

Violations pointed out to: jaiken@cityofgraham.com

THIS IS NOT AN

INVOICE

## 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 17072-73-4711 State Number 20645

EQUIPMENT INSPECTED					
State Number: 20645	Type of Unit: Passenger		Floor to Floor: 1 to 2		
Capacity: 2100	Manuf: THYSSEN KRUPP		Speed: 135		
Landings: 2	Installed: 02/25/2003		Rope Size: 0		
Volts: 480	Complied: 02/25/2	2003	Entrances: 1		
OWNER		OCCUPANT			
GRAHAM/MEBANE WA	ATER PLANT	GRAHAM/MEBANE WATER PLANT			
P.O. DRAWER 357	O. DRAWER 357 1824 HWY		HWY 70		
GRAHAM, NC, 27253	MEBANE, NC, 27302				
	INS	SPECTION INFORMATION			
Inspection Date 03/13/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
8.6.1.4.1[a]	Properly document maintenance record	ls			
8.6	Provide class abc fire exstinguisher in machine room				
Items must be corrected	by: 04/12/2017				
Notify the Elevator Bureau i	n writing on Corrected Violations Form v	when the following corrections have	re been made in order to bri	ing your equipment int	

P.O. DRAWER 357 GRAHAM, NC, 27253

GRAHAM/MEBANE WATER PLANT

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

An invoice will be mailed to:

Inspector \_\_