

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 17052-73-2313 State Number 15329

1

	Е	QUIPMENT INSPECTED			
State Number: 15329	Type of Unit: Pass	Type of Unit: Passenger		Floor to Floor: 1 to 3	
Capacity: 4000		Manuf: THYSSEN KRUPP		Speed: 125	
Landings: 3	Installed: 01/21/19	Installed: 01/21/1994		Rope Size:	
Volts: 200	Complied: 03/01/1	Complied: 03/01/1994			
OWNER	O	OCCUPANT			
LAB CORP	L	LAB CORP "CENTRAL FURNITURE"			
348 S MAIN ST	4	48 S MAIN ST			
BURLINGTON, NC, 272	15 B	SURLINGTON, NC, 27216			
	INS	PECTION INFORMATION			
Inspection Date 02/21/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
8.6 Put cab lights in	proper working order				
8.6 Place alarm bell	e alarm bell in working order				
8.6 Place emergenc	y light in working order				
8.6 Replace worn p	p rollers at top landing				
8.6 Tighten loose pi	ickup rollers on bottom landing				
Tr	11 02/22/2017				
Items must be corrected	•				
Notify the Elevator Bureau complainace with current co	in writing on Corrected Violations Form wodes.	when the following corrections have	e been made in order to br	ing your equipment in	
Violations pointed out to: I	ab Corp				
	To make changes to the invoice mai				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	LAB CORP 348 S MAIN ST			

BURLINGTON, NC, 27215

An invoice will be mailed to: