



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
17067-66-4590
State Number
5402

EQUIPMENT INSPECTED

State Number: 5402	Type of Unit: Freight	Floor to Floor: 1 to 2
Capacity: 2500	Manuf: ROTARY	Speed: 35
Landings: 2	Installed: 10/21/1965	Rope Size: 0
Volts: 220	Complied: 03/19/2004	Entrances: 2
OWNER	OCCUPANT	
IDEAL FRAME COMPANY	IDEAL FRAME COMPANY	
P.O. BOX 935	221 5TH AVENUE S.W.	
TAYLORSVILLE, NC, 28681	TAYLORSVILLE, NC, 28681	

INSPECTION INFORMATION

Inspection Date 03/08/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 66 - Pacitti	County ALEXANDER
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2

VIOLATIONS

8.6.4.8.1	Clean the elevator machine room. Remove oil
8.6.4.7.1	Clean the elevator pit.

Items must be corrected by: 07/07/2017

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

Violations pointed out to: IDEAL FRAME 828-632-3771

Inspector _____

THIS IS NOT AN
INVOICE

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

An invoice will be mailed to:

IDEAL FRAME COMPANY
P.O. BOX 935
TAYLORSVILLE, NC, 28681