

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 17276-73-2074 State Number 8437

	EQ	UIPMENT INSPECTED			
State Number: 8437	Type of Unit: Frei	ight	Floor to Floor: 1 to	3	
Capacity: 10000	Manuf: SOUTHERN		Speed: 60	Speed: 60	
Landings: 3	Installed: 07/25/1988		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			
	INSF	ECTION INFORMATION			
Inspection Date 10/03/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
Items must be corrected by: 12/	02/2017				
Notify the Elevator Bureau in writing omplainace with current codes.	ng on Corrected Violations Form wh	nen the following corrections have	ve been made in order to br	ing your equipment into	
/iolations pointed out to: kjones@novaflex.com			Inspector		
Т	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	an invoice will be mailed to:	NOVA FLEX HOSE CO 449 /TROLLINGWOOD R HAW RIVER, NC, 27258	OAD		