



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
919-707-7927

Report Number
10125-16-4397
State Number
N7.19

EQUIPMENT INSPECTED

State Number: N7.19	Type of Unit: Freight	Floor to Floor: 1 to 2
Capacity: 2000	Manuf: WESTBROOK	Speed: 50
Landings: 2	Installed: 08/29/1979	Rope Size: 5/8
Volts: 220	Complied: 08/29/1979	Entrances: 2
OWNER	OCCUPANT	
MAOLA ICE CREAM COMPANY	UNOCCUPIED BUILDING	
PO BOX 759	115 EAST WATER ST	
WASHINGTON, NC, 27889	WASHINGTON, NC, 27889	

INSPECTION INFORMATION

Inspection Date 05/05/2010	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County BEAUFORT
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7

VIOLATIONS

8.11.2.2.2 Perform an annual no load safety test and provide proper tags.

Items must be corrected by: 06/04/2010

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

Violations pointed out to: Doug

Inspector _____

THIS IS NOT AN
INVOICE

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to:

MAOLA ICE CREAM COMPANY
PO BOX 759
WASHINGTON, NC, 27889