

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 575098

		EQUIPMENT INS	PECTED			
State Number: 17543 Type of Unit: Passer Capacity: 2500 Installed: 05/06/1998 Volts: 208 Floor to Floor: 1 to 3 Owner: GUNATIT HOSPITALITY, 1602 MECHAN Occupant: HAMPTON INN, 105 SPRING FOREST		8 Complied: 05/07/1998 3 Entrances: 1 NICAL BLVD, GARNER, NC, 27529		Manuf: THYSSEN KRUPP Speed: 135 Rope Size:		
		INSPECTION INFO	RMATION			
Inspection Date 05/14/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Co 1	
	Date: 06/13/2008	VIOLATIONS FOUN				
Notify the Elevator Bureau equipment into compliance		Violations Form when the	following corrections h	nave been made in order	to bring your	
Violations pointed out to:	OFFICE		Inspector			
		INVOICE	3			
Return this stub with pays 1101 Mail Service Center	ment to: NC Department of, Raleigh, NC 27699-1101	voice, your certificate become f Labor, Budget and Purch	asing Division,	575 State Nbr: Date:	e Number 5098 17543 05/14/2008	

Occupant: HAMPTON INN, 105 SPRING FOREST DR, MEBANE, NC, 27302