

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
581	1398

		EQUIPMENT INSF	PECTED			
	Type of Unit: Dumby Installed: 08/04/1971 Floor to Floor: 1 to 3 SIAL HOSPITAL, 200 HOSP ORIAL HOSPITAL, HWY 2:	Co Ent ITAL AVENUE, JEFFE	Complied: 08/05/1971 Speed Entrances: 1 Rope (E, JEFFERSON, NC, 28640		nuf: SOUTHERN ed: 50 ee Size: 1/4	
		INSPECTION INFOR	RMATION			
Inspection Date 07/30/2008	Type Inspection Routine		Inspector 7 - Hoffman			
		VIOLATIONS FO	DUND			
·	ureau in writing on Corrected equip	ment into compliance w	ith current codes.			
n/a No v	iolations found					
Violations pointed out to:	JOHNNY SPEAKS 336-846	5-7101		Inspector		
		INVOICE				
If not paid with	No other invoice wil in 30 days from date of invoi		mes invalid.	Invoice	Invoice Number	
	rment to: NC Department of L r, Raleigh, NC 27699-1101	abor, Budget and Purch	asing Division,	5813 State Nbr: 6	398	
	RIAL HOSPITAL, 200 HOSF DRIAL HOSPITAL, HWY 22					