

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
581602

EQUIPMENT INSPECTED

State Number: 5088 Type of Unit: Passenger Landings: 3 Manuf: THYSSEN KRUPP
Capacity: 2500 Installed: 02/09/1965 Complied: 12/15/1966 Speed: 25
Volts: 220 Floor to Floor: G to 2 Entrances: 1 Rope Size:
Owner: ALLEGHANY CO MEMORIAL HOSPITAL, PO BOX 2726, SPARTA, NC, 28675
Occupant: ALLEGHANY CO MEM HOSP, 233 DOCTORS ST, SPARTA, NC, 28675

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County Name	County Code
12/17/2008	Routine	Re-issued	7 - Hoffman	ALLEGHANY	3

VIOLATIONS FOUND

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

n/a No violations found

Violations pointed out to: ALLEGHANY MEM. HOSP.

Inspector _____

INVOICE

No other invoice will be issued.
If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division,
1101 Mail Service Center, Raleigh, NC 27699-1101

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Invoice Number
581602
State Nbr: 5088
Date: 12/17/2008
Fee: \$175