

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 12177-36-371 State Number 9187

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	E	EQUIPMENT INSPECTED			
State Number: 9187	Type of Unit: Freight		Floor to Floor: 1 to	Floor to Floor: 1 to 3	
Capacity: 10000	Manuf: SOUTHERN		Speed: 60		
Landings: 3	Installed: 08/08/1978		Rope Size:		
Volts: 460	Complied: 08/08	Complied: 08/08/1978			
OWNER	OCCUPANT				
CAROLINA HOISERY	BURLINGTON INDUSTRIES				
615 W HARDEN ST		615 W HARDEN ST			
GRAHAM, NC, 27253		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 vomplainace with current code	writing on Corrected Violations Form v	when the following corrections h	ave been made in order to bri	ng your equipment into	
iolations pointed out to: KIE	TH GREESON 336-260-2676				
	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 HOISERY 615 W HARDEN ST GRAHAM NC 27253			