

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 18176-73-0443 State Number 5117

	EC	QUIPMENT INSPECTED			
State Number: 5117	Type of Unit: Fre	eight	Floor to Floor: 1 to	2	
Capacity: 2500	Manuf: SOUTHERN		Speed: 50	Speed: 50	
Landings: 2	Installed: 06/11/1	964	Rope Size:		
Volts: 575	Complied: 06/11/	1964	Entrances: 2		
OWNER		OCCUPANT			
CAROLINA HOSIERY MILLS		CAROLINA HOISERY MILLS			
P O BOX 850		327 E ELM ST			
BURLINGTON, NC, 27216		GRAHAM, NC, 272	253		
	INSI	PECTION INFORMATION			
Inspection Date	Type Inspection	Certificate Status	Inspector	County	
06/25/2018	Routine	Re-issued	73 - James	ALAMANCE	
		VIOLATIONS			
Items must be corrected by: 08	3/24/2018				
Notify the Elevator Bureau in writion omplainace with current codes.	ng on Corrected Violations Form w	hen the following corrections ha	ve been made in order to br	ing your equipment into	
Violations pointed out to: Keith Greeson 3362602676					
•	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	CAROLINA HOSIERY M P O BOX 850 BURLINGTON, NC, 2721			