



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
16201-36-0040
State Number
20813

EQUIPMENT INSPECTED

State Number: 20813	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 2500	Manuf: SCHINDLER	Speed: 125
Landings: 3	Installed: 04/03/2002	Rope Size:
Volts: 208	Complied:	Entrances: 1
OWNER	OCCUPANT	
COMFORT SUITES	COMFORT SUITES	
769 WOODY DR	I 85 EXIT 148	
GRAHAM, NC, 27253	GRAHAM, NC, 27253	

INSPECTION INFORMATION

Inspection Date 07/19/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
-------------------------------	----------------------------	---------------------------------	---------------------------	--------------------

1

VIOLATIONS

8.6.4.7.1 Clean the elevator pit.

Items must be corrected by: 08/18/2016

Elevator Name: HARI PATEL GEN-MANAGER

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: HARI PATEL 336-221-9199

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:

COMFORT SUITES
769 WOODY DR
GRAHAM, NC, 27253