

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 14155-36-4268 State Number 16229

		EQUIPMENT INSPECTED		
State Number: 16229 Type of Uni		t: Passenger Floor to Floor: 1 to 2		to 2
Capacity: 2500	Manuf: OTIS			
Landings: 2 Installed: 03/ Volts: 208 Complied: 03		/07/1996	Rope Size:	
		3/07/1996	Entrances: 1	
OWNER		OCCUPANT		
UNIVERSAL FOREST PRODUCTS		UNIVERSAL FO	PREST PRODUCTS	
5631 SOUTH NC 62		5631 SOUTH NC 62		
BURLINGTON, NC, 27215		BURLINGTON, NC, 27215		
	I	INSPECTION INFORMATION		
Inspection Date 06/04/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
8.6.10.1 Provide an updated me 8.11.2.2.2 Perform the annual no		proper Phase 1 and 2 operation an ws 1-2012)	iu make avanaule upon reques	in the authority having jurisdiction
Items must be corrected by: 0 Notify the Elevator Bureau in writ complainace with current codes. Violations pointed out to: KEND.	ing on Corrected Violations Form	m when the following corrections	_	ing your equipment into
THIS IS NOT AN	To make changes to the invoice mailing address please call: 919-733-0372			
INVOICE	UNIVERSAL FOREST PRODUCTS 5631 SOUTH NC 62 BURLINGTON, NC, 27215			