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
17157-48-1034
State Number
26649

EQUIPMENT INSPECTED

State Number: **26649**	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 3000	Manuf: OTIS	Speed: 125
Landings: 3	Installed: 04/22/2009	Rope Size:
Volts: 208	Complied:	Entrances: 1

OWNER
LELAND HOLDINGS,LLC ADB HOLIDAYINN EXPRE
1020 GRANDIFLORA DRIVE
LELAND, NC, 28451

OCCUPANT
HOLIDAYINN EXPRESS
1020 GRANDIFLORA DRIVE
LELAND, NC, 28451

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County	
06/06/2017	Routine	Re-issued	48 - Martin	BRUNSWICK	10

VIOLATIONS

2.27.1.1.1	Place the in-car Emergency Phone in working order.
2.2.5.1	Place the pit lights in working order. 100 lx or 10 fc @ the pit floor.
8.6.4.7	Clean the pit and the pit equipment.

Items must be corrected by: 07/06/2017

Elevator Name: # 1

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.

Violations pointed out to: T. GREEN

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:
LELAND HOLDINGS,LLC ADB HOLIDAYINN EXPRE
1020 GRANDIFLORA DRIVE
LELAND, NC, 28451