

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 567209

		EQUIPMENT INSI	PECTED			
State Number: H1504 Type of Unit: Hand Lift Capacity: 750 Installed: 03/22/2005 Volts: 410 Floor to Floor: 1 to 2 Owner: BLADEN COUNTY SCHOOLS, PO BOX 2519, ELIZABET Occupant: EAST BLADEN HS PB#2, 5600 NC HWY 87 EAST, ELI		2/2005 C 1 to 2 E 2519, ELIZABETHTOW WY 87 EAST, ELIZABET	THTOWN, NC, 28337	Manuf: SAVARIA Speed: 25 Rope Size:		
		INSPECTION INFO				
Inspection Date 11/25/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BLADEN	County Code 9	
		VIOLATIONS FO	OUND			
Notify the Elevator Bur	reau in writing on Correcto equ	ed Violations Form when ipment into compliance w	the following correction ith current codes.	s have been made in	order to bring your	
n/a No vio	olations found					
Violations pointed out to: MANAGEMENT			Inspector			
		INVOICE				
No other invoice will be issued. If not paid within 30 days from date of invoice, your certifica			mes invalid.	Invoice	e Number	
Return this stub with payment to: NC Department of Labor, Budget and Pt 1101 Mail Service Center, Raleigh, NC 27699-1101			asing Division,	567 State Nbr:	567209 State Nbr: H1504	
Owner: BLADEN COUNTY SCHOOLS, PO BOX 2519, ELIZABETHTOWN, NC, 28337 Occupant: EAST BLADEN HS PB#2, 5600 NC HWY 87 EAST, ELIZABETHTOWN, NC, 28337			Fee: \$65			