

## 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 9348-36-4161
State Number 17093

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|                                  | E  | QUIPMENT INSPECTED                      |                                |                        |
|----------------------------------|--|---|--------------------------------|------------------------|
| State Number: 17093              | Type of Unit: Pa   | ssenger                                 | Floor to Floor: LL to 3        |                        |
| Capacity: 2500                   | Manuf: OTIS  |   | Speed: 125                     |                        |
| Landings: 4                      | Installed: 06/23/1997  |   | Rope Size: 3/8                 |                        |
| Volts: 480                       | Complied: 08/04  | /2003                                   | Entrances: 1                   |                        |
| OWNER                            |  | OCCUPANT                                |                                |                        |
| BURLINGTON INSURANCE GROUP       |  | BURLINGTON INSURANCE GROUP              |                                |                        |
| 238 INTERNATIONAL                | 8 INTERNATIONAL  |   | DINAL                          |                        |
| BURLINGTON, NC, 27215            |  | BURLINGTON, NC, 27                      |                                |                        |
|                                  | INS  | SPECTION INFORMATION                    |                                |                        |
| Inspection Date<br>12/14/2009    | Type Inspection<br>Routine   | Certificate Status<br>Re-issued         | Inspector<br>36 - Kirkman      | County<br>ALAMANCE     |
|                                  |  | VIOLATIONS                              |                                |                        |
| No violations found              |  |   |                                |                        |
|                                  |  |   |                                |                        |
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| otify the Elevator Bureau in wri | ting on Corrected Violations Form v  | when the following corrections          | have been made in order to bri | ng your equipment into |
| iolations pointed out to: office |  | Inspector                               |                                |                        |
|                                  | To make changes to the invoice ma  |   |                                |                        |
| THIS IS NOT AN                   | To make changes to the invoice mailing address please call: 919-733-0372  BURLINGTON INSURANCE GROUP |   |                                |                        |
|                                  | An invoice will be mailed to:  | 238 INTERNATIONAL<br>BURLINGTON, NC, 27 |                                |                        |