

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 12201-8-3957 State Number 26637

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EQUIPMENT INSPECTED						
State Number: 26637		Type of Unit: Passeng	er	Floor to Floor: 1 to 3		
Capacity: 2100 Manuf: VERTICAL EX			X	Speed: 80		
Landings: 3 Installed: 03/04/2009				Rope Size:		
Volts: 208 Complied: 0		Complied: 03/04/2009		Entrances: 1		
OWNER			OCCUPANT			
ANSON COUNTY GOVERNMENT		ANSON COUNTY AD	ANSON COUNTY ADMIN OFB			
101 S GREENE STREET			101 S GREENE STRE	101 S GREENE STREET		
WADESBORO, NC, 28170			WADESBORO, NC, 28170			
		INSPECT	ION INFORMATION			
Inspection Date 07/19/2012		Type Inspection Routine	Certificate Status Re-issued	Inspector 8 - Burris	County ANSON	
		V	/IOLATIONS			
3.11.1.2	PERFORM ANNUAL PRESSURE RELIEF VALVE TEST					
3.6.4.15	RESTORE ELEVATOR EMERGENCY LIGHTING					
Items must be corrected by: 08/18/2012 Ele			Elevator Name: #1 PASSENC	ER ELEVATOR		

To make changes to the invoice mailing address please call: $919\mbox{-}733\mbox{-}0372$

THIS IS NOT AN INVOICE

complainace with current codes.

Violations pointed out to: REP- JEFF WAISNER

ANSON COUNTY GOVERNMENT
An invoice will be mailed to: 101 S GREENE STREET

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WADESBORO, NC, 28170

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

Inspector ___