

THIS IS NOT AN INVOICE

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 18003-73-2942 State Number H546

	E	EQUIPMENT INSPECTED			
State Number: H546 Capacity: 750	Type of Unit: Hand Lift Manuf: CONCORD		Floor to Floor: 1 t Speed: 10	Floor to Floor: 1 to 2 Speed: 10	
Landings: 2	Installed: 11/23/1994		Rope Size:		
Volts: 220	Complied: 11/23/1994		Entrances: 2		
OWNER	OCCU	PANT			
ELON UNIVERISTY	MOSE	MOSELEY CENTER (HANDICAP LIFT)			
803 HAGGRD AVENUE	100 CA				
ELON, NC, 27244	ELON, NC, 27244				
	INS	SPECTION INFORMATION			
Inspection Date 01/03/2018	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
Elevator Name: Handi cap lift	•				
	ng on Corrected Violations Form v	when the following corrections have	e been made in order to bri	ng your equipment into	
Notify the Elevator Bureau in writi complainace with current codes.	ing on corrected violations rothin v	when the renewing concernous nav			

ELON UNIVERISTY 803 HAGGRD AVENUE ELON, NC, 27244

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

An invoice will be mailed to: