

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 17051-73-4130 State Number 2031

	E0	QUIPMENT INSPECTED			
State Number: 2031	Type of Unit: Pass	Floor to Floor: 1	Floor to Floor: 1 to 7		
Capacity: 2500	Manuf: SOUTHERN		Speed: 200		
Landings: 7	Installed: 09/22/1983		Rope Size: 1/2	Rope Size: 1/2	
Volts: 200	Complied: 08/25/2005		Entrances: 1		
OWNER	OCCUPANT				
BEACON MANAGEMENT	ALAMANCE PLAZA				
PO BOX 29229	111 MAPLE AVE				
GREENSBORO, NC, 27429-9229		ON, NC, 27215			
	INS	PECTION INFORMATION			
Inspection Date 02/20/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
8.6.4.7.1	Clean the elevator pit.				
	1				
Items must be corrected by: 03/2	22/2017				
Notify the Elevator Bureau in writing complainace with current codes.	g on Corrected Violations Form w	hen the following corrections have	ve been made in order to br	ing your equipment into	
Violations pointed out to: alamance@beacon-nc.com			Inspector		
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE AI	n invoice will be mailed to:	BEACON MANAGEMENT PO BOX 29229 GREENSBORO, NC, 27429			