

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 18206-48-1621 State Number 12433

| | | EQUIPMENT INSPECTED | | | |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------|-------------------------------|---------------------------|--|
| State Number: 12433 Type of Unit: Passo | | ssenger | senger Floor to Floor: 1 to 2 | | |
| Capacity: 2100 | Manuf: THYSS | | Speed: 100 | | |
| Landings: 2 | | | Rope Size: | | |
| Volts: 480 Complied: 01/26/1988 OWNER | | 5/1988 | | | |
| | | OCCUPANT | | | |
| BRUNSWICK COMMUNITY | COLLEGE | | WICK COMM COLLEGE | | |
| PO BOX 30 | | 50 COL | 50 COLLEGE RD. | | |
| SUPPLY, NC, 28462 | | SUPPLY | SUPPLY, NC, 28462 | | |
| | | NSPECTION INFORMATION | | | |
| Inspection Date 07/25/2018 | Type Inspection Routine | Certificate Status Re-issued | Inspector 48 - Martin | County BRUNSWICK 1 | |
| | | VIOLATIONS | | | |
| 8.6.4.19.2 (b) Provide the annual no load test. | | | | | |
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| Items must be corrected by: | 08/24/2018 | | | | |
| Notify the Elevator Bureau in wr complainace with current codes. | iting on Corrected Violations Form | when the following correction | s have been made in order to | bring your equipment into | |
| Violations pointed out to: TOM | | | | | |
| | To make changes to the invoice mailing address please call: 919-733-0372 | | | | |
| THIS IS NOT AN INVOICE | BRUNSWICK COMMUNITY COLLEGE An invoice will be mailed to: PO BOX 30 SUPPLY, NC, 28462 | | | | |