

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 11053-36-045 State Number 22369

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	E	QUIPMENT INSPECTED			
State Number: 22369 Type of Unit: Pass		ssenger Floor to Floor: 1 to 2		o 2	
Capacity: 2100	Manuf: OTIS Installed: 08/02/2004		Speed: 100	Speed: 100 Rope Size: .	
Landings: 2			Rope Size: .		
Volts: 208	Complied: 08/02	Complied: 08/02/2004			
OWNER		OCCUPANT			
GRAHAM OFFICE PARK		GRAHAM OFFICE PARK LLC			
845 S MAIN ST		845 S MAIN ST			
GRAHAM, NC, 27253		GRAHAM, NC, 27253			
	INS	PECTION INFORMATION			
Inspection Date 02/22/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
Notify the Elevator Bureau in vecomplainace with current code	writing on Corrected Violations Form ws.	when the following corrections l	nave been made in order to brir	ng your equipment into	
=	CHAEL SHOFFNER 336-570-0416				
	To make changes to the invoice mailing address please call: 919-733-03				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	GRAHAM OFFICE PAR 845 S MAIN ST	RK		

GRAHAM, NC, 27253