

## 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 16194-65-2920 State Number H1711

	EQUI	PMENT INSPECTED		
State Number: <b>H1711</b>	Type of Unit: Hand	Lift	Floor to Floor: 1 to 2	
Capacity: 750	Manuf: NATL W-C		Speed: 20	
Landings: 2 Installed: 07/05/2 Volts: 115 Complied:		Ī		
		Entrances: 1		
OWNER	1	OCCUPANT		
GRANDFATHER HIGHLAND CENTER		GRANDFATHER HIG	CHI AND CAMES	
P.O.BOX 1095		4210 MITCHEL AVE		
LINVILLE, NC, 28646		LINVILLE, NC, 28646		
	INSPEC	TION INFORMATION		
Inspection Date 07/12/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 65 - Kelley	County AVERY
,		VIOLATIONS		
Items must be corrected by	: 09/12/2016			
otify the Elevator Bureau in womplainace with current codes	vriting on Corrected Violations Form when	the following corrections have b	peen made in order to bring you	r equipment into
Tiolations pointed out to: Thomas 828-733-1333			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:	GRANDFATHER HIGHLAN P.O.BOX 1095 LINVILLE, NC, 28646	D CENTER	