

## 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 9335-36-1029
State Number 24931

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|  | E  | QUIPMENT INSPECTED                                   |                               |                         |  |
|--|--|--|-------------------------------|-------------------------|--|
| State Number: 24931  | Type of Unit: Passenger  |  | Floor to Floor:               | Floor to Floor: 1 to 3  |  |
| Capacity: 2100   | Manuf: THYSSEN KRUPP   |  | Speed: 80                     | Speed: 80               |  |
| Landings: 3  | Installed: 07/17/2007  |  | Rope Size: 0                  | Rope Size: 0            |  |
| Volts: 208   | Complied: 07/17/2007   |  | Entrances: 1                  |                         |  |
| OWNER  | OCCUPANT   |  |                               |                         |  |
| ELON UNIVERSITY  | ELON UNIVERSITY RESIDENCE HALLS A & B                                    |  | В                             |                         |  |
| WILLIAMSON AVE   | ELON UNIVERSITY  |  |                               |                         |  |
| ELON, NC, 27244  | ELON, NC, 27244  |  |                               |                         |  |
|  | INS  | SPECTION INFORMATION                                 |                               |                         |  |
| Inspection Date 12/01/2009                                     | Type Inspection Routine  | Certificate Status<br>Re-issued                      | Inspector<br>36 - Kirkman     | County<br>ALAMANCE      |  |
|  |  | VIOLATIONS   |                               |                         |  |
|  |  |  |                               |                         |  |
|  |  |  |                               |                         |  |
| Elevator Name: HALL B  |  |  |                               |                         |  |
| Notify the Elevator Bureau in wromplainace with current codes. | riting on Corrected Violations Form v                                    | when the following corrections h                     | have been made in order to br | ing your equipment into |  |
| Violations pointed out to: BOB                                 |  |  | Inspector                     |                         |  |
|  | To make changes to the invoice mailing address please call: 919-733-0372 |  |                               |                         |  |
| THIS IS NOT AN<br>INVOICE                                      | An invoice will be mailed to:  | ELON UNIVERSITY<br>WILLIAMSON AVE<br>ELON, NC, 27244 |                               |                         |  |