



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
16053-7-2892
State Number
5402

EQUIPMENT INSPECTED

State Number: 5402	Type of Unit: Freight	Floor to Floor: 1 to 2
Capacity: 2500	Manuf: ROTARY	Speed: 35
Landings: 2	Installed: 10/21/1965	Rope Size: 0
Volts: 220	Complied: 03/19/2004	Entrances: 2

OWNER

IDEAL FRAME COMPANY
P.O. BOX 935
TAYLORSVILLE, NC, 28681

OCCUPANT

IDEAL FRAME COMPANY
221 5TH AVENUE S.W.
TAYLORSVILLE, NC, 28681

INSPECTION INFORMATION

Inspection Date 02/22/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 7 - Hoffman	County ALEXANDER
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2

VIOLATIONS

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

Violations pointed out to: IDEAL FRAME 828-632-3771

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:

IDEAL FRAME COMPANY
P.O. BOX 935
TAYLORSVILLE, NC, 28681