

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 13214-36-5968 State Number 5117

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	E	QUIPMENT INSPECTED		
State Number: 5117	Type of Unit: Fr	eight	Floor to Floor: 1 to	2
Capacity: 2500	Manuf: SOUTHERN		Speed: 50	
Landings: 2	Installed: 06/11/1964		Rope Size:	
Volts: 575	Complied: 06/11/1964		Entrances: 2	
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 08/02/2013	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
NONE FOUND				
Notify the Elevator Bureau in write omplainace with current codes.	ing on Corrected Violations Form v	when the following corrections l	have been made in order to bri	ng your equipment into
violations pointed out to: KIETH	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 HOSIERY P O BOX 850 BURLINGTON NC 277		