



INSPECTION REPORT

IMPORTANT: Always use State Number in
any correspondence relating to your equipment
www.nclabor.com/elevator.htm
919-707-7927

Report Number
17166-73-4569
State Number
H1562

EQUIPMENT INSPECTED

State Number: H1562	Type of Unit: Hand Lift	Floor to Floor: 1 to 2
Capacity: 750	Manuf: ACCESS	Speed: 12
Landings: 2	Installed: 01/20/2005	Rope Size:
Volts: 115	Complied: 01/20/2005	Entrances: 2
OWNER	OCCUPANT	
ROCK CREEK UMC	ROCK CREEK UMC	
7315 ROCK CREEK	7315 ROCK CREEK	
SNOW CAMP, NC, 27340	SNOW CAMP, NC, 27340	

INSPECTION INFORMATION

Inspection Date 06/15/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE
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VIOLATIONS

5.1.21.1 Place the car alarm bell in working order. Minimum level of 80 dBA.

Items must be corrected by: 08/14/2017

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

Violations pointed out to: Left on door

Inspector _____

THIS IS NOT AN
INVOICE

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

An invoice will be mailed to:

ROCK CREEK UMC
7315 ROCK CREEK
SNOW CAMP, NC, 27340