

INVOICE

An invoice will be mailed to:

## 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 16063-38-3652 State Number 21160

2

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**		Type of Unit: Pa: Manuf: THYSSE	č		r: 1 to 2	
Landings: 2 Installed: 11/17/2003			2003	Rope Size: 0		
Volts: 480 Complied: 11/17/200			/2003	03 Entrances: 1		
OWNER			OCCU	OCCUPANT		
N.C. DEPTART				ALEXANDER CORRECTIONAL		
831 WEST MORGAN STREET				633 OLD LANDFILL ROAD		
RALEIGH, NC, 27603			TAYLORSVILLE, NC, 28681			
		IN	SPECTION INFORMATION			
Inspection Date 03/03/2016		Type Inspection Routine	Certificate Status Re-issued	Inspector 38 - Raborn	County ALEXANDER	
			VIOLATIONS			
2.9.1 8.6.4.13.1[I] 5.1.21.1 * NOTE	Properly Put the	identification (numbers or letters) to y maintain door restrictors, where re in car alarm bell in working order. le needs to be repaired				
Items must be corrected by: 03/13/2016				Elevator Name	:: # L	
complainace with o	current codes.	riting on Corrected Violations Form	when the following corrections			
Violations pointed	out to: April	Hicks 828-632-1331 ext 1030		Inspector		
		To make changes to the invoice m				
THIS IS NO	OT AN		N.C. DEPTARTMENT	OF CORRECTIONS		

831 WEST MORGAN STREET RALEIGH, NC, 27603