

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 15180-60-5510 State Number 4239

6

| | E | QUIPMENT INSPECTED | | | |
|----------------------------------|--|---|---------------------------------|------------------|--|
| State Number: 4239 | Type of Unit: Pass | enger | Floor to Floor: B to 4 | | |
| Capacity: 4000 | pacity: 4000 Manuf: WESTBROOK | | Speed: 250 | Speed: 250 | |
| Landings: 5 | | | Rope Size: 5/8 | | |
| Its: 220 Complied: 01/20/1994 | | Entrances: 1 | | | |
| OWNER | | OCCUPANT | | | |
| SHAUNCO INC. | OLD CANNON HOSPITAL | | | | |
| P.O. BOX 732 | 805 SHANEEHAW AVENUE | | | | |
| HAZLEHURST, GA, 31539 | | BANNER ELK, NC, 28604 | | | |
| | INS | PECTION INFORMATION | | | |
| Inspection Date 06/29/2015 | Type Inspection Condemned | Certificate Status Not Issued | Inspector 60 - Kircher | County AVERY | |
| | | VIOLATIONS | | | |
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| Notify the Elevator Bureau in wr | iting on Corrected Violations Form w | when the following corrections have | been made in order to bring you | r equipment into | |
| omplainace with current codes. | 8 | 8 | | | |
| iolations pointed out to: N/A | | | Inspector | | |
| | To make changes to the invoice mailing address please call: 919-733-0372 | | | | |
| THIS IS NOT AN INVOICE | An invoice will be mailed to: | SHAUNCO INC. P.O. BOX 732 HAZLEHURST, GA, 31539 | | | |