

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 18201-70-0338
State Number 26637

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EQUIPMENT INSPECTED						
State Number: 26637		Type of Unit: Passenger		Floor to Floor: 1 to 3		
Capacity: 2100		Manuf: VERTICA	Manuf: VERTICAL EX			
Landings: 3		Installed: 03/04/20	Installed: 03/04/2009			
Volts: 208		Complied: 03/04/2	Complied: 03/04/2009			
OWNER			OCCUPANT			
ANSON COUNTY GOVERNMENT		ANSON COUNTY ADMIN OFB				
101 S GREENE STREET		101 S GREENE STREET				
WADESBORO, NC, 28170		WADESBORO, NC, 28170				
		INSPI	ECTION INFORMATION			
Inspection Date 07/20/2018		Type Inspection Routine	Certificate Status Re-issued	Inspector 70 - Darnley	County ANSON	
			VIOLATIONS			
8.6.5.14.1 8.6.1.4.1	Provide the annual relief valve and hydraulic system pressure test. Provide an updated Firefighters Emergency Operation log. (Monthly)					
Items must be corrected by: 09/19/2018			Elevator Name: #1 PASSEN	Elevator Name: #1 PASSENGER ELEVATOR		

THIS IS NOT AN INVOICE An invoi

Violations pointed out to: Alan Clark 704-694-2796

complainace with current codes.

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

An invoice will be mailed to:

ANSON COUNTY GOVERNMENT
101 S GREENE STREET
WADESBORO, NC, 28170

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

Inspector ___