

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 575239

		EQUIPMENT INS	PECTED			
State Number: 20491 Type of Unit: Passenger Capacity: 2500 Installed: 11/13/2001 Volts: 480 Floor to Floor: - to - Owner: PURE FLOW, 1241 JAY LANE, GRAHAM, NC, Occupant: PURE FLOW, 1241 JAY LANE, GRAHAM, N		Complie Entrance NC, 27253	ed: 11/13/2001	Manuf: THYSSEN Speed: 95 Rope Size:	KRUPP	
		INSPECTION INFO	RMATION			
Inspection Date 07/11/2008	Type Inspection Routine			County Name ALAMANCE		
		VIOLATIONS F	OUND			
Notify the Elevator B	tureau in writing on Corrected equip	l Violations Form when oment into compliance v		ons have been made in o	order to bring you	
Violations pointed out to:	OFFICE		Inspector			
		INVOICE	; 			
Return this stub with pay 1101 Mail Service Cente	No other invoice wi iin 30 days from date of invoi ment to: NC Department of L r, Raleigh, NC 27699-1101	ce, your certificate beco abor, Budget and Purch		575 State Nbr: Date:	e Number 5239 20491 07/11/2008	

Occupant: PURE FLOW, 1241 JAY LANE, GRAHAM, NC, 27253