NCDOL NCDOL NA Department of John

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 11326-8-4993 State Number 6454

	EÇ	QUIPMENT INSPECTED			
State Number: 6454	Type of Unit: Fre	ight	Floor to Floor: 1 t	o 2	
Capacity: 5000		Manuf: SOUTHERN			
Landings: 2	Installed: 09/25/1969		Rope Size:		
Volts: 240	Complied: 10/01/	1969	Entrances: 2		
OWNER		OCCUPANT			
ELASTIC THERAPY INC	ASTIC THERAPY INC ELASTIC THERAPY INC				
PO BOX 4068					
ASHEBORO, NC, 27204-4068	ASHEBORO, NC, 27204-4068 ASHEBORO, NC, 27204				
	INSI	PECTION INFORMATION			
Inspection Date 11/22/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 8 - Burris	County RANDOLPH 7	
		VIOLATIONS			
NONE					
Elevator Name: FREIGHT E	ELEVATOR				
Notify the Elevator Bureau in wr complainace with current codes.	iting on Corrected Violations Form when	hen the following corrections have	e been made in order to b	ring your equipment into	
	HAROLD ALBRIGHT (MAINT)				
THIS IS NOT AN	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	ELASTIC THERAPY INC PO BOX 4068 ASHEBORO, NC, 27204-40	068		