

## 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 14078-48-4149 State Number 25764

|   | E  | QUIPMENT INSPECTED   |                          |                           |
|---|--|--|--------------------------|---------------------------|
| State Number: 25764 Type of Unit: Pas   |  | assenger   | Floor to Floor: 1 to 2   |                           |
| Capacity: 2500  | Manuf: TKE   |  | Speed: 110               |                           |
| Landings: 2 Installed: 04/08/200  |  | /2008  |                          |                           |
| Volts: 208  | Complied: 04/0   | Complied: 04/08/2008   |                          |                           |
| OWNER   |  | CCUPANT  |                          |                           |
| CUMBERLAND COUNTY OAK ISLAND POLICE HEADQUARTERS 420 MAYVIEW ST RM 106 4621 E OAK ISLAND DRIVE          |  |  |                          |                           |
|   |  |  |                          |                           |
|   | INS  | SPECTION INFORMATION   |                          |                           |
| Inspection Date 03/19/2014  | Type Inspection<br>Routine   | Certificate Status<br>Re-issued                                    | Inspector<br>48 - Martin | County<br>BRUNSWICK       |
|   |  | VIOLATIONS   |                          |                           |
|   |  |  |                          |                           |
| Notify the Elevator Bureau in wr<br>complainace with current codes.<br>Violations pointed out to: LT. C | iting on Corrected Violations Form v<br>. FRANKS                         | when the following corrections ha                                  |                          | bring your equipment into |
| •   |  |  |                          |                           |
| THIS IS NOT AN  | To make changes to the invoice mailing address please call: 919-733-0372 |  |                          |                           |
| INVOICE   | An invoice will be mailed to:  | CUMBERLAND COUNTY<br>420 MAYVIEW ST RM 10<br>FAYETTEVILLE, NC, 273 | 06                       |                           |