



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**13072-36-3824**  
State Number  
**24509**

EQUIPMENT INSPECTED

State Number: <b>24509</b>	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 25800	Manuf: SCHINDLER	Speed: 125
Landings: 2	Installed: 03/08/2007	Rope Size: 0
Volts: 208	Complied: 03/08/2007	Entrances: 1

OWNER

FULLER DENTAL OFFICE  
3450 FOREST DALE DR  
BURLINGTON, NC, 27215

OCCUPANT

FULLER DENTAL OFFICE  
3450 FOREST DALE DR  
BURLINGTON, NC, 27215

INSPECTION INFORMATION

Inspection Date 03/13/2013	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
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1

VIOLATIONS

NONE FOUND

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: JOSEPH MATSKO 336-226-0855

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:

FULLER DENTAL OFFICE  
3450 FOREST DALE DR  
BURLINGTON, NC, 27215