



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
575240

EQUIPMENT INSPECTED

State Number: 5337	Type of Unit: Passenger	Landings: 2	Manuf: SOUTHERN
Capacity: 1000	Installed: 07/30/1965	Complied: 09/28/1965	Speed: 75
Volts: 220	Floor to Floor: 1 to 2	Entrances: 1	Rope Size:
Owner: SUE-LYNN INC, BOX 939, HAW RIVER, NC, 27258			
Occupant: SUE-LYNN INC, BOX 939, HAW RIVER, NC, 27258			

INSPECTION INFORMATION

Inspection Date 07/11/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code 1
-------------------------------	----------------------------	---------------------------------	---------------------------	-------------------------	------------------

Violation Abatement Date: 08/10/2008

VIOLATIONS FOUND

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

8.11.2.2.2 Perform an annual no load safety test and provide proper tags.

Violations pointed out to: OFFICE

Inspector _____

INVOICE

No other invoice will 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: SUE-LYNN INC, BOX 939, HAW RIVER, NC, 27258
Occupant: SUE-LYNN INC, BOX 939, HAW RIVER, NC, 27258

Invoice Number
575240
State Nbr: 5337
Date: 07/11/2008
Fee: \$175