## NCDOL NCDOL NA Department of later

## 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 17208-48-4549 State Number 26886

|  |                                      | EQUIPMENT INSPECTED                                 |                            |                           |  |
|--|--------------------------------------|---|----------------------------|---------------------------|--|
| State Number: 26886 Type of Unit: Pas Capacity: 2500 Manuf: TKE Landings: 2 Installed: 08/11/20 Volts: 480 Complied: |                                      | Passenger   | Speed: 150                 |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      | 1/2009  |                            |                           |  |
|  |                                      | Entrances: 1  |                            |                           |  |
| OWNER  |                                      | OCCUPANT  | OCCUPANT                   |                           |  |
| BRUNSWICK COUNTY OF  | 'ER. SERVICES                        | BRUNSWIC  | K CO. SOCIAL SERVICE       | S                         |  |
| PO BOX 249   |                                      | 60 GOVERN   | 60 GOVERNMENT CTR DR NE    |                           |  |
| BOLIVIA, NC, 28422   |                                      | BOLIVIA, NC, 28422                                  |                            |                           |  |
|  | Л                                    | ISPECTION INFORMATION                               |                            |                           |  |
| Inspection Date 07/27/2017   | Type Inspection<br>Routine           | Certificate Status<br>Re-issued                     | Inspector<br>48 - Martin   | County<br>BRUNSWICK       |  |
|  |                                      | VIOLATIONS  |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
|  |                                      |   |                            |                           |  |
| Elevator Name: # 1   |                                      |   |                            |                           |  |
| Notify the Elevator Bureau in vomplainace with current codes   | vriting on Corrected Violations Form | when the following corrections                      | have been made in order to | bring your equipment into |  |
| /iolations pointed out to: JER   | RY                                   |   | Inspector                  |                           |  |
|  | To make changes to the invoice m     |   |                            |                           |  |
| THIS IS NOT AN<br>INVOICE  | An invoice will be mailed to:        | BRUNSWICK COUNT<br>PO BOX 249<br>BOLIVIA, NC. 28422 | Y OPER. SERVICES           |                           |  |