

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

Invoice N	umbe
5513	92

		EQUIPMENT INSPE	ECTED			
	pacity: 2500 Installed: 11/03/1976 Complied: 02/12/1993		02/12/1993	Manuf: THYSSEN KRUPP Speed: 125 Rope Size:		
		INSPECTION INFOR				
Inspection Date 11/21/2008	Type Inspection Routine	Certificate Status			County Cod 76	
		VIOLATIONS FOU	JND			
Notify the Elevator Bu	reau in writing on Corrected V equipme	iolations Form when the ent into compliance wit		ons have been made in	order to bring yo	
Tiolations pointed out to: Front Desk		Inspector				
		INVOICE				
	No other invoice will b	be issued.				
If not paid within 30 days from date of invoice, your c		e, your certificate becom	ertificate becomes invalid.		Invoice Number	
Return this stub with payment to: NC Department of Labor, I 1101 Mail Service Center, Raleigh, NC 27699-1101		bor, Budget and Purcha	turchasing Division, 551392 State Nbr: 8527		1392	
Owner: CAMP CARAWAY, PO BOX 36, ASHEBORO, NC, 272 Occupant: CAMP CARAWAY CONF CNTR, 4756 CARAWAY N			PHIA, NC, 27350	Fee:	11	