

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 16354-73-4255 State Number 10552

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		F	EQUIPMENT INSPECTED			
State Number: 10552		Type of Unit: Passenger		Floor to Floor: 1 to 2		
Capacity: 2100		• • • • • • • • • • • • • • • • • • • •	Manuf: THYSSEN KRUPP			
Landings: 2		Installed: 05/23/19	Installed: 05/23/1983			
Volts: 200		Complied: 05/23/	Complied: 05/23/1983			
OWNER			OCCUPANT			
TWIN LAKE CENTER			TWIN LAKE CENTER			
100 WADE COBLE DR		100 WADE COBLE DR				
BURLINGTON, NC, 27215		BURLINGTON, NC, 27215				
		INS	SPECTION INFORMATION			
Inspection Date 12/19/2016		Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
			VIOLATIONS			
2.26.12	Provide B	Provide Braille where needed.				
2.2.5.1	Put the pit	Put the pit lights in proper working order.				
2.27.1.1.2		Put the in car emergency telephone in proper working order.				
6 Perform annual pressure test						
8.6	Provide in	case of fire sign on each landing				
_						
	e corrected by: 12					
Notify the Elevate omplainace with		ng on Corrected Violations Form v	when the following corrections hav	e been made in order to brin	ng your equipment int	
Violations pointed out to: Maintenance				Inspector		

TWIN LAKE 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: