

THIS IS NOT AN

INVOICE

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 15056-36-4922 State Number 23959

1

			EQUIPMENT INSPECTED			
State Number: 23959		Type of Unit: Passenger		Floor to Floor: 1 to 3		
Capacity: 2500		Manuf: OTIS		Speed: 100		
Landings: 3		Installed: 12/11/2006		Rope Size: 0		
Volts: 208		Complied: 12/11/2006		Entrances: 1		
OWNER		_	OCCUPA	NT		
SLATTER MNG SERVICES INC		WINDEMERE CONDOS				
4125 G WALKER AVE		3010 WINSTON DR				
GREENSBORO, NC, 27407		BURLINSTON, NC, 27215				
		I	NSPECTION INFORMATION			
Inspection Date 02/25/2015		Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
			VIOLATIONS			
2.27.1.1.2 8.6.4.7.4		gency telephone in proper wo	er on the pit floor and remove sam	ie.		
Items must be corrected by: 03/07/2015 Notify the Elevator Bureau in writing on Corrected Violations Form			Elevator Name: WANDA 336-272-0641 rm when the following corrections have been made in order to bring your equipment into			
omplainace wi	th current codes.	on Corrected violations Fort	ii when the following corrections i	nave been made in order to bri	ng your equipment into	
iolations point	ted out to: ANDREA U	UNDER WOOD336-272-064	4 1	Inspector		

SLATTER MNG SERVICES INC

4125 G WALKER AVE GREENSBORO, NC, 27407

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to: