

Violations pointed out to: RHONDA PERRY 336-227-2770

An invoice will be mailed to:

THIS IS NOT AN

INVOICE

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 11080-36-4029 State Number N1.15

1

EQUIPMENT INSPECTED						
State Number: N1.15		Type of Unit: Freight			Floor to Floor: 1 to 3	
Capacity: 2500		Manuf: MONARCH		Speed: 75		
Landings: 4		Installed: 11/12/1976		Rope Size: 1/2		
Volts: 550		Complied: 11/12/1976		Entrances: 1		
OWNER			OCCUPANT			
CAROLINA FINISHING		CAROLINA FINISHING OF NC LLC				
PO BOX 2226		220 ELMIRA ST				
BURLINGTON, NC, 27216		BURLINGTON, NC, 27217				
		Γ	NSPECTION INFORMATION			
Inspection Date 03/21/2011		Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
			VIOLATIONS			
8.6.4.8.1 Clean the machine room (machinery space) of all debris. (PIGEON DUNG)						
8.11.2.3.2 Provide the five year full load test.						
Items must	be corrected by: 04	/20/2011				
	ator Bureau in writing the current codes.	ng on Corrected Violations Form	n when the following corrections	have been made in order to bring	g your equipment into	

PO BOX 2226

CAROLINA FINISHING

BURLINGTON, NC, 27216

To make changes to the invoice mailing address please call: 919-733-0372

Inspector ___