

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 12250-8-0290 State Number 25740

| | E | QUIPMENT INSPECTED | | | |
|---|--|--|---|---------------------------|--|
| State Number: 25740 Type of Unit: Capacity: 5000 Manuf: TKE Landings: 2 Installed: 09/0 | | | Floor to Floor: Speed: 175 Rope Size: | 1 to 2 | |
| Volts: 480 | Complied: | | Entrances: 2 | | |
| OWNER | - | OCCUPANT | | | |
| RANDOLPH HOSPITAL | | RANDOLPH HOSPITAL | | | |
| | 64 WHITE OAK ST 364 WHITE OAK ST | | | | |
| ASHEBORO, NC, 27204 | | | | | |
| | INS | SPECTION INFORMATION | | | |
| Inspection Date 09/06/2012 | Type Inspection Routine | Certificate Status Re-issued | Inspector 8 - Burris | County RANDOLPH 7 | |
| | | VIOLATIONS | | | |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Elevator Name: #9 Cance | r Ctr | | | | |
| Notify the Elevator Bureau in complainace with current code | writing on Corrected Violations Form v s. | when the following corrections have | ve been made in order to l | oring your equipment into | |
| Violations pointed out to: DALE PARKER | | | | | |
| THIS IS NOT AN INVOICE | To make changes to the invoice mailing address please call: 919-733-0372 | | | | |
| | An invoice will be mailed to: | RANDOLPH HOSPITAL 364 WHITE OAK ST ASHEBORO, NC, 27204 | | | |