

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 15050-36-1636 State Number 8879

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	Ι	EQUIPMENT INSPECTED			
State Number: 8879	Type of Unit: Pa	ssenger	Floor to Floor: 1 t	o 4	
Capacity: 2000	Manuf: SOUTHERN		Speed: 125		
Landings: 4	Installed: 01/25/1	1978	Rope Size:		
Volts: 208	Complied: 02/03	/1978	Entrances: 2		
OWNER		OCCUPANT			
FRONT ST METHODIST CHURC	CH	H FRONT ST METHODIST CHURCH			
PO BOX 2597		136 S FISHER ST			
BURLINGTON, NC, 27216		BURLINGTON, NC, 27215			
	IN	SPECTION INFORMATION			
Inspection Date 02/19/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
none found					
Notify the Elevator Bureau in writing	g on Corrected Violations Form	when the following corrections	have been made in order to bri	ing your equipment into	
omplainace with current codes.					
violations pointed out to: FRANKE					
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE Ar	n invoice will be mailed to:	FRONT ST METHODIS PO BOX 2597 BURLINGTON, NC, 27:			