

complainace with current codes. Violations pointed out to: BOBH

THIS IS NOT AN

INVOICE

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 11216-36-1232 State Number 27612

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| | | | EQUIPMENT INSPECTED | | |
|---|--|---|------------------------------------|---------------------------------|------------------------|
| State Number: 27612 | | Type of Unit: Passenger | | Floor to Floor: 1 to 3 | |
| Capacity: 2100 | | Manuf: TKE | | Speed: 100 | |
| Landings: 3 Volts: 208 OWNER ELON UNIVERSITY 100 CAMPUS DRIVE CB 2060 | | Installed: 08/04/2011 Complied: OCCUPANT ELON UNIVERSITY COLONNADES R C 525 E PHOENIX DRIVE | | Rope Size: Entrances: 1 | |
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| | | | | RES HALL D1 | |
| | | | | | |
| | | | | ELON, NC, 27244 | |
| | | | INSPECTION INFORMATION | | |
| Inspection Date 08/04/2011 | | Type Inspection New | Certificate Status Not Issued | Inspector 36 - Kirkman | County ALAMANCE |
| | | | VIOLATIONS | | |
| 2.8.3.3.2 | PLACE SHUNT TRIP IN PROPER WORKING ORDER | | | | |
| 2.27.1.1.3 | | AY COMMUNICATION IN PROPER WORKING ORDER. | | | |
| 2.7.1.1.1 | | TO PROPERLY PATCH ALL HOLES IN HOISTWAY. | | | |
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| otify the Elev | ator Bureau in writing | g on Corrected Violations For | m when the following corrections l | have been made in order to brin | ng your equipment into |

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ELON UNIVERSITY

ELON, NC, 27244

100 CAMPUS DRIVE CB 2060

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

An invoice will be mailed to:

Inspector ___