

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 575721

EQUIPMENT INSPECTED					
State Number: 17516 Type of Unit Capacity: 2500 Installed: 07 Volts: 208 Floor to Floo Owner: B D DIAGNOSTICS, 780 PLANTATION Occupant: B D DIAGNOSTICS, 780 PLANTATION		1/1998 Complied: 07/21/1998 B to 2 Entrances: 1 DR, BURLINGTON, NC, 27215		Manuf: OTIS Speed: 100 Rope Size:	
		INSPECTION INFO			
Inspection Date 04/13/2009		Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code 1
		VIOLATIONS I	FOUND		
Notify the Elevator B		cted Violations Form whe quipment into compliance		ns have been made	in order to bring your
NONE FOUND					
Violations pointed out to: office			Inspector		
		INVOIC	E		
No other invoice will be issued. If not paid within 30 days from date of invoice, your certifica			omes invalid.	Invoice Number	
Return this stub with payment to: NC Department of Labor, Budget and Purchasing D 1101 Mail Service Center, Raleigh, NC 27699-1101 Owner: B D DIAGNOSTICS, 780 PLANTATION DR, BURLINGTON, NC, 27215 Occupant: B D DIAGNOSTICS, 780 PLANTATION DR, BURLINGTON, NC, 2721			hasing Division,		575721 State Nbr: 17516
				Fee:	\$175