

INVOICE

An invoice will be mailed to:

## 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 18149-73-0963 State Number 4577

	Е	QUIPMENT INSPECTED			
State Number: <b>4577</b> Capacity: 4000	Manuf: SOUTHI	Type of Unit: Freight Manuf: SOUTHERN		Floor to Floor: B to 1 Speed: 75	
Landings: 2 Installed: 05/14/1962			Rope Size:		
Volts: 550 Complied: 12/01/2004			Entrances: 1		
OWNER OCCUPANT			-~		
COPLAND FABRICS		COPLAND FABRICS			
PO BOX 1208		1714 CAROLINA MILL RD BURLINGTON, NC, 27217			
BURLINGTON, NC, 27217		BURLINGTON, NC	, 2/21/		
	INS	PECTION INFORMATION			
Inspection Date 05/29/2018	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
Items must be corrected by	y: 07/28/2018				
Notify the Elevator Bureau in complainace with current code	writing on Corrected Violations Form wes.	when the following corrections has	we been made in order to br	ing your equipment into	
Violations pointed out to: Joe Mabe 3362630776			Inspector		
THIS IS NOT AN	To make changes to the invoice ma	iling address please call: 919-733	3-0372		

COPLAND FABRICS PO BOX 1208

BURLINGTON, NC, 27217