

Violations pointed out to: BETTY JONES 336-226-1818

An invoice will be mailed to:

THIS IS NOT AN

INVOICE

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 16075-36-3830 State Number 2031

Inspector _____

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		EQUIPMENT INSPECTED		
State Number: 2031	Type of Unit: Passenger		Floor to Floor: 1 to 7	
Capacity: 2500	Manuf: SOUTHERN		Speed: 200	
Landings: 7	Installed: 09/22/1983		Rope Size: 1/2	
Volts: 200	Complied: 08/25/2005		Entrances: 1	
OWNER	OCCUPANT			
BEACON MANAGEMENT	ALAMANCE PLAZA			
PO BOX 29229	111 MAPLE AVE			
GREENSBORO, NC, 27429-9229	BURLINGTON, NC, 27215			
		INSPECTION INFORMATION		
Inspection Date 03/15/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
otify the Elevator Bureau in writing omplainace with current codes.	on Corrected Violations For	m when the following corrections	have been made in order to bri	ng your equipment into

PO BOX 29229

BEACON MANAGEMENT

GREENSBORO, NC, 27429-9229

To make changes to the invoice mailing address please call: 919-733-0372