

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 18276-73-1415 State Number 17003

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State Number 17003			E	QUIPMENT INSPECTED		
OWNER COUNTRY INN & SUITES BY RADISSON 3211 WILSON DRIVE BURLINGTON, NC, 27215 INSPECTION INFORMATION Inspection Date 10/03/2018 Type Inspection Routine Re-issued VIOLATIONS Inspection Provide the annual relief valve and hydraulic system pressure test. 2.7.3.4.1 Provide a self-closing self-locking machine room / space door.	Capacity: 2500 Manuf: 'Landings: 3 Installed:		Manuf: THYSSEI Installed: 09/24/19	N KRUPP 997	Speed: 135	
Inspection Date Type Inspection Certificate Status Inspector County 10/03/2018 Routine Re-issued 73 - James ALAMANCE VIOLATIONS 2.14.2.1 Repair or replace the damaged flooring in the elevator. 8.6.5.14.1 Provide the annual relief valve and hydraulic system pressure test. 2.7.3.4.1 Provide a self closing self-locking machine room / space door.	OWNER COUNTRY INN & SUITES BY RADISSON 3211 WILSON DRIVE		-	OCCUPANT COUNTRY INN & SUITES BY RADISSON 3211 WILSON DR		
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 8.6.5.14.1 Provide the annual relief valve and hydraulic system pressure test. 2.7.3.4.1 Provide a self closing self-locking machine room / space door. 				VIOLATIONS		
Items must be corrected by: 12/02/2018	8.6.5.14.1 2.7.3.4.1 2.7.9.1	Provide the annual Provide a self clos Place the machine	relief valve and hydraulic system ing self-locking machine room / sp room or space lights in working or	pressure test. pace door.	e room floor.	

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

THIS IS NOT AN INVOICE

complainace with current codes.

Violations pointed out to: Cara Cunningham 3365841115

COUNTRY INN & SUITES BY RADISSON

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

3211 WILSON DRIVE An invoice will be mailed to:

BURLINGTON, NC, 27215

Inspector ___