

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 16179-36-1540 State Number 1543

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	E	QUIPMENT INSPECTED			
State Number: 1543 Type of Unit: F		eight	Floor to Floor: 1 to 2		
Capacity: 2000	Manuf: WESTB	Manuf: WESTBROOK		Speed: 75	
Landings: 2		Installed: 05/29/1950		Rope Size: 1/2	
/olts: 220	Complied: 05/29	Complied: 05/29/1950		Entrances: 2	
OWNER		OCCUPANT			
ALAMANCE FOODS		ALAMANCE FOODS			
PO BOX 2690		739 S WORTH ST			
BURLINGTON, NC, 27216		BURLINGTON,	NC, 27215		
	INS	SPECTION INFORMATION			
Inspection Date 06/27/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
Items must be corrected b		when the following corrections	hove been made in order to bri	ng your oguinment into	
omplainace with current code		when the following corrections i			
Violations pointed out to: ma					
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	ALAMANCE FOO				
	An invoice will be mailed to:	PO BOX 2690			

BURLINGTON, NC, 27216