

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 575200

575200

06/25/2008

\$200

State Nbr: 24721

Date:

Fee:

EQUIPMENT INSPECTED							
State Number: 24721 Type of Unit: Passens Capacity: 5000 Installed: Volts: 480 Floor to Floor: 1 to 4			Type of Unit: Passenger Installed:		:: 4 d:	Manuf: TKE Speed: 350 Rope Size:	
		S SPRING STREET, BU	RLINGTON, NC, 27215			1	
Occupant	: LABCORP I	HEADQUARTERS, 531 S	SPRING STREET, BURI	LINGTON, NC, 27215			
			INSPECTION INFO	RMATION			
	ection Date 25/2008	Type Inspection New	Certificate Status Not Issued	Inspector 36 - Kirkman	County Name ALAMANCI		
			VIOLATIONS F	OUND			
Notify		eq	ted Violations Form when uipment into compliance v	with current codes.			
2.19.1.2	Ascending car overspeed protection shall be provided to prevent the car from striking the hoistway overhead structure as a result of failure.						
12.8.3.3.4	If the sprinkl inches shall be	er head is installed from 0 e rated NEMA 250 type 4.	inches to 24 inches above	the pit floor, then all ec	quipment installe	d from 0 inches to 48	
2.7.6	ADJUST DO						
olations pointed out to: DANIEL MEBANE			Inspector				
			INVOICE	3 3			
		No other invoice	will be issued.				
	If not paid with	nin 30 days from date of in	voice, your certificate beco	omes invalid.	Inv	voice Number	

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division,

Owner: LABCORP, 531 S SPRING STREET, BURLINGTON, NC, 27215 Occupant: LABCORP HEADQUARTERS, 531 S SPRING STREET, BURLINGTON, NC, 27215

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