

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 575272

		EQUIPMENT INS	PECTED			
State Number: 24435 Type of Unit: Passenger Capacity: 4500 Installed: 12/19/2006 Volts: 480 Floor to Floor: 1 to 2 Dwner: U.N.C., C B 1090 AIRPORT DRIVE, CHAPEL HILD Decupant: ALAMANCE EAR, NOSE & THROAT, HUFFM		Complie Entrance EL HILL, NC, 27514			Manuf: THYSSEN KRUPP Speed: 80 Rope Size:	
		INSPECTION INFO	RMATION			
Inspection Date 07/21/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code	
		VIOLATIONS F	DUND			
Notify the Elevator Bu	reau in writing on Corrected equipn	Violations Form when nent into compliance v		ons have been made in	order to bring you	
NONE FOUND AT TIM	ME OF INSPECTION!					
iolations pointed out to: office			Inspector			
		INVOICE				
	No other invoice will					
-	-	ertificate becomes invalid.		Invoice Number		
Return this stub with paying the study with the study	ibor, Budget and Purc	and Purchasing Division, 575272 State Nbr: 24435				
Owner: U.N.C., C B 109 Occupant: ALAMANCE 27215		NC, 27514 MILL RD, BURLINGTON, NC,		State Nbr: 24435 Date: 07/21/2008 Fee: \$175		