

Violations pointed out to: Paul Braese 828-6450229

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 16281-65-2071 State Number 6201

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EQUIPMENT INSPECTED						
State Number: 6201 Capacity: 1500 Landings: 3 Volts: 208 OWNER LEES MCRAE COLLEGE P.O. BOX 128 BANNER ELK, NC, 28604		Type of Unit: Passenger Manuf: THYSSEN KRUPP Installed: 08/13/1969 Complied: 11/20/2000 OCCUPANT LEES MCRAE COLLEG 150 BUENA VISTA WA BANNER ELK, NC, 2860		Y		
Inspection Date 10/07/2016		Type Inspection Routine	Certificate Status Re-issued	Inspector 65 - Kelley	County AVERY	
			VIOLATIONS			
8.6.1.6.5 8.11.3.2.1 2.7.5.1 8.11.1.5	Perform the Put the mac	Provide the required fire extinguisher in the machine room. Perform the annual relief valve test Put the machine room lights in working order. Replace controller cover.				
	e corrected by: 12/0					
Notify the Elevator complainace with		on Corrected Violations Form when	n the following corrections have be	en made in order to bring your	equipment into	

P.O. BOX 128

LEES MCRAE COLLEGE

BANNER ELK, NC, 28604

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

An invoice will be mailed to:

Inspector ____