

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 9336-36-0236 State Number H546

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	F	QUIPMENT INSPECTED			
State Number: H546	Type of Unit: Hand Lift		Floor to Floor: 1 t	Floor to Floor: 1 to 2	
Capacity: 750	Manuf: CONCORD		Speed: 10		
Landings: 2	Installed: 11/23/1994		Rope Size:		
Volts: 220	Complied: 11/23/1994		Entrances: 2		
OWNER	OCCUPANT				
ELON UNIVERISTY	ELON UNIV / MOSELY CENTER				
PO BOX 2950	100 C	100 CAMPUS DR			
ELON, NC, 27244	ELON	J, NC, 27244			
	INS	SPECTION INFORMATION			
Inspection Date 12/02/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
No violations found					
No violations found					
Notify the Elevator Bureau in wo	riting on Corrected Violations Form v	when the following corrections h	nave been made in order to bri	ng your equipment into	
iolations pointed out to: bob	•		Inspector		
=					
THIS IS NOT 131	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	ELON UNIVERISTY PO BOX 2950			
	An invoice win be maned to:	ELON, NC, 27244			