NOTICE OF NON-COMPLIANCE

For Multiple Objects at One Location (5 to 20 Objects per Packet)

This Report Must be Filed Within 10 Days per NAC 455C.522

1. Location Name	2. Location Address	3. Page No. FIRST
		1 of
4. Owner	5. Inspection Date(s)	6. Date Rec'd by MCS

The following items are found to be in Non-Compliance with **Chapter 455C of the NRS and/or NAC**. In the interest of safety and economy, and to conform to the applicable statutes and regulations, these items should receive your prompt attention. Once corrected <u>IT IS IMPORTANT</u> that you or your Authorized Agent notify the issuing AIA/Special Inspector in writing.

7. Equipment Type And State NV #	8. Item#	9. Standard, Regulation or Section of the Act of Non- Compliance and Description	10. Abatement Date (Max – 30 Days)	11. Completed Date
Equipment Type: EL- Elevator; ESC- Escalator; MW- Moving Walk; DW- Dumbwaiter; WCL- Wheel Chair Lift; CL- Chair Lift; X- Other				

12. Total Item Count for This Page:

Northern Office: 4600 Kietzke Lane Bldg F, Suite 151 Reno, NV 89502 (775) 688-3750 State of Nevada Department of Business and Industry Division of Industrial Relations Mechanical Compliance Section Southern Office: 1301 N. Green Valley Parkway Suite 160 Henderson, NV 89074 (702) 486-9054

NOTICE OF NON-COMPLIANCE

For Multiple Objects at One Location (5 to 20 Objects per Packet)

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1. Location Name (Required on All Pages)		3. Page No. MIDDLE
	If needed make copies of this page.	of

7. Cont. Equipment Type And State NV #	8. Cont. Item#	9. Cont. Standard, Regulation or Section of the Act of Non- Compliance and Description	10. Cont. Abatement Date (Max – 30 Days)	11. Cont. Completed Date
Equipment Type: EL- Elev	vator; ESC- Esc	alator; MW - Moving Walk; DW - Dumbwaiter; WCL - Whee	l Chair Lift; CL - Chair	Lift; X- Other

12. Total Item Count for This Page:

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NOTICE OF NON-COMPLIANCE

For Multiple Objects at One Location

(5 to 20 Objects per Packet) This Report Must be Filed Within 10 Days per NAC 455C.522

1. Location Name (Required on All Pages)	3. Page No. LAST
	of

7. Cont. Equipment Type	8. Cont. Item#	9. Cont. Standard, Regulation or Section of the Act of Non-	10. Cont. Abatement Date	11. Cont. Completed Date
And		Compliance and Description	(Max – 30 Days)	
State NV#				
Equipment Type: EL- Elevator; ESC- Escalator; MW- Moving Walk; DW- Dumbwaiter; WCL- Wheel Chair Lift; CL- Chair Lift; X- Other				

		12. Total Item Count for This Page:
17. Failure to correct	by the specified date may subject the owner to regulatory penalties.	13. Total Items for ALL Pages:
		14. Total # of Objects:(Max - 20)
2	ional time to correct, please contact the Mechanical Compliance Section your area prior to the Abatement Date indicated on this form.	15. Owner or Auth. Agent Initial:
		16. Date Issued on Site:
19. Notice of Non-Co	ompliance: Received by Owner or Authorized Agent : (Print, Sign with Title	and Telephone Number)

Print	,	Sign	/ Title	Phone
20. Issued by Special	Inspector: (Print, Sign with State ID# a	nd Office Phone)		
Print		Sign	/ State ID#	Phone
40	Northern Office: 600 Kietzke Lane Bldg F, Suite 151 Reno, NV 89502 (775) 688-3750	State of Nevada Department of Business and Industry Division of Industrial Relations Mechanical Compliance Section	1301 N. Gr Hender	hern Office: een Valley Parkway Suite 160 son, NV 89074) 486-9054