

THIS IS NOT AN

INVOICE

## 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 12310-48-3414 State Number 16529

| EQUIPMENT INSPECTED                             |  |  |                                   |                                     |                    |  |
|---|--|--|-----------------------------------|-------------------------------------|--------------------|--|
| State Number: 16529                             |  | Type of Unit: Special Manuf: SIDNEY                                |                                   | Floor to Floor: 1 to 4<br>Speed: 96 |                    |  |
| 1 2   |  | Installed: 04/28/  |                                   | Rope Size: 1/2                      | _                  |  |
| Volts: 440 Complied: 04/26                      |  |  | Entrances: 1                      |                                     |                    |  |
| OWNER   |  |  | OCCUPANT                          |                                     |                    |  |
| MURPHY BROWN                                    |  |  | MURPHY BROWN                      |                                     |                    |  |
| 255 BRYANT SWAMP RD.                            |  |  | 255 BRYANT SWAMP RD               |                                     |                    |  |
| BLADENSBORO, NC, 28320                          |  |  | BLADENSBORO, NC, 28320            |                                     |                    |  |
|   |  | INSPI  | ECTION INFORMATION                |                                     |                    |  |
| Inspection Date 11/05/2012                      |  | Type Inspection<br>Routine   | Certificate Status<br>Re-issued   | Inspector<br>48 - Martin            | County<br>BLADEN   |  |
|   |  |  | VIOLATIONS                        |                                     |                    |  |
| 2.26.11   | Adjust the ele                                       | Adjust the elevator to level properly at all landings. TOP LANDING |                                   |                                     |                    |  |
| 2.26.2.8  | Put the car top stop switch in proper working order. |  |                                   |                                     |                    |  |
| 2.14.1.5.1                                      | Secure the car top emergency exit. DOOR DAMAGED      |  |                                   |                                     |                    |  |
| 8.11.2.3 Perform a 5 year full load safety test |  |  |                                   |                                     |                    |  |
|   |  |  |                                   |                                     |                    |  |
|   |  |  |                                   |                                     |                    |  |
|   |  |  |                                   |                                     |                    |  |
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|   |  |  |                                   |                                     |                    |  |
|   |  |  |                                   |                                     |                    |  |
|   |  |  |                                   |                                     |                    |  |
|   |  |  |                                   |                                     |                    |  |
| Items must l                                    | be corrected by: 12/                                 | /05/2012   |                                   |                                     |                    |  |
| Notify the Eleva<br>complainace wit             | ntor Bureau in writir<br>ih current codes.           | ng on Corrected Violations Form who                                | en the following corrections have | been made in order to bring yo      | our equipment into |  |
| =   | ed out to: ALLEN                                     |  |                                   | Inspector                           |                    |  |

MURPHY BROWN

255 BRYANT SWAMP RD. BLADENSBORO, NC, 28320

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

An invoice will be mailed to: