

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 18142-73-5313
State Number 11988

1

		I	EQUIPMENT INSPECTED		
State Number: 11988		Type of Unit: Passenger		Floor to Floor: 1 to 2	
Capacity: 2100		Manuf: THYSSEN KRUPP		Speed: 100	
Landings: 2		Installed: 11/12/1986		Rope Size:	
Volts: 208		Complied: 12/08/1986		Entrances: 1	
OWNER		OCCUPANT			
TAR HEEL DRUG COMPANY		TAR HEEL DRUG COMPANY			
316 S MAIN ST		316 S MAIN ST			
GRAHAM, NC, 27253		GRAHAM, NC, 27253			
		IN	SPECTION INFORMATION		
Inspection Date 05/22/2018		Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE
			VIOLATIONS		
2.2.2.6	Provide a sump pump cover, the cover shall be secure and level with the floor.				
8.6.4.7	Remove the water from the pit floor and take steps to prevent its re-entry.				
8.6.4.9	Clean the car top. Provide a class ABC fire extinguisher in the machinery space. Current one expired in 2016				
8.6.1.6.5	Provide a class ABC fire extinguisher in the machinery space. Current one expired in 2016 Provide in case of fire sign at each landing				
8.6 8.6	Provide an case of the sign at each fanding Provide catch bucket in pit for oil leakage				
5.0	Flovide catch bucket	in pit for on leakage			
τ.		11/2010			
Items m	nust be corrected by: 07/2	21/2018			

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

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

THIS IS NOT AN INVOICE

complainace with current codes.

Violations pointed out to: Moizzam Shaikh 3362272093

TAR HEEL DRUG COMPANY

An invoice will be mailed to: 316 S MAIN ST GRAHAM, NC, 27253

Inspector ___