

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 16307-70-4443 State Number 6454

	E	QUIPMENT INSPECTED			
State Number: 6454	Type of Unit: Freight		Floor to Floor: 1 to 2		
Capacity: 5000	Manuf: SOUTHI		Speed: 75		
Landings: 2			Rope Size:		
Volts: 240	Complied: 10/01	/1969	Entrances: 2		
OWNER	OCCUPANT OCCUPANT				
ELASTIC THERAPY INC					
PO BOX 4068					
ASHEBORO, NC, 27204-4068 ASHEBORO, NC, 27204					
	INS	SPECTION INFORMATION			
Inspection Date 11/02/2016	Type Inspection Not Inspected	Certificate Status Not Issued	Inspector 70 - Darnley	County RANDOLPH	
		VIOLATIONS			
EL . N. EDELGHT EL	EVATOR				
Elevator Name: FREIGHT EI Notify the Elevator Bureau in writ	LEVATOR ting on Corrected Violations Form w	when the following corrections he	ave been made in order to b	ring your equipment into	
complainace with current codes.	g on concessed violations i offit w	are ronowing corrections in			
Violations pointed out to: .			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:	ELASTIC THERAPY INC PO BOX 4068 ASHEBORO, NC, 27204-			