

complainace with current codes. Violations pointed out to: Carl

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 16355-73-4697 State Number 21423

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EQUIPMENT INSPECTED					
State Number: 21423	Type of Unit: Passenger		Floor to Floor: 1 to 2		
Capacity: 2500	Manuf: THYSSEN	Manuf: THYSSEN KRUPP			
Landings: 2	Installed: 01/21/20	Installed: 01/21/2003		Rope Size: 0	
Volts: 208	Complied: 01/21/20	Complied: 01/21/2003			
OWNER		OCCUPANT			
S.POWEL .INC.		GREGORY BUILDING			
1635 NOVA LANE		154 HUFFMAN MILL ROAD			
BURLINGTON, NC, 27215		BURLINGTON, NC, 27	215		
	INS	PECTION INFORMATION			
Inspection Date 12/20/2016	Type Inspection Not Inspected	Certificate Status Not Issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
2.7.3.4.1(b) I	Provide a self closing, self locking mach	ine room door.			
	Perform annual pressure test				
8.6	fachine room not to be used as storage				
8.6	Provide in daste fire exstinguisher in machine room				
Items must be corrected by	v: 02/20/2017				

S.POWEL .INC.

1635 NOVA LANE

BURLINGTON, NC, 27215

Inspector ___

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into

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

An invoice will be mailed to: