

## 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 13213-36-5243 State Number H1261

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|  | !   | EQUIPMENT INSPECTED                                 |                           |                        |  |
|--|---|---|---------------------------|------------------------|--|
| State Number: H1261  | Type of Unit: Hand Lift   |   | Floor to Floor: 1         | Floor to Floor: 1 to 2 |  |
| Capacity: 750  | Manuf: GARAVENTA  |   | Speed: 11                 |                        |  |
| Landings: 2  |   | Installed: 07/12/2002                               |                           | Rope Size: .           |  |
| Volts: 220   | Complied: 07/12/2002  |   | Entrances: 2              |                        |  |
| OWNER  | OCCUPANT  |   |                           |                        |  |
| ALAMANCE CO SCHOOLS  | ALTAMAHAW/OSSIPPEE ELEMENTAF                                    |   | ARY SCHOOL                |                        |  |
| 1712 VAUGHAN RD  | 2832 N HWY 87   |   | ner sellool               |                        |  |
| BURLINGTON, NC, 27217  |   | ELON, NC, 27244                                     |                           |                        |  |
|  | IN  | ISPECTION INFORMATION                               |                           |                        |  |
| Inspection Date 08/01/2013   | Type Inspection<br>Routine                                      | Certificate Status<br>Re-issued                     | Inspector<br>36 - Kirkman | County<br>ALAMANCE     |  |
|  |   | VIOLATIONS  |                           |                        |  |
|  |   |   |                           |                        |  |
| Items must be corrected by: 08. Notify the Elevator Bureau in writing complainace with current codes. Violations pointed out to: LOIUS N | ng on Corrected Violations Form                                 | when the following corrections                      |                           | ng your equipment int  |  |
|  |   |   |                           |                        |  |
| THIS IS NOT AN   | To make changes to the invoice m  An invoice will be mailed to: | ALAMANCE CO SCHO 1712 VAUGHAN RD BURLINGTON, NC. 27 | OOLS                      |                        |  |