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
**9317-48-2285**
State Number
**H1504**

## EQUIPMENT INSPECTED

State Number: **H1504**
Capacity: 750
Landings: 2
Volts: 410

Type of Unit: Hand Lift
Manuf: SAVARIA
Installed: 03/22/2005
Complied: 03/22/2005

Floor to Floor: 1 to 2
Speed: 25
Rope Size:
Entrances: 2

OWNER
BLADEN COUNTY SCHOOLS
PO BOX 2519
ELIZABETHTOWN, NC, 28337

OCCUPANT
EAST BLADEN HS PB#2
5600 NC HWY 87 EAST
ELIZABETHTOWN, NC, 28337

## INSPECTION INFORMATION

| Inspection Date | Type Inspection | Certificate Status | Inspector | County |
|---|---|---|---|---|
| 11/13/2009 | Routine | Re-issued | 48 - Martin | BLADEN |

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## VIOLATIONS

8.6.1.6.3[e] Properly maintain all Control and operating circuits and devices. LIFT DOES NOT RUN IN DOWN DIRECTION.

Items must be corrected by: 12/03/2009

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

Violations pointed out to: WILLIE

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:
BLADEN COUNTY SCHOOLS
PO BOX 2519
ELIZABETHTOWN, NC, 28337