

INSPECTION REPORT

IMPORTANT: Always use State Number in
any correspondence relating to your equipment
www.nclabor.com/elevator.htm
919-807-2770

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|---|
| Report Number 10201-7-4188 State Number 5088 |
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EQUIPMENT INSPECTED

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

INSPECTION INFORMATION

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| Inspection Date 07/20/2010 | Type Inspection Routine | Certificate Status Re-issued | Inspector 7 - Hoffman | County ALLEGHANY |
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3

VIOLATIONS

NONE

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: LOUIS GALYEN 336-372-5511 EXT.3212

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:

ALLEGHANY CO MEMORIAL HOSPITAL
PO BOX 2726
SPARTA, NC, 28675