

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 9201-36-1920 State Number 26515

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	E	EQUIPMENT INSPECTED			
State Number: 26515	Type of Unit: Passenger		Floor to Floor: 1	Floor to Floor: 1 to 2	
Capacity: 3000	Manuf: OTIS		Speed: 100		
Landings: 2	Installed:		Rope Size:	Rope Size:	
Volts: 208	Complied:		Entrances: 1		
OWNER	OCCUPANT				
BUCKNER COMPANIES	BUCK	BUCKNER COMPANIES HOME OFFICE			
P O BOX 598		4734 NC HWY 54			
GRAHAM, NC, 27253	GRAF	HAM, NC, 27253			
	INS	SPECTION INFORMATION			
Inspection Date 07/20/2009	Type Inspection New	Certificate Status Issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
Notify the Elevator Bureau in wricomplainace with current codes.	iting on Corrected Violations Form v		Inspector	ng your equipment int	
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	BUCKNER COMPANIES P O BOX 598 GRAHAM, NC, 27253	S		