

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 15068-36-3594 State Number 10613

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		EQUIPMENT INSPECTED			
State Number: 10613 Type of Unit: Pas		Passenger	ger Floor to Floor: B to 7		
Capacity: 2500	Manuf: SOUTHERN		Speed: 200		
Landings: 8	Installed: 09/22/1983		Rope Size: 5/8		
Volts: 200	Complied: 11/	10/2005	Entrances: 1		
OWNER	OCCUPANT				
BEACON MANAGEMENT		ALAMANCE PLAZA			
PO BOX 29229		111 MAPLE AVE			
GREENSBORO, NC, 27429-922	29	BURLINGTON, NC, 27215			
	I	NSPECTION INFORMATION			
Inspection Date 03/09/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
none found					
none round					
Notify the Elevator Bureau in write omplainace with current codes.	ing on Corrected Violations Form	when the following corrections	have been made in order to bri	ng your equipment into	
violations pointed out to: BETTY			Inspector		
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	BEACON MANAGEME PO BOX 29229 GREENSBORO, NC, 27			