

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 636088

		EQUIPMENT INSPEC	CTED			
tate Number: 12025 Type of Unit: Passenger apacity: 4000 Installed: 03/04/1987 folts: 208 Floor to Floor: B to 1 wner: SHAUNCO INC., P.O. BOX 732, HAZLEHURST, G ccupant: OLD CANNON HOSPITAL, 805 SHAWNEEHA		Complied: Entrances: T, GA, 31539	Complied: 03/04/1987 Sp Entrances: 1 Ro GA, 31539		Manuf: THYSSEN KRUPP Speed: 100 Rope Size: 0	
	IN	ISPECTION INFORM				
Inspection Date 03/10/2009		Certificate Status Not Issued	Inspector	County Name		
		VIOLATIONS FOUR	ND			
Notify the Elevator Bu	reau in writing on Corrected Vio	lations Form when the t into compliance with		ons have been made in	order to bring you	
iolations pointed out to: N/A			Inspector			
		INVOICE				
No other invoice will be issue If not paid within 30 days from date of invoice, your Return this stub with payment to: NC Department of Labor, B 1101 Mail Service Center, Raleigh, NC 27699-1101 Owner: SHAUNCO INC., P.O. BOX 732, HAZLEHURST, Occupant: OLD CANNON HOSPITAL, 805 SHAWNEEHA 28604		our certificate become	rtificate becomes invalid. get and Purchasing Division, , 31539		Invoice Number 636088 State Nbr: 12025 Date: 03/10/2009 Fee: \$175	