

## 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 575608

Fee:

\$175

EQUIPMENT INSPECTED					
State Number: 9974 Type of Unit: Passe Capacity: 4000 Installed: 11/10/198 Volts: 480 Floor to Floor: 1 to Owner: MEDTOX DIAGNOSTICS, INC, 1238 At Occupant: MEDTOX DIAGNOSTICS, INC, 1238		Complied: 11/10/1981 Entrances: 1 ITHONY RD, BURLINGTON, NC, 27215		Manuf: THYSSEN KRUPP Speed: 125 Rope Size:	
		INSPECTION INFO	RMATION		
Inspection Date 02/02/2009	Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code 1
Violation Abatement	Date: 03/04/2009	VIOLATIONS FOU			
equipment into compliance	uu in writing on Corrected Vio	lations Form when the	following corrections	have been made in orde	er to bring your
olations pointed out to: OFFICE				Inspector	
		INVOICE	 L		
Return this stub with pay	No other invoice wil nin 30 days from date of invoice rment to: NC Department of L r, Raleigh, NC 27699-1101	ce, your certificate bec		575 State Nbr:	e Number 5608 9974 02/02/2009

Owner: MEDTOX DIAGNOSTICS, INC, 1238 ANTHONY RD, BURLINGTON, NC, 27215 Occupant: MEDTOX DIAGNOSTICS, INC, 1238 ANTHONY RD, BURLINGTON, NC, 27215