

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 15203-7-4611 State Number 5088

3

| | E | QUIPMENT INSPECT | ED | |
|--------------------------------|---|---------------------------------|--------------------------------------|--------------------------|
| 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: 12/15/196 | 6 | Entrances: 1 | |
| OWNER | | OCCUPANT | | |
| ALLEGHANY CO MEMORIAL HOSPITAL | | | ALLEGHANY CO MEM HOSP | |
| PO BOX 2726 | | | 233 DOCTORS ST | |
| SPARTA, NC, 28675 | | | SPARTA, NC, 28675 | |
| | INS | PECTION INFORMAT | TION | |
| Inspection Date 07/22/2015 | Type Inspection Routine | Certificate Status Re-issued | Inspector 7 - Hoffman | County ALLEGHANY |
| | | VIOLATIONS | | |
| NONE | | | | |
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| | riting on Corrected Violations Form w | hen the following corre | ctions have been made in order to be | ring your equipment into |
| omplainace with current codes. | EGHANY CO. HOSP. 336-372-5511 | | Inspector | |
| - | | | | |
| THIC IC NOT AN | To make changes to the invoice mailing address please call: 919-733-0372 | | | |
| THIS IS NOT AN INVOICE | An invoice will be mailed to: An invoice will be mailed to: ALLEGHANY PO BOX 2726 SPARTA, NC, | | CO MEMORIAL HOSPITAL 28675 | |