

## 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 17052-73-3563 State Number 9192

|                                    | E  | QUIPMENT INSPECTED  |                            |  |  |
|------------------------------------|--|---|----------------------------|--|--|
| State Number: 9192 Type of Unit    |  | senger  | Floor to Floor: 1          | Floor to Floor: 1 to 2 Speed: 125 Rope Size: |  |
| Capacity: 2000                     | Manuf: SOUTHERN Installed: 01/19/1979                                    |   | Speed: 125                 |  |  |
| Landings: 2                        |  |   | -                          |  |  |
| Volts: 240                         |  |   | Entrances: 1               |  |  |
| OWNER                              |  | OCCUPANT  |                            |  |  |
| LAB CORP                           |  | LAB CORP "DUKE POWER BDLG"                                |                            |  |  |
| ATTN: LORRIE FLINCHUM              |  | 508 LEXINGTON AVE   |                            |  |  |
| BURLINGTON, NC, 27215              | BURLINGTON, NC, 27215  |   |                            |  |  |
|                                    | INS  | PECTION INFORMATION                                       |                            |  |  |
| Inspection Date 02/21/2017         | Type Inspection<br>Not Inspected   | Certificate Status<br>Not Issued                          | Inspector<br>73 - James    | County<br>ALAMANCE                           |  |
|                                    |  | VIOLATIONS  |                            |  |  |
|                                    |  |   |                            |  |  |
|                                    |  |   |                            |  |  |
|                                    |  |   |                            |  |  |
|                                    |  |   |                            |  |  |
|                                    |  |   |                            |  |  |
|                                    |  |   |                            |  |  |
|                                    |  |   |                            |  |  |
| Notify the Elevator Bureau in wr   | iting on Corrected Violations Form w                                     | hen the following corrections have                        | e been made in order to br | ing your equipment into                      |  |
| Violations pointed out to: Left in |  |   | Inspector                  |  |  |
|                                    | To make changes to the invoice mailing address please call: 919-733-0372 |   |                            |  |  |
| THIS IS NOT AN<br>INVOICE          | An invoice will be mailed to:  | LAB CORP<br>ATTN: LORRIE FLINCHU<br>BURLINGTON, NC, 27215 |                            |  |  |