

## 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 12047-36-0718 State Number 25404

|   | E                              | QUIPMENT INSPECTED   |                                |                        |
|---|--------------------------------|--|--------------------------------|------------------------|
| State Number: 25404   | Type of Unit: Pa               | assenger   | Floor to Floor: 1              | to 2                   |
| Capacity: 5000  | Manuf:                         |  | Speed: 80                      |                        |
| Landings: 2   | Installed: 12/31/2007          |  | Rope Size:                     |                        |
| Volts: 208  | Complied: 12/3                 | 1/2007   | Entrances: 1                   |                        |
| OWNER   |                                | OCCUPANT   |                                |                        |
| AUBURN SPRINGS APARTMENT  | Γς                             |  |                                |                        |
| 2950 CROUSE LANE  | 10                             | 2950 CROUSE LANE   |                                |                        |
| BURLINGTON, NC, 27215   |                                | BURLINGTON, NC, 27215  |                                |                        |
|   |                                |  |                                |                        |
|   | INS                            | PECTION INFORMATION  |                                |                        |
| Inspection Date 02/16/2012  | Type Inspection<br>Routine     | Certificate Status<br>Re-issued  | Inspector<br>36 - Kirkman      | County<br>ALAMANCE     |
|   |                                | VIOLATIONS   |                                |                        |
| none found  |                                |  |                                |                        |
| none round  |                                |  |                                |                        |
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|   |                                |  |                                |                        |
| Notify the Elevator Bureau in writing complainace with current codes. | on Corrected Violations Form w | when the following corrections   | have been made in order to bri | ng your equipment into |
| Violations pointed out to: donnie smit                                |                                |  |                                |                        |
| To 1  | make changes to the invoice ma |  |                                |                        |
| THIS IS NOT AN  | invoice will be mailed to:     | AUBURN SPRINGS APARTMENTS<br>2950 CROUSE LANE<br>BURLINGTON, NC, 27215 |                                |                        |