

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 9303-12-319 State Number 6454

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		EQUIPMENT INSPECTED			
State Number: 6454	Type of Unit: I		Floor to Floor: 1 to 2		
Capacity: 5000	Manuf: SOUTHERN		Speed: 75		
Landings: 2	Installed: 09/25/1969		Rope Size: Entrances: 2	Rope Size:	
Volts: 240	Complied: 10/0	Complied: 10/01/1969			
OWNER		OCCUPANT			
ELASTIC THERAPY INC		ELASTIC THERAPY INC			
PO BOX 4068		718 INDUSTRIAL PARK AVE			
ASHEBORO, NC, 27204-406	ASHEBORO, NC, 2	27204			
	IN	SPECTION INFORMATION			
Inspection Date 10/30/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 12 - Essick	County RANDOLPH	
		VIOLATIONS			
otify the Elevator Bureau in w	riting on Corrected Violations Form	when the following corrections ha	ave been made in order to l	oring your equipment into	
olations pointed out to: Fron	t Desk		•		
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	ELASTIC THERAPY INC PO BOX 4068			