

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: Passenger Landings: 3 Manuf: OTIS
Capacity: 2500 Installed: 07/21/1998 Complied: 07/21/1998 Speed: 100
Volts: 208 Floor to Floor: B to 2 Entrances: 1 Rope Size:
Owner: B D DIAGNOSTICS, 780 PLANTATION DR, BURLINGTON, NC, 27215
Occupant: B D DIAGNOSTICS, 780 PLANTATION DR, BURLINGTON, NC, 27215

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County Name	County Code
04/13/2009	Routine	Re-issued	36 - Kirkman	ALAMANCE	1

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.

NONE FOUND

Violations pointed out to: office

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
575721
State Nbr: 17516
Date: 04/13/2009
Fee: \$175