

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 15344-48-233 State Number 20069

		EQ	UIPMENT INSPECTED			
State Number: 20069 Type of U		Type of Unit: Pas	it: Passenger Floor		to Floor: 1 to 3	
Capacity: 2500 Manuf: KON		Manuf: KONE	E Speed: 100			
Landings: 3		Installed: 05/03/20	5/03/2002 Rope Size:			
Volts: 480 Complied: (Complied: 05/08/2	05/08/2002 Entrances:			
OWNER			OCCUPANT			
COMFORT SUITES SOUTHPORT		COMFORT SUITES SOUTHPORT				
4963 SOUTHPORT SUPPLY RD		4963 SOUTHPORT SUPPLY RD				
SOUTHPORT, NC, 28291		SOUTHPORT, NC, 28291				
		INSP	ECTION INFORMATION			
Inspectio 12/10/2		Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
			VIOLATIONS			
2.2.2.4	Put the sump	oump in proper working order.				
8.6.4.7.4	Remove the w	rater from the pit floor.				
2.27.1.1.2	Put the in car	emergency telephone in proper w	cy telephone in proper working order.			

Items must be corrected by: 01/09/2016

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: Rodger Inspector _____

To make changes to the invoice mailing address please call: 919-733-0372
THIS IS NOT AN
COMFORT SUITES SOUTHPO

INVOICE An invoice will be mailed to:

COMFORT SUITES SOUTHPORT 4963 SOUTHPORT SUPPLY RD SOUTHPORT, NC, 28291