



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
16334-37-4412
State Number
5337

EQUIPMENT INSPECTED

State Number: 5337	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 1000	Manuf: SOUTHERN	Speed: 75
Landings: 2	Installed: 07/30/1965	Rope Size:
Volts: 220	Complied: 09/28/1965	Entrances: 1
OWNER	OCCUPANT	
SUE-LYNN INC	SUE-LYNN INC	
BOX 939	BOX 939	
HAW RIVER, NC, 27258	HAW RIVER, NC, 27258	

INSPECTION INFORMATION

Inspection Date 11/29/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 37 - Hopper	County ALAMANCE
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1

VIOLATIONS

8.6.4.7.1	Clean the elevator pit.
8.11.3.2.1	Perform the annual relief valve test
8.6	UPDATE THE MAINT. RECORDS
8.6	PROVIDE PROPER TEST TAG ON CONTROLLER

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

Violations pointed out to: MR. OAKLEY 336578-0871

Inspector _____

THIS IS NOT AN
INVOICE

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

An invoice will be mailed to:
SUE-LYNN INC
BOX 939
HAW RIVER, NC, 27258