



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
10110-36-3730
State Number
20813

EQUIPMENT INSPECTED

State Number: 20813	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 2500	Manuf: SCHINDLER	Speed: 125
Landings: 3	Installed: 04/03/2002	Rope Size:
Volts: 208	Complied:	Entrances: 1
OWNER	OCCUPANT	
COMFORT SUITES	COMFORT SUITES	
769 WOODY DR	I 85 EXIT 148	
GRAHAM, NC, 27253	GRAHAM, NC, 27253	

INSPECTION INFORMATION

Inspection Date 04/20/2010	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
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1

VIOLATIONS

- 2.27.1.1.2 Put the in car emergency telephone in proper working order. TAKE STEPS PROGRAM PHONE TO DAIL EMERGENCY LINE AND DISPLAY PROPER ADDRESS.
- 8.6 PUT THE DOOR OPEN BUTTON IN PRPOER WORKING ORDER.
- 2.14.4.2.1 Put the car door gate switch in proper working order. Les than 2 inches

Items must be corrected by: 05/20/2010

Elevator Name: HARI PATEL GEN-MANAGER

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: office

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:

COMFORT SUITES
769 WOODY DR
GRAHAM, NC, 27253