

## 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 15169-36-4541 State Number 11988

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	E	QUIPMENT INSPECTED			
State Number: 11988	Type of Unit: Passenger		Floor to Floor:	Floor to Floor: 1 to 2	
Capacity: 2100	Manuf: THYSSEN	Manuf: THYSSEN KRUPP			
Landings: 2	Installed: 11/12/1986		Rope Size:	Rope Size:	
Volts: 208	Complied: 12/08/1986		Entrances: 1		
OWNER		OCCUPANT			
TAR HEEL DRUG COMPANY	TAR HEEL DRUG COMPANY				
316 S MAIN ST		316 S MAIN ST			
GRAHAM, NC, 27253		GRAHAM, NC, 27253			
	INS	SPECTION INFORMATION			
Inspection Date 06/18/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
none found					
Notify the Elevator Bureau in write omplainace with current codes.	ing on Corrected Violations Form v	when the following corrections l	nave been made in order to br	ing your equipment into	
/iolations pointed out to: chris t 3	336-227-2093				
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	TAR HEEL DRUG COM 316 S MAIN ST GRAHAM, NC, 27253	IPANY		