

Violations pointed out to: Maintenance

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 16354-73-4760 State Number 18249

Inspector \_\_\_\_\_

		E	QUIPMENT INSPECTED			
State Number: 18249		Type of Unit: Passenger		Floor to Floor: 1 to 3		
Capacity: 2500		Manuf: THYSSEN KRUPP		Speed: 125		
Landings: 3		Installed: 09/13/1999		Rope Size:		
Volts: 208		Complied: 09/13/1999		Entrances: 2		
OWNER			OCCUPANT			
TWIN LAKES CENTER			TWIN LAKES CEN	TER		
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			
2.27.1.1.2	Put the in c	Put the in car emergency telephone in proper working order.				
3.6		Make machine room door self closing self locking				
3.6	Machine room not to be used for storage					
8.6 provide in csase of fire sign at each landing						
8.6 Perform annual pressure test						
Items must be	corrected by: 12/	29/2016				
	-		-1 41 C-11			
otify the Elevato		g on Corrected Violations Form v	when the following corrections have	e been made in order to bri	ng your equipment into	

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: