

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 575574

Fee:

\$175

		EQUIPMENT INS	PECTED		
	Type of Unit: Passeng Installed: 01/15/1985 Floor to Floor: G to 1 CO, 124 W ELM ST, GRAHA	Complie Entrance M, NC, 27253	ed: 01/15/1985 es: 1	Manuf: THYSSEN KRUPP Speed: 125 Rope Size:	
Occupant: HUMAN SE	RVICES FACILITIES, 319 N			ON, NC, 27217 	
		INSPECTION INFO	RMATION 		
01/15/2009	Routine	Re-issued	Inspector 36 - Kirkman	County Name County C ALAMANCE 1	
Violation Abatement	Date: 02/14/2009		ND		
Notify the Elevator Burea equipment into compliance		lations Form when the	following corrections	have been made in order to bring you	
Violations pointed out to: betty			Inspector		
		INVOICE			
No other invoice will be issu If not paid within 30 days from date of invoice, your Return this stub with payment to: NC Department of Labor, B 1101 Mail Service Center, Raleigh, NC 27699-1101 Owner: ALAMANCE CO, 124 W ELM ST, GRAHAM, NC		ee, your certificate becomes become b		Invoice Number 575574 State Nbr: 11065 Date: 01/15/2009	

Occupant: HUMAN SERVICES FACILITIES, 319 N GRAHAM / HOPEDALE RD,

BURLINGTON, NC, 27217