

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 16334-37-1044 State Number 8437

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| | | EQUIPMENT INSPECTED | | |
|-----------------------------------|--------------------------------------|----------------------------------|--------------------------|--------------------|
| State Number: 8437 Type of Unit: | | Freight Floor to Floor: 1 to | | 3 |
| Capacity: 10000 Manuf: SOUTHERN | | Speed: 60 | | |
| Landings: 3 Installed: 07/25/1988 | | 5/1988 | Rope Size: | |
| Volts: 480 | Complied: 04/25/1989 | | Entrances: 1 | |
| OWNER | | OCCUPANT | | |
| NOVA FLEX HOSE CO | | NOVA FLEX HOSE CO | | |
| 449 /TROLLINGWOOD ROAD | | 449 TROLLINGWOOD ROAD | | |
| HAW RIVER, NC, 27258 | | HAW RIVER, NC, 27258 | | |
| | П | NSPECTION INFORMATION | | |
| Inspection Date 11/29/2016 | Type Inspection Routine | Certificate Status Re-issued | Inspector 37 - Hopper | County ALAMANCE |
| | | VIOLATIONS | | |
| 8.11.3.2.1 | Perform the annual relief valve test | | | |
| 8.6 | REPAIR/ REPLACE THE REAR CA | EPAIR/ REPLACE THE REAR CAR GATE | | |
| 8.6 | CLEAN AND LUBE ALL WORKIN | LEAN AND LUBE ALL WORKING PARTS | | |
| 8.6 | UPDATE THE MAINT RECORDS | | | |
| 8.6 | PATCH THE HOISTWAY AS NEED | DED | | |
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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: KENNETH JONES 336-578-2161

An invoice will be mailed to:

NOVA FLEX HOSE CO 449 /TROLLINGWOOD ROAD HAW RIVER, NC, 27258 Inspector ___