

## 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 18010-48-2470 State Number H1504

|  | EQUIF   | PMENT INSPECTED  |                                |                   |
|--|---|--|--------------------------------|-------------------|
| State Number: H1504  | Type of Unit: Hand  | Lift   | Floor to Floor: 1 to 2         |                   |
| Capacity: 750  | Manuf: SAVARIA  |  | Speed: 25                      |                   |
| Landings: 2  | Installed: 03/22/200  | 5  | Rope Size:                     |                   |
| Volts: 410   | Complied: 03/22/20  | 05   | Entrances: 2                   |                   |
| OWNER  |   | OCCUPANT   |                                |                   |
| BLADEN COUNTY SCHOOLS  | <b>S</b>  | EAST BLADEN HS P   | B#2                            |                   |
| PO BOX 2519  |   | 5600 NC HWY 87 EAST  |                                |                   |
| ELIZABETHTOWN, NC, 28337   | 7   | ELIZABETHTOWN, NC, 28337                                     |                                |                   |
|  | INSPEC  | TION INFORMATION   |                                |                   |
| Inspection Date 01/10/2018   | Type Inspection<br>Routine  | Certificate Status<br>Re-issued                              | Inspector<br>48 - Martin       | County<br>BLADEN  |
|  |   | VIOLATIONS   |                                |                   |
|  |   |  |                                |                   |
| Items must be corrected by: 02 lotify the Elevator Bureau in writiomplainace with current codes. | 2/09/2018<br>ing on Corrected Violations Form when t                    | the following corrections have l                             | been made in order to bring yo | ur equipment into |
| Violations pointed out to: PATRICK   |   | Inspector  |                                |                   |
| •  | o make changes to the invoice mailing address please call: 919-733-0372 |  |                                |                   |
| THIS IS NOT AN<br>INVOICE  | An invoice will be mailed to:   | BLADEN COUNTY SCHOO<br>PO BOX 2519<br>ELIZABETHTOWN, NC, 283 |                                |                   |