



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**18057-66-0445**  
State Number  
**5402**

EQUIPMENT INSPECTED

State Number: <b>5402</b>	Type of Unit: Freight	Floor to Floor: 1 to 2
Capacity: 2500	Manuf: ROTARY	Speed: 35
Landings: 2	Installed: 10/21/1965	Rope Size: 0
Volts: 220	Complied: 03/19/2004	Entrances: 2
OWNER	OCCUPANT	
IDEAL FRAME COMPANY	IDEAL FRAME COMPANY	
P.O. BOX 935	221 5TH AVENUE S.W.	
TAYLORSVILLE, NC, 28681	TAYLORSVILLE, NC, 28681	

INSPECTION INFORMATION

Inspection Date 02/26/2018	Type Inspection Routine	Certificate Status Re-issued	Inspector 66 - Pacitti	County ALEXANDER
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2

VIOLATIONS

8.6.5.14.1 Provide the annual relief valve and hydraulic system pressure test.

8.6.4.13.1 Replace the missing interlock cover (s)

NOTE HAVE ELEVATOR CO CALL ME WHEN THE TESTING IS DONE ASAP SO I WONT COME BACK TO SHUT OFF YOUR ELEVATOR

Items must be corrected by: 03/28/2018

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

Violations pointed out to: bill lackey 828-632-3771

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:

IDEAL FRAME COMPANY  
P.O. BOX 935  
TAYLORSVILLE, NC, 28681