



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**18149-73-2062**  
State Number  
**6947**

#### EQUIPMENT INSPECTED

|                           |                       |                        |
|---------------------------|-----------------------|------------------------|
| State Number: <b>6947</b> | Type of Unit: Freight | Floor to Floor: B to 1 |
| Capacity: 3000            | Manuf: SOUTHERN       | Speed: 65              |
| Landings: 2               | Installed: 03/15/1971 | Rope Size:             |
| Volts: 220                | Complied: 03/15/1971  | Entrances: 1           |
| OWNER                     | OCCUPANT              |                        |
| SIMS POTTERY              | SIMS POTTERY          |                        |
| 563 W MOORE ST            | 563 W MOORE ST        |                        |
| GRAHAM, NC, 27253         | GRAHAM, NC, 27253     |                        |

#### INSPECTION INFORMATION

|                               |                            |                                 |                         |                    |
|-------------------------------|----------------------------|---------------------------------|-------------------------|--------------------|
| Inspection Date<br>05/29/2018 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>73 - James | County<br>ALAMANCE |
|-------------------------------|----------------------------|---------------------------------|-------------------------|--------------------|

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#### VIOLATIONS

|            |  |
|------------|--|
| 8.6.5.14.1 | Provide the annual relief valve and hydraulic system pressure test.                      |
| 2.2.5.1    | Place the freight cab interior lights in working order. 25 lx or 2.5 fc @ the cab floor. |
| 2.7.3.4.1  | Provide a self closing self-locking machine room / space door.                           |
| 8.6.1.7.2  | Provide the appropriate test tag.  |

Items must be corrected by: 06/08/2018

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: Doug Segars 3362281518

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:

SIMS POTTERY  
563 W MOORE ST  
GRAHAM, NC, 27253