

## 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 567434

		EQUIPMENT INS	PECTED		
State Number: H1944 Type of Unit: Hand Lift Capacity: 750 Installed: 05/14/2008 Volts: 120 Floor to Floor: 1 to 2 Owner: BRUNSWICK COMMUNITY COLLEGE, 50 COLLEGE Occupant: ODELL WILLIAMSON AUDITORIUM, 50 COLLEGE		5/14/2008 or: 1 to 2 E, 50 COLLEGE ROAD, S M, 50 COLLEGE ROAD,		Manuf: GARAVENTA Speed: 10 Rope Size:	
		INSPECTION INFO	RMATION		
Inspection Date 03/23/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BRUNSWICK	County Code
		VIOLATIONS F	OUND		
Notify the Elevator Bu	reau in writing on Correct equ	ted Violations Form when aipment into compliance v		ons have been made in o	rder to bring your
n/a No vi	olations found				
Violations pointed out to: LINDSAY			Inspector		
		INVOICE	,		
No other invoice will be issued.  If not paid within 30 days from date of invoice, your certificate			omes invalid.	Invoice	Number
Return this stub with payment to: NC Department of Labor, Budget and 1101 Mail Service Center, Raleigh, NC 27699-1101			nasing Division,	567 State Nbr:	434
Owner: BRUNSWICK COMMUNITY COLLEGE, 50 COLLEGE ROAD, SUPPLY, NC, 2846 Occupant: ODELL WILLIAMSON AUDITORIUM, 50 COLLEGE ROAD, SUPPLY, NC, 2846.				11	665