

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 18330-73-5910 State Number 24169

	1	EQUIPMENT INSPECTED			
State Number: 24169 Type of Unit: Pas		senger	Floor to Floor: 1 to 3		
Capacity: 2500 Manuf: THYSSE		N KRUPP	Speed: 100		
Landings: 3 Installed: 09/20/2		6 Rope Size: 0			
Volts: 208 Complied		mplied: 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			
	IN	SPECTION INFORMATION			
Inspection Date 11/26/2018	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
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.				
8.6	Place in case of fire sign at each landing				

Items must be corrected by: 01/25/2019

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: Steve Foshay 3362292002 Inspector _____

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

THIS IS NOT AN INVOICE

An invoice will be mailed to:

SNR 27 CEDAR RIDGE OWNER LLC 5885 MEADOWS RD STE 500 LAKE OSWEGO, OR, 97035