



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
575575

EQUIPMENT INSPECTED

State Number: 1441 Type of Unit: Passenger Landings: 5 Manuf: ASK
Capacity: 4000 Installed: 02/01/1951 Complied: 09/23/1997 Speed: 200
Volts: 208 Floor to Floor: G to 4 Entrances: 1 Rope Size: 5/8
Owner: ALAMANCE CO, 124 ELM ST, GRAHAM, NC, 27253
Occupant: HUMAN SERVICES FACILITY, 319 N GRAHAM / HOPEDALE RD, BURLINGTON, NC, 27217

INSPECTION INFORMATION

| | | | | | |
|-------------------------------|----------------------------|---------------------------------|---------------------------|-------------------------|------------------|
| Inspection Date 01/15/2009 | Type Inspection Routine | Certificate Status Re-issued | Inspector 36 - Kirkman | County Name ALAMANCE | County Code 1 |
|-------------------------------|----------------------------|---------------------------------|---------------------------|-------------------------|------------------|

Violation Abatement Date: 02/14/2009

VIOLATIONS FOUND

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

| | |
|------------|---------------------------------------|
| 8.11.2.3.2 | Provide the five year full load test. |
| 8.6.8.1 | Secure the loose hand on back of car |

Violations pointed out to: betty

Inspector _____

INVOICE

No other invoice will be issued.
If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division,
1101 Mail Service Center, Raleigh, NC 27699-1101

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Invoice Number
575575
State Nbr: 1441
Date: 01/15/2009
Fee: \$200