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
15174-36-5475
State Number
20813

EQUIPMENT INSPECTED

State Number: **20813**
Capacity: 2500
Landings: 3
Volts: 208

Type of Unit: Passenger
Manuf: SCHINDLER
Installed: 04/03/2002
Complied:

Floor to Floor: 1 to 3
Speed: 125
Rope Size:
Entrances: 1

OWNER
COMFORT SUITES
769 WOODY DR
GRAHAM, NC, 27253

OCCUPANT
COMFORT SUITES
I 85 EXIT 148
GRAHAM, NC, 27253

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
06/23/2015	Routine	Re-issued	36 - Kirkman	ALAMANCE

1

VIOLATIONS

none found

Elevator Name: HARI PATEL GEN-MANAGER

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: HARI PATEL 336-221-9199 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:
COMFORT SUITES
769 WOODY DR
GRAHAM, NC, 27253