

## 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 16165-36-3967 State Number 910

1

		EQUIPMENT INSPECTED			
State Number: 910	Type of Unit: Fi	reight	Floor to Floor: 1 to 2		
Capacity: 2300	Manuf: MONA	Speed: 50			
andings: 2	Installed: 08/04/1947		Rope Size: 1/2		
Volts: 220	0 Complied: 08/04/1947		Entrances: 1		
OWNER		OCCUPANT			
ANGIE GRAVITTE / GRAHAM DYEING		GRAHAM DY	GRAHAM DYEING & FINISHING INC		
PO BOX 2857		240 HAWKINS ST			
BURLINGTON, NC, 27216-2857		BURLINGTON	BURLINGTON, NC, 27215		
	n	NSPECTION INFORMATION			
Inspection Date 06/13/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
otify the Elevator Bureau in vomplainace with current codes	writing on Corrected Violations Forn	n when the following corrections	have been made in order to br	ing your equipment into	
	EN DUGGINS 336-228-9981		Inspector		
	To make changes to the invoice r	nailing address please call: 919-7	733-0372		
THIS IS NOT AN	C		ANGIE GRAVITTE / GRAHAM DYEING		
INVOICE	An invoice will be mailed to: PO BOX 2857				

PO BOX 2857

BURLINGTON, NC, 27216-2857

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