

## 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 12031-7-0245 State Number 19883

2

|   | E  | QUIPMENT INSPECTED                   |                              |                           |  |
|---|--|--------------------------------------|------------------------------|---------------------------|--|
| State Number: 19883   | Type of Unit: Pass   | enger                                | ger Floor to Floor: 1 to 2   |                           |  |
| Capacity: 2100  | Manuf: THYSSEN KRUPP   |                                      | Speed: 95                    |                           |  |
| Landings: 2   | Installed: 08/13/20  | Installed: 08/13/2001                |                              | Rope Size: 0              |  |
| Volts: 208  | Complied: 08/23/2001   |                                      | Entrances: 1                 |                           |  |
| OWNER   |  | OCCUPANT                             |                              |                           |  |
| ALEXANDER COUNTY SCHOOL   | OLS  | S ALEXANDER CENTRAL HIGH SCHOOL      |                              |                           |  |
| 700 LILEDOUN ROAD   | 241 SCHOOL AVENUE  |                                      | Е                            |                           |  |
| TAYLORSVILLE, NC, 28681   | TAYLORSVILLE, NC, 28681  |                                      |                              |                           |  |
|   | INS  | PECTION INFORMATION                  |                              |                           |  |
| Inspection Date 01/31/2012  | Type Inspection Routine  | Certificate Status<br>Re-issued      | Inspector<br>7 - Hoffman     | County<br>ALEXANDER       |  |
|   |  | VIOLATIONS                           |                              |                           |  |
| NONE  |  |                                      |                              |                           |  |
|   |  |                                      |                              |                           |  |
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| Elevator Name: # 2  |  |                                      |                              |                           |  |
| Notify the Elevator Bureau in writin omplainace with current codes. | g on Corrected Violations Form w   | when the following corrections       | have been made in order to b | oring your equipment into |  |
| violations pointed out to: Alexande                                 |  |                                      |                              |                           |  |
| To  | To make changes to the invoice mailing address please call: 919-733-0372 |                                      |                              |                           |  |
| THIS IS NOT AN INVOICE A  | n invoice will be mailed to:   | ALEXANDER COUNT<br>700 LILEDOUN ROAD |                              |                           |  |