

## 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

Invoice Number 567000

	EQUIPMENT INSPECTED					
State Number: 14615 Type of Unit Capacity: 2500 Installed: 09 Volts: 480 Floor to Floo		Passenger	Landings: 2		Manuf: OTIS	
		Installed: 09/	17/1992	Complied: 10/01/1992		Speed: 125
		: 1 to 2	Entrances: 1		Rope Size:	
		OD PROCESSORS, NC H				
Occupant:	CAROLINA I	FOOD PROCESSOR, PO I	BOX 447, SMITHFIELD,	NC, 27577 		
			INSPECTION INFOR	RMATION		
Inspection Date 07/02/2008		Type Inspection Routine	Certificate Status Re-issued	1		County Code 9
Violati	ion Abatement I	Date: 08/01/2008	VIOLATIONS FOUN	D		
		in writing on Corrected Ve with current codes.	iolations Form when the f	C		
8.6.4.13.1[	[g] Properly ma	intain/ replace astragals an RAGAL.	d resilient members, door	space guards, and sigh	t guards, where requ	iired. REPLACE CAI
8.6.4.15	Emergency INOPERAT	operation of signaling devi IVE.	ces,lighting, communication	on, and ventilation, sha	all be maintained. El	MER. PHONE
8.6.4.7.1	Clean the hoistway(s) (pits) of all debris. CLEAN PIT [WATER]					
N/A	EMER. PHONE DOOR DAMAGED. [REPAIR].					
8.11.2.3	Preform a 5	year full load safety test				
Violations pointed out to: BILL JESSUP				Inspector		
			INVOICE			
		No other invoice v	vill be issued.			

If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 1101 Mail Service Center, Raleigh, NC 27699-1101

Owner: CAROLINA FOOD PROCESSORS, NC HWY 87N, TAR HEEL, NC, 28392 Occupant: CAROLINA FOOD PROCESSOR, PO BOX 447, SMITHFIELD, NC, 27577 Invoice Number 567000

State Nbr: 14615 Date: 07/02/2008

Fee: \$175