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
12037-7-3561
State Number
5402

EQUIPMENT INSPECTED

State Number: **5402**
Capacity: 2500
Landings: 2
Volts: 220

Type of Unit: Freight
Manuf: ROTARY
Installed: 10/21/1965
Complied: 03/19/2004

Floor to Floor: 1 to 2
Speed: 35
Rope Size: 0
Entrances: 2

OWNER
IDEAL FRAME COMPANY
P.O. BOX 935
TAYLORSVILLE, NC, 28681

OCCUPANT
IDEAL FRAME COMPANY
221 5TH AVENUE S.W.
TAYLORSVILLE, NC, 28681

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
02/06/2012	Routine	Re-issued	7 - Hoffman	ALEXANDER

2

VIOLATIONS

8.11.3.2.1	PERFORM THE ANNUAL RELIEF VALVE TEST
2.26	PROVIDE PROPER OPERATION OF THE TOP FLOOR DOOR LOCK

Items must be corrected by: 03/07/2012

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into complainace 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