

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 575483

		EQUIPMENT I	NSPECTED		
tate Number: H546 Type of Unit: Hand Lift apacity: 750 Installed: 11/23/1994 folts: 220 Floor to Floor: 1 to 2 owner: ELON UNIVERISTY, PO BOX 2950, ELON, NC, 2724 occupant: ELON UNIV / MOSELY CENTER, 100 CAMPUS D		/1994 (150 2 I ON, NC, 27244	Landings: 2 Complied: 11/23/1994 Entrances: 2	Manuf: CONCORD Speed: 10 Rope Size:	
		INSPECTION INF			
Inspection Date 11/19/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code
		VIOLATIONS	FOUND		
Notify the Elevator B	tureau in writing on Correc	cted Violations Form wh quipment into compliance		ns have been made in or	der to bring your
No violations found					
Violations pointed out to: OFFICE			Inspector		
		INVOI	CE 		
No other invoice will be issued. If not paid within 30 days from date of invoice, your certi			ecomes invalid.	Invoice Number	
Return this stub with payment to: NC Department of Labor, Budge 1101 Mail Service Center, Raleigh, NC 27699-1101			rchasing Division,	5754 State Nbr: H	483 4546
Owner: ELON UNIVERISTY, PO BOX 2950, ELON, NC, 27244 Occupant: ELON UNIV / MOSELY CENTER, 100 CAMPUS DR, ELON, NC, 27244				1/19/2008	