

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 15342-7-4712 State Number 6736

EQUIPMENT INSPECTED				
State Number: 6736	Type of Unit: Passer	-	Floor to Floor: B to 3	
Capacity: 4000	Manuf: SOUTHERN		Speed: 200	
Landings: 4	Installed: 08/04/197		Rope Size: 1/2	
Volts: 208	Complied: 08/20/19	/1	Entrances: 1	
OWNER		OCCUPANT		
ASHE MEMORIAL HOSPITA	AL .	ASHE MEMORIAL HOSPITAL		
200 HOSPITAL DR.		200 HOSPITAL DR.		
JEFFERSON, NC, 28640		JEFFERSON, NC, 2864	40	
	INSP	ECTION INFORMATION		
Inspection Date 12/08/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 7 - Hoffman	County ASHE 5
		VIOLATIONS		
NONE				
Notify the Elevator Bureau in wr complainace with current codes.	iting on Corrected Violations Form wh	en the following corrections have b	been made in order to bring your e	quipment into
Violations pointed out to: JOHNNY SPEACKS 336-846-7101		Inspector		
	To make changes to the invoice maili	ng address please call: 919-733-03		
THIS IS NOT AN INVOICE	An invoice will be mailed to:	ASHE MEMORIAL HOSPITA 200 HOSPITAL DR. JEFFERSON, NC, 28640	AL	