

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 Number 559253

			EQUIPMENT	INSPECTED			
State Number: 17595 Type o		Type of Unit: Passer	e of Unit: Passenger Landing			Manuf: THYSSEN KRUPP	
Capacity: 2100		Installed: 07/10/1998	S Cor	Complied: 07/16/1998		Speed: 95	
Volts: 480		Floor to Floor: 1 to 2		Entrances: 1		Rope Size:	
Owner: SOUT	H PIEDMO	NT COMMUNITY COLL	EGE, PO BOX 126	, POLKTON, NO	c, 28135		
Occupant: SO		ONT COMMUNITY CO					
Elevator Name: M	IARTIN BLD		CTION INFORMA	ATION			
06/12/2008		Type Inspection Routine	Re-issued	8 - B	urris		4
		ate: 07/12/2008					
		n writing on Corrected Viewith current codes.	olations Form when	the following con	rrections hav	ve been made in ord	ler to bring your
		with current codes.					
8.6 RES	RESTORE OPERATION OF AUTO LOWERING DEVICE						
8.11 PER	FORM ANN	NUAL PRESSURE RELIE	F VALVE TEST				
Violations point	ted out to: R	EP- AL ODOM			I	nspector	
			INVO				

No other invoice will be issued.

If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 1101 Mail Service Center, Raleigh, NC 27699-1101

Owner: SOUTH PIEDMONT COMMUNITY COLLEGE, PO BOX 126, POLKTON, NC, 28135 Occupant: SOUTH PIEDMONT COMMUNITY COLLEGE, 129 LEDBETTER ST, POLKTON, NC, 28135

Invoice Number 559253

State Nbr: 17595 Date: 06/12/2008 Fee: \$175