

## 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 18176-73-381
State Number 10351

	E0	QUIPMENT INSPECTED			
State Number: 10351	Type of Unit: Passenger		Floor to Floor: 1	Floor to Floor: 1 to 2	
Capacity: 15000	Manuf: SOUTHERN		Speed: 75		
Landings: 2	Installed: 09/14/	Installed: 09/14/1982			
Volts: 575	Complied: 09/14/1982		Rope Size: Entrances: 1		
OWNER		OCCUPANT			
CAROLINA HOSIERY MILLS		CAROLINA HOISERY MILLS			
P O BOX 850		327 E ELM ST			
BURLINGTON, NC, 27216		GRAHAM, NC, 2725	53		
	INS	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/	24/2018				
Notify the Elevator Bureau in writin		then the following corrections have	e been made in order to br	ing your equipment into	
complainace with current codes. Violations pointed out to: Keith Gr	eeson 3362602676		Inspector		
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	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE A	n invoice will be mailed to:	CAROLINA HOSIERY MII P O BOX 850 BURLINGTON, NC, 27216			