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 919-807-2770 Report Number 13281-8-5139 State Number 17858

| EQUIPMENT INSPECTED | | | | | |
|--|--|---|--|---------------------------|----|
| State Number: 17858 Capacity: 2500 Landings: 3 Volts: 208 | Type of Unit: Pass Manuf: THYSSEN Installed: 04/06/19 Complied: 04/06/1 | N KRUPP 1999 | Floor to Floor: 1 to 3 Speed: 100 Rope Size: Entrances: 1 | | |
| • | | | | | |
| OWNER | | OCCUPANT | | | |
| EAST COAST HOSPITAL | | | | | |
| 719 W 15TH STREET STE | | | | | |
| WASHINGTON, NC, 2788 |) | ASHEBORO, | NC, 2/203 | | |
| | INS | SPECTION INFORMATION | | | |
| Inspection Date 10/08/2013 | Type Inspection Routine | Certificate Status Re-issued | Inspector 8 - Burris | County RANDOLPH | 76 |
| | | VIOLATIONS | | | |
| NONE | | | | | |
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| Elevator Name: #1 | | | | | |
| Notify the Elevator Bureau in | writing on Corrected Violations Form w | when the following corrections have | we been made in order to | bring your equipment into | |
| complainace with current code Violations pointed out to: SH | | Inspecto | or | | |
| | | | | | |
| THIS IS NOT AN INVOICE | To make changes to the invoice mailing address please call: 919-733-0372 EAST COAST HOSPITALITY | | | | |
| | An invoice will be mailed to: | 719 W 15TH STREET STE WASHINGTON, NC, 2788 | E 11 | | |