

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 12101-36-4285 State Number 4698

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	EQ	UIPMENT INSPECTED			
State Number: 4698	Type of Unit: Frei	ght	Floor to Floor: 1 to	2	
Capacity: 7500	Manuf: SOUTHER	RN	Speed: 60		
Landings: 2	Installed: 10/01/1962		Rope Size: 0	_	
Volts: 550	Complied: 04/08/2	004	Entrances: 1		
OWNER		OCCUPANT			
CAROLINA FINISHING OF NO	CAROLINA FINISHING OF NC LLC				
PO BOX 2226		220 ELMIRA ST			
BURLINGTON, NC, 27216	ON, NC, 27216 BURLINGTON, NC,				
	INSPI	ECTION INFORMATION			
Inspection Date 04/10/2012	Type Inspection Routine	Certificate Status Not Issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
Items must be corrected by: 05/	/10/2012				
Notify the Elevator Bureau in writing omplainace with current codes.	ng on Corrected Violations Form who	en the following corrections l	have been made in order to brit	ng your equipment into	
Violations pointed out to: RHOND			Inspector		
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	an invoice will be mailed to:	CAROLINA FINISHING PO BOX 2226 BURLINGTON NC 273			