

THIS IS NOT AN

INVOICE

An invoice will be mailed to:

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 9133-36-4689
State Number 11988

1

		EQUIPMENT INSPECTED		
State Number: 11988	Type of Unit: P	assenger	Floor to Floor: 1 to 2	
		SEN KRUPP	Speed: 100 Rope Size:	
Landings: 2	Installed: 11/12/1986			
Volts: 208	Complied: 12/0	8/1986	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		
		NSPECTION INFORMATION		
Inspection Date 05/13/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
NONE FOUND AT TIME OF INS	SPECTION			
NONE FOUND AT TIME OF INS	SPECTION			
NONE FOUND AT TIME OF INS Notify the Elevator Bureau in writing omplainace with current codes.		n when the following corrections l	have been made in order to bri	ing your equipment into

TAR HEEL DRUG COMPANY 316 S MAIN ST

GRAHAM, NC, 27253