

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 581396

		EQUIPMENT INS	SPECTED		
State Number: 6755 Type of Unit: Dumbwaiter Capacity: 300 Installed: 08/04/1971 Volts: 208 Floor to Floor: 1 to 3 Dwner: ASHE MEMORIAL HOSPITAL, PO BOX 8, JEFFERSON, Decupant: ASHE MEMORIAL HOSPITAL, HWY 221 N, JEFFERS		71 C 3 E 8, JEFFERSON, NC, 28		Manuf: SOUTHERN Speed: 50 Rope Size: 1/4	
		INSPECTION INFO			
Inspection Date 07/30/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 7 - Hoffman	ASHE	County Code 5
		VIOLATIONS F			
Notify the Elevator Bu	ıreau in writing on Correct equ	ted Violations Form when		ns have been made in o	rder to bring your
n/a No vie	olations found				
Violations pointed out to: JOHNNY SPEAKS 336-846-7101			Ins	spector	
		INVOIC	E		
No other invoice will be issued. If not paid within 30 days from date of invoice, your certificate be Return this stub with payment to: NC Department of Labor, Budget and Pu				Invoice Number 581396	
1101 Mail Service Center, Raleigh, NC 27699-1101 Owner: ASHE MEMORIAL HOSPITAL, PO BOX 8, JEFFERSON, NC, Occupant: ASHE MEMORIAL HOSPITAL, HWY 221 N, JEFFERSON, N			8640	State Nbr: Date: 0	6755 07/30/2008 \$65