

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 17068-73-241 State Number 22369

1

| | | I | EQUIPMENT INSPECTED | | | |
|-------------------------------|---|---|---------------------------------|-------------------------|--------------------|--|
| State Number: 22369 | | Type of Unit: Passenger | | Floor to Floor: 1 to 2 | | |
| Capacity: 2100 | | Manuf: OTIS | | Speed: 100 | | |
| Landings: 2 | | Installed: 08/02/2004 | | Rope Size: . | | |
| Volts: 208 | | Complied: 08/02/2004 | | Entrances: 1 | | |
| OWNER | | OCCUPANT | | | | |
| GRAHAM OFFICE PARK | | GRAHAM OFFICE PARK LLC | | LLC | | |
| 845 S MAIN ST | | | | | | |
| GRAHAM, NC, 27253 | | GRAHAM, NC, 27253 | | | | |
| | | IN | SPECTION INFORMATION | | | |
| Inspection Date 03/09/2017 | | Type Inspection Routine | Certificate Status Re-issued | Inspector 73 - James | County ALAMANCE | |
| | | | VIOLATIONS | | | |
| 8.11.3.2.1 | Provide t | Provide the annual relief valve and system pressure test. | | | | |
| 2.7.5.1 | Put the machine room lights in working order. | | | | | |
| 8.6 | Machine room not to be used for storage | | | | | |

Items must be corrected by: 04/08/2017

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

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

THIS IS NOT AN INVOICE

An invoice will be mailed to:

GRAHAM OFFICE PARK 845 S MAIN ST GRAHAM, NC, 27253