

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 15064-36-3653 State Number H481

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	E	EQUIPMENT INSPECTED			
State Number: H481	Type of Unit: Hand Lift		Floor to Floor: LL to UL		
Capacity: 750	Manuf: NATL W-O-V		Speed: 9		
Landings: 2	Installed: 07/20/1993		Rope Size:	Rope Size:	
/olts: 110	Complied: 07/20/1	993	Entrances: 2		
OWNER	OCCUPANT				
LAB CORP	LAB CORP				
348 S MAIN ST		403 S SPRING ST			
BURLINGTON, NC, 27215		BURLINGTON, NC, 27215			
	INS	SPECTION INFORMATION			
Inspection Date 03/05/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
NONE FOUND					
otify the Elevator Bureau in wo	riting on Corrected Violations Form v	when the following corrections	s have been made in order to bri	ng your equipment into	
iolations pointed out to: LORI	IE FLINCHUM 336-436-7777		Inspector		
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	LAB CORP 348 S MAIN ST BURLINGTON, NC, 2	7215		