

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 15229-36-2666 State Number 6669

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	E	QUIPMENT INSPECTED			
State Number: 6669	Type of Unit: Freight		Floor to Floor: 1 to	Floor to Floor: 1 to 2	
Capacity: 10000	Manuf: PARK		Speed: 75		
Landings: 2	Installed: 06/17/	1970	Rope Size:		
Volts: 575	Complied: 06/17	7/1970	Entrances: 1		
OWNER	OCCUPANT				
CAROLINA HOISERY MILLS	CAROLINA HOSIERY MILLS				
PO BOX 850		327 E ELM ST			
BURLINGTON, NC, 27216		GRAHAM, NC, 27253			
	INS	SPECTION INFORMATION			
Inspection Date 08/17/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
none found					
Notify the Elevator Bureau in writi omplainace with current codes.	ng on Corrected Violations Form v	when the following corrections ha	ave been made in order to bri	ng your equipment into	
/iolations pointed out to: KIETH	GREESON 336-260-2676		Inspector		
	Fo make changes to the invoice ma				
THIS IS NOT AN	To make changes to the invoice mailing address please call: 919-733-0372 CAROLINA HOISERY MILLS				
	An invoice will be mailed to:	PO BOX 850 BURLINGTON, NC, 272			