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
14063-36-2619
State Number
24509

EQUIPMENT INSPECTED

State Number: **24509**
Capacity: 25800
Landings: 2
Volts: 208

Type of Unit: Passenger
Manuf: SCHINDLER
Installed: 03/08/2007
Complied: 03/08/2007

Floor to Floor: 1 to 2
Speed: 125
Rope Size: 0
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	Type Inspection	Certificate Status	Inspector	County
03/04/2014	Routine	Re-issued	36 - Kirkman	ALAMANCE

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 complainace 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