

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 16307-48-0197 State Number 14616

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EQUIPMENT INSPECTED					
State Number: 14616		Type of Unit: Freight		Floor to Floor: 1 to 3	
Capacity: 12000		Manuf: OTIS		Speed: 75	
Landings: 3		Installed: 08/17/1992		Rope Size:	
Volts: 480		Complied: 06/16/2003		Entrances: 1	
OWNER		OCCUPANT			
SMITHFIELD PACKING		CAROLINA FOOD PROCESSOR		OR .	
1911 S. CHURCH ST.		NC HWY 87S			
SMITHFIELD, VA, 23430		TAR HEEL, NC, 28392			
		INSPI	ECTION INFORMATION		
Inspection Date 11/02/2016		Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BLADEN
			VIOLATIONS		
8.6.4.8.1	Clean the el	evator machine room.			
8.6.4.7.1	1				
2.27.1.1.2	Put the in ca	ar emergency telephone in proper w	orking order.		
Items must be corrected by: 01/02/2017				Elevator Name: # 2	

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

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

THIS IS NOT AN INVOICE

complainace with current codes.

Violations pointed out to: D PARKS

An invoice will be mailed to:

SMITHFIELD PACKING 1911 S. CHURCH ST. SMITHFIELD, VA, 23430 Inspector ___