



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
919-707-7927

Report Number
10126-4-3464
State Number
7142

EQUIPMENT INSPECTED

State Number: 7142	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 4000	Manuf: SOUTHERN	Speed: 100
Landings: 2	Installed: 09/26/1972	Rope Size: 0
Volts: 480	Complied: 12/11/1972	Entrances: 1

OWNER

ALEXANDER COMMUNITY HOSPITAL
HWY 16 SOUTH BOX 458
TAYLORSVILLE, NC, 28681

OCCUPANT

ALEXANDER COMMUNITY HOSPITAL
HWY 16 SOUTH BOX 458
TAYLORSVILLE, NC, 28681

INSPECTION INFORMATION

Inspection Date 05/06/2010	Type Inspection Removed	Certificate Status Not Issued	Inspector 4 - Henegar	County ALEXANDER
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2

VIOLATIONS

BLDG. CLOSED

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.

Violations pointed out to: N/A

Inspector _____

THIS IS NOT AN
INVOICE

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to:

ALEXANDER COMMUNITY HOSPITAL
HWY 16 SOUTH BOX 458
TAYLORSVILLE, NC, 28681