

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 16354-73-2326 State Number 10551

EQUIPMENT INSPECTED						
State Number: 10551 Capacity: 2100		Type of Unit: Passenger  Manuf: THYSSEN KRUPP		Floor to Floor: 1 to 2 Speed: 100		
Landings: 2 Volts: 200			Installed: 05/23/1983 Complied: 06/10/1983		Rope Size: Entrances: 1	
•		Complica. 00/10/	•		Entrances. 1	
OWNER TWIN LAKES CENTER			OCCUPANT TWIN LAKES CEN	TED		
100 WADE COBLE DR			100 WADE COBLE DR			
BURLINGTON, NC, 27215			BURLINGTON, NC, 27215			
		IN	SPECTION INFORMATION			
Inspection Date 12/19/2016		Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
			VIOLATIONS			
2.2.5.1 2.27.1.1.2	_	Put the pit lights in proper working order.  Put the in car emergency telephone in proper working order.				
3.6	Perform annual pressure test					
8.6	Provide in					
Items must be	e corrected by: 12	/29/2016				
lotify the Elevato omplainace with		ng on Corrected Violations Form	when the following corrections hav	e been made in order to br	ing your equipment into	
	d out to: Mainten	ance		Inspector		

TWIN LAKES CENTER

100 WADE COBLE DR BURLINGTON, NC, 27215

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

An invoice will be mailed to: