

## 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 16053-7-5431 State Number 6388

2

		EQUIPMENT INSPECTED			
State Number: 6388 Type of Unit: Pass		Passenger	Floor to Floor: 1 to 2		
Capacity: 2000 Manuf: SOUTHER			Speed: 100		
Landings: 2	andings: 2 Installed: 04/23/1970		Rope Size: 0		
Volts: 208 Complied: 05/15/1		15/1970	Entrances: 1		
OWNER		OCCUPANT	Γ		
ALEXANDER ADMINISTRATOR		ALEXANDE	ALEXANDER COURTHOUSE		
621 LILEDOUN ROAD		29 WEST M	29 WEST MAIN AVENUE		
TAYLORSVILLE, NC, 28681		TAYLORSVILLE, NC, 28681			
		NSPECTION INFORMATION			
Inspection Date 02/22/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 7 - Hoffman	County ALEXANDER	
	·	VIOLATIONS			
Notify the Elevator Bureau in we complainace with current codes.	nder co. 828-632-0304	n when the following corrections	Inspector	oring your equipment into	
To make changes to the invoice mailing address please call: 919-733-0372					
THIS IS NOT AN INVOICE	An invoice will be mailed to:	ALEXANDER ADMIN 621 LILEDOUN ROAD TAYLORSVILLE. NC.	)		