



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**15362-36-2121**  
State Number  
**20826**

EQUIPMENT INSPECTED

|                               |                         |                        |
|-------------------------------|-------------------------|------------------------|
| State Number: <b>20826</b>    | Type of Unit: Passenger | Floor to Floor: 1 to 2 |
| Capacity: 2500                | Manuf: SOUTHERN         | Speed: 90              |
| Landings: 2                   | Installed: 08/09/2002   | Rope Size: 0           |
| Volts: 208                    | Complied: 08/09/2002    | Entrances: 1           |
| OWNER                         | OCCUPANT                |                        |
| CAROLINA FARMERS M. INSURANCE | CAROLINA FARMERS BLDG   |                        |
| 515A W SALISBURY ST           | 515A W SALISBURY ST     |                        |
| ASHEBORO, NC, 27203           | ASHEBORO, NC, 27203     |                        |

INSPECTION INFORMATION

|                               |                            |                                 |                           |                    |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|
| Inspection Date<br>12/28/2015 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>36 - Kirkman | County<br>RANDOLPH |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|

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VIOLATIONS

None found

Elevator Name: VISITOR ELEVATOR

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

Violations pointed out to: KELLY DENT 336.625.6323

Inspector \_\_\_\_\_

THIS IS NOT AN  
INVOICE

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to:

CAROLINA FARMERS M. INSURANCE  
515A W SALISBURY ST  
ASHEBORO, NC, 27203