

THIS IS NOT AN

INVOICE

An invoice will be mailed to:

## 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 13107-17-3780 State Number 26812

|  |  | EQUIPMENT INSPECTED  |                                    |                                   |      |  |
|--|--|--|------------------------------------|-----------------------------------|------|--|
| Capacity: 2100 Man                                       |  | Type of Unit: Passenger  Manuf: SCHINDLER  Installed: 06/09/2009 |                                    | Floor to Floor: 1 to 2 Speed: 100 |      |  |
| Landings: 2<br>Volts: 208                                | 5  |  | Rope Size:<br>Entrances: 1         |                                   |      |  |
| OWNER  |  |  | OCCUPANT                           |                                   |      |  |
| ARDEN SEVENTH DAY ADVENTIST CHURCH                       |  |  | ARDEN SEVENTH DAY ADVENTIST CHURCH |                                   |      |  |
| 35 AIRPORT ROAD<br>ARDEN, NC, 28704                      |  |  | 35 AIRPORT ROAD                    |                                   |      |  |
|  |  | ARDEN, NC, 28704   |                                    |                                   |      |  |
|  |  | INSPECTION INFORMATION   |                                    |                                   |      |  |
| Inspection Date 04/17/2013                               | Type Inspection<br>Routine   | Certificate Status<br>Re-issued                                  | Inspector<br>17 - White            | County<br>BUNCOMBE                | 11 4 |  |
|  |  | VIOLATIONS   |                                    |                                   |      |  |
| 2.27.1.1.2<br>8.11.3.2.1<br>8.11.3<br>nec<br>nec<br>8.11 | Put the in car emergency telephone in provide the annual relief valve and system of the provide car top lights.  Provide pit lights to work.  Test all elevator smoke detector | em pressure test.  |                                    |                                   |      |  |
| Items must be corrected by: 05/17/2013                   |  |  | Elevator Name: 1                   |                                   |      |  |
| Notify the Elevator Burd<br>complainace with current     | eau in writing on Corrected Violations Fo<br>at codes.   | orm when the following corrections                               | s have been made in orde           | r to bring your equipment int     | О    |  |
| Violations pointed out to                                | o: Eli Rojas 828-684-6700  |  | Inspector                          |                                   |      |  |
|  | To make changes to the invoice   | e mailing address please call: 919-                              | 733-0372                           |                                   | -    |  |

35 AIRPORT ROAD ARDEN, NC, 28704

ARDEN SEVENTH DAY ADVENTIST CHURCH