## NCDOL N.C. Department of Labor

## 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 14153-48-3666 State Number 26188

|                            |                                     | EQUIPMENT INSPECTED             |                          |                     |  |
|----------------------------|-------------------------------------|---------------------------------|--------------------------|---------------------|--|
| State Number: 26188        | Type of Unit: Passenger             |                                 | Floor to Floor: 1 to 2   |                     |  |
| Capacity: 2500             | Manuf: SCH                          |                                 | Speed: 125               |                     |  |
| Landings: 2                |                                     | Installed: 12/22/2008           |                          | Rope Size:          |  |
| Volts: 480                 | Complied: 12                        | 2/22/2008                       | Entrances: 2             |                     |  |
| OWNER                      |                                     | OCCUPANT                        |                          |                     |  |
| BRUNSWICK COMM COLL        | COLLEGE BCC ATHLETIC &              |                                 | AQUATICS CENTER          |                     |  |
| PO BOX 30                  | 50 COLLEGE ROAI                     |                                 |                          |                     |  |
| SUPPLY, NC, 28462          |                                     | SUPPLY, NC, 28462               |                          |                     |  |
|                            |                                     | NSPECTION INFORMATION           |                          |                     |  |
| Inspection Date 06/02/2014 | Type Inspection<br>Routine          | Certificate Status<br>Re-issued | Inspector<br>48 - Martin | County<br>BRUNSWICK |  |
|                            |                                     | VIOLATIONS                      |                          |                     |  |
| 2.2.2.4 Inst               | Install the cover on the sump pump. |                                 |                          |                     |  |
| 2.2.2.4 Put                | the sump pump in proper working     | order.                          |                          |                     |  |
| 8.6.4.7.4 Ren              | nove the oil from the pit floor.    |                                 |                          |                     |  |
|                            |                                     |                                 |                          |                     |  |
|                            |                                     |                                 |                          |                     |  |
|                            |                                     |                                 |                          |                     |  |
|                            |                                     |                                 |                          |                     |  |
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|                            |                                     |                                 |                          |                     |  |
|                            |                                     |                                 |                          |                     |  |
|                            |                                     |                                 |                          |                     |  |
|                            |                                     |                                 |                          |                     |  |

Violations pointed out to: Mike Milliken Inspector \_\_\_\_\_

Elevator Name: #1

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

THIS IS NOT AN INVOICE

complainace with current codes.

Items must be corrected by: 07/02/2014

BRUNSWICK COMM COLLEGE

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into

An invoice will be mailed to: PO BOX 30

SUPPLY, NC, 28462