

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 14230-36-5077 State Number 10351

	:	EQUIPMENT INSPECTED			
State Number: 10351	Type of Unit: Passenger		Floor to Floor: 1 t	Floor to Floor: 1 to 2	
Capacity: 15000		Manuf: SOUTHERN		Speed: 75 Rope Size:	
Landings: 2	Installed: 09/14/1982 Complied: 09/14/1982		Rope Size:		
Volts: 575			Entrances: 1		
OWNER		OCCUPANT			
CAROLINA HOSIERY MILLS		CAROLINA HOISERY MILLS			
P O BOX 850	327 E ELM ST				
BURLINGTON, NC, 27216		GRAHAM, NC, 27253			
	IN	SPECTION INFORMATION			
Inspection Date 08/18/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
None Found					
Notify the Elevator Bureau in writi complainace with current codes.	ng on Corrected Violations Form	when the following corrections	have been made in order to brir	g your equipment into	
Violations pointed out to: KIETH					
·	Γο make changes to the invoice m	ailing address please call: 919-7			
THIS IS NOT AN	An invoice will be mailed to:	CAROLINA HOSIERY P O BOX 850 BURLINGTON NC 27	MILLS		