

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 11122-16-5355 State Number N7.19

	EQ	QUIPMENT INSPECTED		
State Number: N7.19	Type of Unit: Fr	reight	Floor to Floor: 1 to	. 2
Capacity: 2000	Manuf: WESTBROOK		Speed: 50	
Landings: 2	Installed: 08/29/1979 Complied: 08/29/1979		Rope Size: 5/8 Entrances: 2	
Volts: 220				
OWNER		OCCUPANT	Т	
MAOLA ICE CREAM COMPAN	UNOCCUPIED BUILDING			
PO BOX 759	115 EAST WATER ST			
WASHINGTON, NC, 27889	WASHINGTON, NC, 27889			
	INSF	PECTION INFORMATION		
Inspection Date 05/02/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County BEAUFORT 7
		VIOLATIONS		
Items must be corrected by: 06/0 Notify the Elevator Bureau in writing complainace with current codes. Violations pointed out to: Doug		nen the following corrections have		g your equipment into
THIS IS NOT AN	To make changes to the invoice mailing address please call: 919-733-0372			
INVOICE	n invoice will be mailed to:	MAOLA ICE CREAM COM PO BOX 759 WASHINGTON, NC, 27889		