

## 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 9189-36-2837
State Number H651

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|   | E   | QUIPMENT INSPECTED   |                                |                        |  |
|---|---|--|--------------------------------|------------------------|--|
| State Number: <b>H651</b>   | Type of Unit: Hand Lift Manuf: NATL W-O-V     |  | Floor to Floor: 1 to 2         |                        |  |
| Capacity: 550   |   |  | Speed: 9                       |                        |  |
| Landings: 2<br>Volts: 115   | Installed: 07/14/1995<br>Complied: 07/14/1995 |  | Rope Size: Entrances: 2        |                        |  |
|   | Complied: 0//14                               | /1995  | Entrances: 2                   |                        |  |
| OWNER   |   | OCCUPANT   |                                |                        |  |
| PHILIPS CHAPEL METHODIST  | Γ   | PHILIPS CHAPEL METHODIST                                     |                                |                        |  |
| 2557 BRUCEWOOD RD   |   | 2557 BRUCEWOOD RD  |                                |                        |  |
| GRAHAM, NC, 27253   |   | GRAHAM, NC, 27253  |                                |                        |  |
|   | INS   | PECTION INFORMATION  |                                |                        |  |
| Inspection Date 07/08/2009  | Type Inspection Routine                       | Certificate Status<br>Re-issued                              | Inspector<br>36 - Kirkman      | County<br>ALAMANCE     |  |
|   |   | VIOLATIONS   |                                |                        |  |
| None found  |   |  |                                |                        |  |
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| otify the Elevator Bureau in writing omplainace with current codes. | ng on Corrected Violations Form w             | when the following corrections h                             | nave been made in order to bri | ng your equipment into |  |
| violations pointed out to: office                                   |   |  | Inspector                      |                        |  |
| Т   | o make changes to the invoice ma              | iling address please call: 919-73                            |                                |                        |  |
| THIS IS NOT AN  | an invoice will be mailed to:                 | PHILIPS CHAPEL MET<br>2557 BRUCEWOOD RD<br>GRAHAM, NC, 27253 | HODIST                         |                        |  |