

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 17346-73-3347 State Number 24169

EOUIPMENT	INSPECTED

Type of Unit: Passenger State Number: 24169 Floor to Floor: 1 to 3 Capacity: 2500 Manuf: THYSSEN KRUPP Speed: 100 Landings: 3 Installed: 09/20/2006 Rope Size: 0 Volts: 208 Complied: 09/20/2006 Entrances: 1

OWNER OCCUPANT

SNR 27 CEDAR RIDGE OWNER LLC CEDAR RIDGE RETIREMENT CENTER

5885 MEADOWS RD STE 500 2680 MEBANE STREET LAKE OSWEGO, OR, 97035 BURLINGTON, NC, 27215

INSPECTION INFORMATION

Certificate Status Inspection Date Type Inspection County Inspector ALAMANCE 12/12/2017 Routine Re-issued 73 - James

VIOLATIONS

2.15.2.2 Clean & lubricate the car guiding means

2.14.7.1.2 Place the passenger cab interior lights in working order. 50 lx or 5 fc @ the cab floor.

8.6.4.13.1(i) Place the door restrictor in proper working order.

8.6.4.7 Clean the pit and the pit equipment. Place in case of fire sign at each landing 8.6

Items must be corrected by: 02/10/2018

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: Evette Maynard 336 229 2002 Inspector

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

THIS IS NOT AN INVOICE

SNR 27 CEDAR RIDGE OWNER LLC 5885 MEADOWS RD STE 500

An invoice will be mailed to: LAKE OSWEGO, OR, 97035