

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 575102

		EQUIPMENT INS	PECTED		
tate Number: 11988 Type of Unit: Passenger Capacity: 2100 Installed: 11/12/1986 Volts: 208 Floor to Floor: 1 to 2 Owner: TAR HEEL DRUG COMPANY, 316 S MAIN ST, Coccupant: TAR HEEL DRUG COMPANY, 316 S MAIN ST		Complie Entrance ST, GRAHAM, NC, 2	d: 12/08/1986 s: 1 7253	Manuf: THYSSEN KRUPP Speed: 100 Rope Size:	
		INSPECTION INFO	RMATION		
Inspection Date 05/19/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code
		VIOLATIONS FO	DUND		
Notify the Elevator Bu	nreau in writing on Corrected equipr	Violations Form when ment into compliance w		ons have been made in o	rder to bring you
iolations pointed out to: OFFICE			Inspector		
		INVOICE			
Return this stub with payr 1101 Mail Service Center	No other invoice will n 30 days from date of invoic nent to: NC Department of La Raleigh, NC 27699-1101 JG COMPANY, 316 S MAIN	e, your certificate beco bor, Budget and Purch	asing Division,	575 State Nbr: Date: 0	Number 102 11988 15/19/2008