

## 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

Invoice Number 551247

		EQUIPMENT INSPE	CTED		
	Type of Unit: Passenger Installed: 11/12/1987 Floor to Floor: 1 to 3 OSPITAL INC, PO BOX 1048, HOSPITAL INC, 364 WHITE	Complied: Entrances: ASHEBORO, NC, 2720	12/08/1987 1 )4	Manuf: THYSSEN Speed: 100 Rope Size:	KRUPP
Elevator Name: 1	INSPECTION INFORMATION				
Inspection Date 07/24/2008		Certificate Status	Inspector 12 - Essick		County Code 76
		VIOLATIONS FOU	JND		
Notify the Elevator Bu	ureau in writing on Corrected V equipme	iolations Form when the ent into compliance with		ons have been made in o	order to bring your
Violations pointed out to: Jim Canada, Maintenance			nspector		
		INVOICE			
Return this stub with payr 1101 Mail Service Center Owner: RANDOLPH HO	No other invoice will be n 30 days from date of invoice, nent to: NC Department of Labo, Raleigh, NC 27699-1101  DSPITAL INC, PO BOX 1048, HOSPITAL INC, 364 WHITE O	your certificate become or, Budget and Purchasi ASHEBORO, NC, 272	ng Division,	551 State Nbr: Date:	e Number 1247 12327 07/24/2008 \$175