

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 15090-4-2376 State Number 26961

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		EQU	IPMENT INSPECTED		
State Number: 26961		Type of Unit: Passe	enger	Floor to Floor: 1 to 3	
Capacity: 2500		Manuf: TKE		Speed: 150	
Landings: 3		Installed: 04/01/20	10	Rope Size: 0	
Volts: 208		Complied:		Entrances: 1	
OWNER		OC	CCUPANT		
GRANDFATHER MOUNTAIN		GR	RANDFATHER MOUNTAIN TO	OP SHOP	
P.O. BOX 129		20:	50 BLOWING ROCK HWY		
LINVILLE, NC, 28646		LI	NVILLE, NC, 28646		
		INSPE	CTION INFORMATION		
Inspection Date Type 03/31/2015		Type Inspection Routine	Certificate Status Re-issued	Inspector 4 - Henegar	County AVERY
			VIOLATIONS		
8.6.4.7.4	Remove the oil	from the pit floor.			
8.6.5.5.2		bucket in the pit.			
2.27.1.1.2	Put the in car en	Put the in car emergency telephone in proper working order. 2ND NOTICE			
8.6.1.5.2	Provide preriod	Provide preriodic test code data plate size, type and lettering			
8.11.3.2.1	Provide the ann	Provide the annual relief valve and system pressure test.			

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

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

THIS IS NOT AN INVOICE

complainace with current codes.

Items must be corrected by: 04/10/2015

Violations pointed out to: Grandfather Mtn. 828-733-2800

GRANDFATHER MOUNTAIN

An invoice will be mailed to: P.O. BOX 129

LINVILLE, NC, 28646

Inspector ___