

INSPECTION REPORT

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

Report Number <b>14211-7-325</b> State Number <b>5088</b>
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EQUIPMENT INSPECTED

State Number: <b>5088</b>	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

Inspection Date 07/30/2014	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

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