

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 9237-48-257 State Number 8104

| | EQ | UIPMENT INSPECTED | | | |
|------------------------------------|--|---------------------------------|--------------------------|---------------------|--|
| State Number: 8104 | Type of Unit: Passenger Floor to Floor: 1 to 3 | | oor to Floor: 1 to 3 | | |
| Capacity: 10000 | Manuf: SOUTHEASTERN Speed: 150 | | | | |
| Landings: 3 | Installed: 10/22/1975 | | Rope Size: 5 | ope Size: 5/8 | |
| Volts: 480 | Complied: 11/13/2001 Entrances: 1 | | | | |
| OWNER | | OCCUPANT | | | |
| ARCHER DANIELS MIDLAND | | ARCHER DANIELS MIDLAND | | | |
| MOORE ST EXT - PO BOX 10640 | | EAST MOORE ST | EXT - BLDG. 105 | | |
| SOUTHPORT, NC, 28461 | | SOUTHPORT, NC, 28461 | | | |
| | INSP | ECTION INFORMATION | | | |
| Inspection Date 08/25/2009 | Type Inspection Routine | Certificate Status Re-issued | Inspector 48 - Martin | County BRUNSWICK | |
| | | VIOLATIONS | | | |
| 8.6.1.6.3[e] Properly maintain all | Control and operating circuits and | l devices. SECURE HANGI | NG CAPACITOR ON CO | NTROLLER. | |
| | or closers, where required. REPAl | | | | |
| 8.6.4.8.1 Clean the machine roo | om (machinery space) of all debri | S. | | | |

Items must be corrected by: 09/14/2009

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into complainace with current codes.

Violations pointed out to: JIM REIBERT Inspector _____

To make changes to the invoice mailing address please call: 919-733-0372
THIS IS NOT AN
ARCHER DANIELS MIDLAND

INVOICE An invoice will be mailed to:

ARCHER DANIELS MIDLAND MOORE ST EXT - PO BOX 10640 SOUTHPORT, NC, 28461