## NCDOL NCDOL NA Department of John

## 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 16138-48-479 State Number 20567

|   | E  | QUIPMENT INSPECTED                |                            |                           |  |
|---|--|-----------------------------------|----------------------------|---------------------------|--|
| State Number: 20567 Type of Unit: Passenger Capacity: 2500 Manuf: SCHINDLER |  | :: Passenger Floor to ]           |                            | Floor: 1 to 2             |  |
|   |  |                                   |                            |                           |  |
| Landings: 2   |  |                                   | Rope Size:                 |                           |  |
| Volts: 208 Complied: 12/  |  | /03/2001 Entrances: 1             |                            |                           |  |
| OWNER   |  | OCCUPANT                          |                            |                           |  |
| TRINITY UNITED METHODIST CHURCH 209 E. NASH ST.                             |  | TRINITY UNITE                     | ED METHODIST CHURC         | Н                         |  |
|   |  | 300 HOWE ST                       |                            |                           |  |
| SOUTHPORT, NC, 28461  |  | SOUTHPORT, NC, 28461              |                            |                           |  |
|   | INS  | SPECTION INFORMATION              |                            |                           |  |
| Inspection Date<br>05/17/2016   | Type Inspection<br>Routine   | Certificate Status<br>Re-issued   | Inspector<br>48 - Martin   | County<br>BRUNSWICK       |  |
|   |  | VIOLATIONS                        |                            |                           |  |
|   |  |                                   |                            |                           |  |
|   |  |                                   |                            |                           |  |
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|   |  |                                   |                            |                           |  |
|   |  |                                   |                            |                           |  |
| Elevator Name: #1   |  |                                   |                            |                           |  |
| otify the Elevator Bureau in womplainace with current codes                 | vriting on Corrected Violations Form w                                   | when the following corrections    | have been made in order to | bring your equipment into |  |
| iolations pointed out to: PAM   | 1  |                                   |                            |                           |  |
|   | To make changes to the invoice mailing address please call: 919-733-0372 |                                   |                            |                           |  |
| THIS IS NOT AN<br>INVOICE   | An invoice will be mailed to:  | TRINITY UNITED ME 209 E. NASH ST. |                            |                           |  |