



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**11095-36-5921**  
State Number  
**H1562**

EQUIPMENT INSPECTED

State Number: **H1562**

Capacity: 750

Landings: 2

Volts: 115

Type of Unit: Hand Lift

Manuf: ACCESS

Installed: 01/20/2005

Complied: 01/20/2005

Floor to Floor: 1 to 2

Speed: 12

Rope Size:

Entrances: 2

OWNER

ROCK CREEK UMC

7315 ROCK CREEK

SNOW CAMP, NC, 27340

OCCUPANT

ROCK CREEK UMC

7315 ROCK CREEK

SNOW CAMP, NC, 27340

INSPECTION INFORMATION

Inspection Date  
04/05/2011

Type Inspection  
Routine

Certificate Status  
Re-issued

Inspector  
36 - Kirkman

County  
ALAMANCE

1

VIOLATIONS

none found

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: office

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:

ROCK CREEK UMC  
7315 ROCK CREEK  
SNOW CAMP, NC, 27340