

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 575343

EQUIPMENT INSPECTED					
State Number: 23990 Type of Unit: Passenger Capacity: 2500 Installed: 08/08/2006 Volts: 208 Floor to Floor: 1 to 5 Owner: HAMPTON INN, 2935 SACONN DRIVE, BURLINGTON Occupant: HAMPTON INN, 2935 SACONN DRIVE, BURLINGTON		08/2006 1 to 5 E, BURLINGTON, NC, 2		Manuf: THYSSEN KRUP Speed: 150 Rope Size: 0	 'P
		INSPECTION INF	FORMATION		
Inspection Date 08/15/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code
		VIOLATIONS	FOUND		
Notify the Elevator B		cted Violations Form wh		ctions have been made in ord	er to bring you
Violations pointed out to: office				Inspector	
		INVOI	CE		
No other invoice will be issued. If not paid within 30 days from date of invoice, your certificate. Return this stub with payment to: NC Department of Labor, Budget and 1101 Mail Service Center, Raleigh, NC 27699-1101					
Owner: HAMPTON INN, 2935 SACONN DRIVE, BURLINGTON, NC, 27215				Fee: \$1	

Occupant: HAMPTON INN, 2935 SACONN DRIVE, BURLINGTON, NC, 27215