



INSPECTION REPORT

IMPORTANT: Always use State Number in
any correspondence relating to your equipment
www.nclabor.com/elevator.htm
919-707-7927

Report Number
11199-16-5949
State Number
24438

EQUIPMENT INSPECTED

State Number: 24438	Type of Unit: Passenger	Floor to Floor: P to 3
Capacity: 2500	Manuf: TKE	Speed: 125
Landings: 4	Installed: 01/10/2007	Rope Size: 0
Volts: 230	Complied: 01/10/2007	Entrances: 2
OWNER	OCCUPANT	
DAY BEACON HOA	DAY BEACON	
PO BOX 1303	326 E WATER STREET	
MANTEO, NC, 27954	BELLHAVEN, NC, 27810	

INSPECTION INFORMATION

Inspection Date 07/18/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County BEAUFORT
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7

VIOLATIONS

8.6.1.6.5 Provide the required fire extinguisher in the machine room.

Items must be corrected by: 08/17/2011

Elevator Name: C

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: No one there

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:

DAY BEACON HOA
PO BOX 1303
MANTEO, NC, 27954