



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**11068-7-3233**  
State Number  
**5402**

EQUIPMENT INSPECTED

State Number: <b>5402</b>	Type of Unit: Freight	Floor to Floor: 1 to 2
Capacity: 2500	Manuf: ROTARY	Speed: 35
Landings: 2	Installed: 10/21/1965	Rope Size: 0
Volts: 220	Complied: 03/19/2004	Entrances: 2
OWNER	OCCUPANT	
IDEAL FRAME COMPANY	IDEAL FRAME COMPANY	
P.O. BOX 935	221 5TH AVENUE S.W.	
TAYLORSVILLE, NC, 28681	TAYLORSVILLE, NC, 28681	

INSPECTION INFORMATION

Inspection Date 03/09/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 7 - Hoffman	County ALEXANDER
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2

VIOLATIONS

3.14 REPAIR HOLE AT BOTTOM OF CAR GATE

Items must be corrected by: 04/08/2011

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.

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