

INSPECTION REPORT

IMPORTANT: Always use State Number in  
any correspondence relating to your equipment  
www.nclabor.com/elevator.htm  
919-807-2770

|   |
|---|
| Report Number<br><b>15075-36-0084</b><br>State Number<br><b>29662</b> |
|---|

EQUIPMENT INSPECTED

|                            |                              |                        |
|----------------------------|------------------------------|------------------------|
| State Number: <b>29662</b> | Type of Unit: Passenger      | Floor to Floor: 1 to 3 |
| Capacity: 5000             | Manuf: TKE                   | Speed: 135             |
| Landings: 3                | Installed: 03/16/2015        | Rope Size:             |
| Volts: 208                 | Complied: 03/16/2015         | Entrances: 1           |
| OWNER                      | OCCUPANT                     |                        |
| COMPASS POINTE CENTER LLC  | COMPASS POINTE STORAGE CAR 1 |                        |
| P O BOX 10                 | HWY 119                      |                        |
| WHITSETT, NC, 27377        | MEBANE, NC, 27302            |                        |

INSPECTION INFORMATION

|                               |                        |                                  |                           |                    |
|-------------------------------|------------------------|----------------------------------|---------------------------|--------------------|
| Inspection Date<br>03/16/2015 | Type Inspection<br>New | Certificate Status<br>Not Issued | Inspector<br>36 - Kirkman | County<br>ALAMANCE |
|-------------------------------|------------------------|----------------------------------|---------------------------|--------------------|

1

VIOLATIONS

A17.1 PLACE FIRE ALARM IN PROPER WORKING ORDER

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into complainace with current codes.

Violations pointed out to: office

Inspector \_\_\_\_\_

THIS IS NOT AN  
INVOICE

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

An invoice will be mailed to:

COMPASS POINTE CENTER LLC  
P O BOX 10  
WHITSETT, NC, 27377