

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 15064-36-311 State Number 15329

1

	E	QUIPMENT INSPECTED			
State Number: 15329	Type of Unit: Passenger		Floor to Floor: 1 to 3		
Capacity: 4000	Manuf: THYSSE	Manuf: THYSSEN KRUPP		Speed: 125	
Landings: 3	Installed: 01/21/1994		Rope Size:		
Volts: 200	Complied: 03/01/1994		Entrances: 2		
OWNER		OCCUPANT			
LAB CORP	LAB CORP "CENTRAL FURNITURE"				
348 S MAIN ST	4	448 S MAIN ST			
BURLINGTON, NC, 27215	I	BURLINGTON, NC, 27216			
	INS	SPECTION INFORMATION			
Inspection Date 03/05/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
NONE FOUND					
otify the Elevator Bureau in wi	riting on Corrected Violations Form v	when the following corrections	have been made in order to bri	ng your equipment into	
iolations pointed out to: LORI			Inspector		
		iling address please call: 919-7			
THIS IS NOT AN	To make changes to the invoice mailing address please call: 919-733-0372 LAB CORP				
INVOICE	An invoice will be mailed to:	348 S MAIN ST BURLINGTON, NC, 272	215		