

THIS IS NOT AN

INVOICE

## 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 13095-52-148 State Number 24096

6

| EQUIPMENT INSPECTED                    |                          |                                                             |                                   |                                  |                 |  |
|----------------------------------------|--------------------------|-------------------------------------------------------------|-----------------------------------|----------------------------------|-----------------|--|
| State Number: 24096                    |                          | Type of Unit: Passenger                                     |                                   | Floor to Floor: 1F to 1R         |                 |  |
| Capacity: 2500                         |                          | Manuf: SCHINDLER                                            |                                   | Speed: 125                       |                 |  |
| Landings: 2                            |                          | Installed: 06/19/2006                                       |                                   | Rope Size: 0                     |                 |  |
| Volts: 208                             |                          | Complied: 06/19/2006                                        |                                   | Entrances: 2                     |                 |  |
| OWNER                                  |                          |                                                             | OCCUPANT                          |                                  |                 |  |
| GRANDFATHER COUNTRY CLUB               |                          |                                                             |                                   |                                  |                 |  |
| 2120 HWY.105 NORTH                     |                          | 1225 HWY.105 NORTH                                          |                                   |                                  |                 |  |
| LINVILLE, NC, 28646                    |                          | LINVILLE, NC, 28646                                         |                                   |                                  |                 |  |
|                                        |                          | INSPE                                                       | ECTION INFORMATION                |                                  |                 |  |
| Inspection Date 04/05/2013             |                          | Type Inspection Routine                                     | Certificate Status<br>Re-issued   | Inspector<br>52 - Sosebee        | County<br>AVERY |  |
|                                        |                          |                                                             | VIOLATIONS                        |                                  |                 |  |
| 2.27.1.1.2                             | Put the in car eme       | Put the in car emergency telephone in proper working order. |                                   |                                  |                 |  |
| 8.6.1.7.2                              |                          | proper metal tag to the controller for all periodic tests.  |                                   |                                  |                 |  |
| 8.6.5.16.5                             |                          | Perform the 5 year full load overspeed valve test.          |                                   |                                  |                 |  |
| 8.6                                    |                          | Replace missing light covers in elevator. 2nd notice        |                                   |                                  |                 |  |
|                                        |                          |                                                             |                                   |                                  |                 |  |
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|                                        |                          |                                                             |                                   |                                  |                 |  |
|                                        |                          |                                                             |                                   |                                  |                 |  |
| Items must be corrected by: 05/05/2013 |                          |                                                             |                                   | Elevator Name: # 2               |                 |  |
| Notify the Elevat<br>complainace with  |                          | Corrected Violations Form whe                               | on the following corrections have | been made in order to bring your | equipment into  |  |
| Violations pointe                      | ed out to: Grandfather C | ountry Club 828-896-4531                                    |                                   | Inspector                        |                 |  |

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GRANDFATHER COUNTRY CLUB

2120 HWY.105 NORTH

LINVILLE, NC, 28646

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to: