



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](http://www.nclabor.com/elevator.htm)

Invoice Number  
**575100**

EQUIPMENT INSPECTED

|  |                         |              |                  |
|--|-------------------------|--------------|------------------|
| State Number: 20813  | Type of Unit: Passenger | Landings: 3  | Manuf: SCHINDLER |
| Capacity: 2500   | Installed: 04/03/2002   | Complied:    | Speed: 125       |
| Volts: 208   | Floor to Floor: 1 to 3  | Entrances: 1 | Rope Size:       |
| Owner: COMFORT SUITES, 769 WOODY DR, GRAHAM, NC, 27253     |                         |              |                  |
| Occupant: COMFORT SUITES, I 85 EXIT 148, GRAHAM, NC, 27253 |                         |              |                  |

Elevator Name: HARI PATEL GEN-MANAGER INSPECTION INFORMATION

|                               |                            |                                 |                           |                         |                  |
|-------------------------------|----------------------------|---------------------------------|---------------------------|-------------------------|------------------|
| Inspection Date<br>05/19/2008 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>36 - Kirkman | County Name<br>ALAMANCE | County Code<br>1 |
|-------------------------------|----------------------------|---------------------------------|---------------------------|-------------------------|------------------|

VIOLATIONS FOUND

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

NONE FOUND AT TIME

Violations pointed out to: HARI PATEL

Inspector \_\_\_\_\_

INVOICE

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: COMFORT SUITES, 769 WOODY DR, GRAHAM, NC, 27253  
Occupant: COMFORT SUITES, I 85 EXIT 148, GRAHAM, NC, 27253

Invoice Number  
**575100**  
State Nbr: 20813  
Date: 05/19/2008  
Fee: \$175