

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 575118

		EQUIPMENT IN	SPECTED			
tate Number: 6669 Type of Unit: Freight lapacity: 10000 Installed: 06/17/1970 Floor to Floor: 1 to 2 Wener: CAROLINA HOISERY MILLS, PO BOX 850, BURLINGTON, Cocupant: CAROLINA HOSIERY MILLS, 327 E ELM ST, GRAHAM, N			Manuf: PARK Speed: 75 Rope Size:			
		INSPECTION INFO	DRMATION			
Inspection Date 05/22/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code 1	
		VIOLATIONS I	FOUND			
Notify the Elevator E	Bureau in writing on Correct ec	cted Violations Form whe quipment into compliance		ns have been made in	order to bring your	
NONE FOUND						
Violations pointed out to: KEITH			Inspector			
		INVOIC	E			
No other invoice will be issued. If not paid within 30 days from date of invoice, your certificate			omes invalid.	Invoice	Invoice Number 575118 State Nbr: 6669 Date: 05/22/2008	
Return this stub with payment to: NC Department of Labor, Budget and Purchasing Di 1101 Mail Service Center, Raleigh, NC 27699-1101			hasing Division,	State Nbr:		
Owner: CAROLINA HOISERY MILLS, PO BOX 850, BURLINGTON, NC, 27216 Occupant: CAROLINA HOSIERY MILLS, 327 E ELM ST, GRAHAM, NC, 27253			Fee: \$175			