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
**16020-36-4891**
State Number
**18249**

## EQUIPMENT INSPECTED

State Number: **18249**
Capacity: 2500
Landings: 3
Volts: 208

Type of Unit: Passenger
Manuf: THYSSEN KRUPP
Installed: 09/13/1999
Complied: 09/13/1999

Floor to Floor: 1 to 3
Speed: 125
Rope Size:
Entrances: 2

OWNER
TWIN LAKES CENTER
100 WADE COBLE DR
BURLINGTON, NC, 27215

OCCUPANT
TWIN LAKES CENTER
100 WADE COBLE DR
BURLINGTON, NC, 27215

## INSPECTION INFORMATION

| Inspection Date | Type Inspection | Certificate Status | Inspector | County |
|---|---|---|---|---|
| 01/20/2016 | Routine | Re-issued | 36 - Kirkman | ALAMANCE |

1

## VIOLATIONS

| | |
|---|---|
| 8.6.4.7.1 | Clean the elevator pit. |
| 2.27.1.1.2 | Put the in car emergency telephone in proper working order. |
| 2.27.9 | Provide in case of fire sign at each landing |

Items must be corrected by: 02/20/2016

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: sue 336-524-946

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:
TWIN LAKES CENTER
100 WADE COBLE DR
BURLINGTON, NC, 27215