

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 575564

		EQUIPMENT IN	NSPECTED		
State Number: 18484 Type of Unit: Passenger Capacity: 2500 Installed: 09/17/1999 Volts: 200 Floor to Floor: 1 to 2 Owner: BLAKEY HALL, 501 MANNING AVE, ELON COccupant: BLAKEY HALL, 501 MANNING AVE, ELON		999 Comp o 2 Entrar ELON COLLEGE, NC, 2	olied: 09/20/1999 nces: 1 27244	Manuf: THYSSEN KRUPP Speed: 100 Rope Size:	
		INSPECTION INF	FORMATION		
Inspection Date 01/09/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code
		VIOLATIONS			
Notify the Elevator Bu	reau in writing on Correc eq	cted Violations Form who juipment into compliance		ons have been made in o	order to bring your
Violations pointed out to:	office		Iı	nspector	
		INVOIC	CE		
No other invoice will be issue If not paid within 30 days from date of invoice, your of Return this stub with payment to: NC Department of Labor, Bud 1101 Mail Service Center, Raleigh, NC 27699-1101 Owner: BLAKEY HALL, 501 MANNING AVE, ELON COLOCCUPANT: BLAKEY HALL, 501 MANNING AVE, ELON CO		voice, your certificate be			e Number
		I ELON COLLEGE, NC,	27244	State Nbr: Date:	State Nbr: 18484 Date: 01/09/2009