

## 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 12142-36-4081 State Number 1543

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	E	QUIPMENT INSPECTED		
State Number: <b>1543</b>	Type of Unit: Fro	eight	Floor to Floor: 1 to 2	
Capacity: 2000	Manuf: WESTBI	Speed: 75	Speed: 75	
Landings: 2	Installed: 05/29/1950 Complied: 05/29/1950		Rope Size: 1/2 Entrances: 2	
Volts: 220				
OWNER	OCCUPANT			
ALAMANCE FOODS	ALAMANCE FOODS			
PO BOX 2690	739 S WORTH ST			
BURLINGTON, NC, 27216		BURLINGTON, 1		
	INS	SPECTION INFORMATION		
Inspection Date 05/21/2012	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
otify the Elevator Bureau in v	writing on Corrected Violations Form v	when the following corrections l	have been made in order to bri	ng your equipment into
iolations pointed out to: mark			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:	ALAMANCE FOODS PO BOX 2690		

BURLINGTON, NC, 27216