		ave been made in order	to bring your
8.6.4.7.1 Clear	n the hoistway(s) (pits) of	all debris. CLEAN PIT			
Violations pointed out to: 1	NANCY GAUSE		In	spector	
		INVOICE			
If not paid within	No other invoice variation 130 days from date of inv	vill be issued. oice, your certificate become	nes invalid.	Invoice	e Number
Return this stub with payment to: NC Department of Labor, Budget an 1101 Mail Service Center, Raleigh, NC 27699-1101			sing Division,	567 State Nbr:	7027 H1507 07/24/2008
Owner: BLADEN CO SCHOOLS, PO BOX 2519, ELIZABETHTOWN, NC, 28337				Fee:	\$65

Occupant: TARHEEL MIDDLE SCHOOL, 14888 NC HWY 87 W, TAR HEEL, NC, 28392