



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**16060-36-0656**  
State Number  
**24655**

EQUIPMENT INSPECTED

|                            |                                      |                        |
|----------------------------|--------------------------------------|------------------------|
| State Number: <b>24655</b> | Type of Unit: Passenger              | Floor to Floor: 1 to 2 |
| Capacity: 2100             | Manuf: THYSSEN KRUPP                 | Speed: 100             |
| Landings: 2                | Installed: 04/19/2007                | Rope Size: 0           |
| Volts: 208                 | Complied: 04/19/2007                 | Entrances: 1           |
| OWNER                      | OCCUPANT                             |                        |
| ELON UNIVERSITY            | ACADEMIC VILLAGE - SPENCE (RELIGION) |                        |
| 803 HAGGARD AVENUE         | 360 ANTIOCH RD                       |                        |
| ELON, NC, 27244            | ELON, NC, 27215                      |                        |

INSPECTION INFORMATION

|                               |                            |                                 |                           |                    |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|
| Inspection Date<br>02/29/2016 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>36 - Kirkman | County<br>ALAMANCE |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|

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VIOLATIONS

|                |                                                     |
|----------------|-----------------------------------------------------|
| 8.6.4.13.1[[]] | Properly maintain door restrictors, where required. |
| 8.11.2.2.2     | Perform the annual no load safety test              |

Items must be corrected by: 03/30/2016

Elevator Name: Religion

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: Bob Willis 336.278.2000

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:

ELON UNIVERSITY  
803 HAGGARD AVENUE  
ELON, NC, 27244