

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 16049-36-2434 State Number 10531

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	E	QUIPMENT INSPECTED			
State Number: 10531	Type of Unit: Passenger		Floor to Floor:	Floor to Floor: 1 to 3	
Capacity: 4000	Manuf: THYSSE	Manuf: THYSSEN KRUPP			
Landings: 3	Installed: 08/17/1983		Rope Size:	Rope Size:	
Volts: 200	Complied: 08/17/1983		Entrances: 1		
OWNER		OCCUPANT			
TWIN LAKES CENTER		TWIN LAKES CENTER			
100 WADE COBLE DR		100 WADE COBLE DR			
BURLINGTON, NC, 27215		BURLINGTON, NC, 27215			
	INS	SPECTION INFORMATION			
Inspection Date 02/18/2016	Type Inspection Alteration	Certificate Status Issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
lotify the Elevator Bureau in wri omplainace with current codes.	ting on Corrected Violations Form v	when the following corrections l	have been made in order to bri	ng your equipment int	
Violations pointed out to: Jamie					
	To make changes to the invoice ma				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	TWIN LAKES CENTER 100 WADE COBLE DR BURLINGTON, NC, 272			