

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 **14010-54-1728** State Number **17569**

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	E	QUIPMENT INSPECTED			
State Number: 17569	Type of Unit: Pa	ssenger	Floor to Floor: 1 to 2		
Capacity: 2500	· -	Manuf: US ELEVATOR			
Landings: 2	Installed: 04/24/	Installed: 04/24/1998			
Volts: 230	Complied: 05/04	Complied: 05/04/1998			
OWNER	OCCU	PANT			
DR. STEVEN FERGUSON	E. CAl	E. CAR. GERIATRIC ASSOC & FAM CARE CTR			
115 LUTHER BROWN ROAD	105 CC	105 COMMERCE STREET			
COLERAIN, NC, 27924	POWE	POWELLSVILLE, NC, 27967			
	INS	PECTION INFORMATION			
Inspection Date 01/10/2014	Type Inspection Not Inspected	Certificate Status Not Issued	Inspector 54 - Green	County BERTIE	
		VIOLATIONS			
otify the Elevator Bureau in writ	ing on Corrected Violations Form w	hen the following corrections have be	en made in order to bring your	equipment into	
Violations pointed out to: DR. FERGUSON			Inspector		
		iling address please call: 919-733-037			
THIS IS NOT AN	An invoice will be mailed to:	DR. STEVEN FERGUSON 115 LUTHER BROWN ROAD			