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
919-707-7927

Report Number
10081-4-1881
State Number
5402

EQUIPMENT INSPECTED

State Number: **5402**
Capacity: 2500
Landings: 2
Volts: 220

Type of Unit: Freight
Manuf: ROTARY
Installed: 10/21/1965
Complied: 03/19/2004

Floor to Floor: 1 to 2
Speed: 35
Rope Size: 0
Entrances: 2

OWNER
IDEAL FRAME COMPANY
P.O. BOX 935
TAYLORSVILLE, NC, 28681

OCCUPANT
IDEAL FRAME COMPANY
221 5TH AVENUE S.W.
TAYLORSVILLE, NC, 28681

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
03/22/2010	Routine	Re-issued	4 - Henegar	ALEXANDER

2

VIOLATIONS

2.26.11	Adjust the elevator to level properly at all landings.
2.14.4.7	Replace or repair the damaged car gate.
8.6.4.7.4	Remove the water from the pit floor.

Items must be corrected by: 04/21/2010

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

Violations pointed out to: Ideal Frame # 828-632-3771 Inspector _____

THIS IS NOT AN INVOICE

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to:
IDEAL FRAME COMPANY
P.O. BOX 935
TAYLORSVILLE, NC, 28681