

INSPECTION REPORT

IMPORTANT: Always use State Number in  
any correspondence relating to your equipment  
www.nclabor.com/elevator.htm  
919-807-2770

|                                                                       |
|-----------------------------------------------------------------------|
| Report Number<br><b>12335-36-0438</b><br>State Number<br><b>17241</b> |
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EQUIPMENT INSPECTED

|                            |                         |                        |
|----------------------------|-------------------------|------------------------|
| State Number: <b>17241</b> | Type of Unit: Passenger | Floor to Floor: 1 to 4 |
| Capacity: 2500             | Manuf: OTIS             | Speed: 125             |
| Landings: 4                | Installed: 04/14/1998   | Rope Size:             |
| Volts: 208                 | Complied: 04/15/1998    | Entrances: 1           |
| OWNER                      | OCCUPANT                |                        |
| FCM BURLINGTON LLC         | COURTYARD BY MARRIOTT   |                        |
| PO BOX 7246                | 3141 WILSON DRIVE       |                        |
| ROCKY MOUNT, NC, 27804     | BURLINGTON, NC, 27215   |                        |

INSPECTION INFORMATION

|                               |                            |                                 |                           |                    |   |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|---|
| Inspection Date<br>11/30/2012 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>36 - Kirkman | County<br>ALAMANCE | 1 |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|---|

VIOLATIONS

- 8.6.4.7.1 Clean the elevator pit.
- 8.6.1.7.2 A metal tag with the applicable code requirement(s) and date(s) performed, and the name of the person or firm performing the test, shall be installed to be readily visible and securely attached to the controller

Items must be corrected by: 12/30/2012

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

Violations pointed out to: gregg comito 336-585-1888 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: FCM BURLINGTON LLC  
PO BOX 7246  
ROCKY MOUNT, NC, 27804