

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 17044-73-2944 State Number 10000

EQUIPMENT INSPECTED					
State Number: 10000 Type of U		mbwaiter	Floor to Floor:	Floor to Floor: 1 to 2	
Capacity: 500 Manuf: MATO					
Landings: 2 Installed: 08/07/1981		981	Rope Size: 1/4		
Volts: 208 Complied: 1		/1981	Entrances: 2		
OWNER		OCCUPANT			
MAY MEMORIAL LIBRARY		MAY MEMORIAL LIBRARY			
42 S SPRING ST		342 S SPRING ST			
BURLINGTON, NC, 272	215	BURLINGTON, NC, 27215			
	INS	SPECTION INFORMATION			
Inspection Date 02/13/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
.14.7.1	Put the car lights in proper working order				
.6	Install wire rope clip correctly				
Items must be correcte	d by: 03/15/2017				
otify the Elevator Bureau mplainace with current c	in writing on Corrected Violations Form vodes.	when the following corrections have	re been made in order to br	ing your equipment into	
olations pointed out to:	tlamm@alamancelibraries.org		Inspector		

MAY MEMORIAL LIBRARY

342 S SPRING ST BURLINGTON, NC, 27215

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

An invoice will be mailed to: