



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
17076-73-342
State Number
24509

EQUIPMENT INSPECTED

State Number: 24509	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 2500	Manuf: SCHINDLER	Speed: 125
Landings: 2	Installed: 03/08/2007	Rope Size: 0
Volts: 208	Complied: 03/08/2007	Entrances: 1
OWNER	OCCUPANT	
FULLER DENTAL OFFICE	FULLER DENTAL OFFICE	
3450 FOREST DALE DR	3450 FOREST DALE DR	
BURLINGTON, NC, 27215	BURLINGTON, NC, 27215	

INSPECTION INFORMATION

Inspection Date 03/17/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE
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1

VIOLATIONS

8.6	Place car lights in proper working order
8.6	Machine room not to be used for storage

Items must be corrected by: 04/16/2017

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: chad@fullerdental.com

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:

FULLER DENTAL OFFICE
3450 FOREST DALE DR
BURLINGTON, NC, 27215