

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 11080-36-5043 State Number 910

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	E	QUIPMENT INSPECTED		
State Number: 910	Type of Unit: Frei	ht Floor to Floor: 1 to 2		
Capacity: 2300	Manuf: MONARC	CH	Speed: 50	
Landings: 2	Installed: 08/04/19	947	Rope Size: 1/2	
Volts: 220	Complied: 08/04/1	947	Entrances: 1	
OWNER		OCCUPANT		
ANGIE GRAVITTE / GRAHA	AM DYEING	GRAHAM DYI	EING & FINISHING INC	
PO BOX 2857		240 HAWKINS ST		
BURLINGTON, NC, 27216-28	357	BURLINGTON, NC, 27215		
	INS	PECTION INFORMATION		
Inspection Date 03/21/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
NONE FOUND				
Notify the Elevator Bureau in wr	iting on Corrected Violations Form w	when the following corrections l	have been made in order to br	ing your equipment into
omplainace with current codes.	ing on continue training raining	, non the rone wing corrections .		mg year equipment me
Violations pointed out to: THOM	MAS ALLEN 336-228-9981			
	To make changes to the invoice mailing address please call: 919-733-0372			
THIS IS NOT AN INVOICE	An invoice will be mailed to:	ANGIE GRAVITTE / GRAHAM DYEING PO BOX 2857 BURLINGTON, NC, 27216-2857		