

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 14073-52-4559 State Number H2352

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EQUIPMENT INSPECTED						
State Number: H2352		Type of Unit: Hand	Lift	Floor to Floor: 1 to 2		
Capacity: 750		Manuf: GARAVEN	Manuf: GARAVENTA		Speed: 30	
Landings: 2		Installed: 04/17/201	Installed: 04/17/2012		Rope Size:	
Volts: 230		Complied:	Complied:		Entrances: 2	
OWNER			OCCUPAN	ΙΤ		
BANNER ELK VISTA PROPERTIES		TIES	THE VISTAS			
PO BOX 2074			317 PENNY LANE			
BANNER ELK, NC, 28604			BANNER ELK, NC, 28604			
		INSPEC	ΓΙΟΝ INFORMATION			
	spection Date 03/14/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 52 - Sosebee	County AVERY	
			VIOLATIONS			
A18.1 P	Perform the annual hydraulic system pressure test.					
	Provide proper clearances around lift to hoistway.(Lift bumps and scrapes running thru hoistway.)					
	Put the in car emergency phone in proper working order.					
Items must be corrected by: 04/13/2014				Elevator Name: # 1		
otify the El omplainace	levator Bureau in writing with current codes.	g on Corrected Violations Form when t	the following corrections have be	een made in order to bring you	r equipment into	
iolations po	ointed out to: JP 828-96	4-2458	Inspector			

PO BOX 2074

BANNER ELK VISTA PROPERTIES

BANNER ELK, NC, 28604

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

An invoice will be mailed to: