

INSPECTION REPORT

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

Report Number 17184-76-3197 State Number 5088
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EQUIPMENT INSPECTED

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: 12/15/1966	Entrances: 1
OWNER ALLEGHANY CO MEMORIAL HOSPITAL PO BOX 2726 SPARTA, NC, 28675		OCCUPANT ALLEGHANY CO MEM HOSP 233 DOCTORS ST SPARTA, NC, 28675

INSPECTION INFORMATION

Inspection Date 07/03/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 76 - Crank	County ALLEGHANY
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VIOLATIONS

- 2.29.1 Assign identification numbers or letters to the equipment where required. Machine room door needs to be identified as "Elevator Machine Room Authorized Personnel Only"
- 2.7.9.1 Place the machine room or space lights in working order. Light needs to be protected
- 8.6.1.6.5 Provide a NBCC Class ABC fire extinguisher convenient to the access door in the machine room / space.
- 2.7.3.4.1 Provide a self closing self-locking machine room / space door.

Items must be corrected by: 08/02/2017

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: Alleganny County Hospital 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