

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 12177-36-2621 State Number 10351

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	E	QUIPMENT INSPECTED		
State Number: 10351	Type of Unit: Pa	assenger	Floor to Floor: 1	to 2
Capacity: 15000	Manuf: SOUTHERN		Speed: 75	
Landings: 2	Installed: 09/14/1982		Rope Size:	
Volts: 575	Complied: 09/1	4/1982	Entrances: 1	
OWNER		OCCUPANT		
CAROLINA HOSIERY MILLS	CAROLINA HOISERY MILLS			
P O BOX 850		327 E ELM ST		
BURLINGTON, NC, 27216		GRAHAM, NC, 27253		
	INS	SPECTION INFORMATION		
Inspection Date 06/25/2012	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
none found				
otify the Elevator Bureau in writ	ing 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: KIETH				
	To make changes to the invoice mailing address please call: 919-733-0372			
THIS IS NOT AN	An invoice will be mailed to:	CAROLINA HOSIERY : P O BOX 850 BURLINGTON NC 277	MILLS	