

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 15229-36-589 State Number 5117

1

	E	EQUIPMENT INSPECTED			
State Number: 5117 Capacity: 2500 Landings: 2 Volts: 575	Type of Unit: Fr Manuf: SOUTH Installed: 06/11/ Complied: 06/1	IERN /1964	Floor to Floor: 1 to Speed: 50 Rope Size: Entrances: 2	2	
	Complied: 00/1		Entrances. 2		
OWNER CAROLINA HOSIERY MILLS		OCCUPANT CAROLINA HOISERY MILLS			
P O 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					
	ing on Corrected Violations Form v	when the following corrections l	have been made in order to bri	ng your equipment into	
omplainace with current codes. /iolations pointed out to: KIETH	GREESON 336-260-2676		Inspector		
	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, 272			