

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 17292-76-4927 State Number 6737

		EQUI	PMENT INSPECTED			
State Number: 6737 Type of Unit: Pa		Type of Unit: Passenge	er	Floor to Floor: B to 3		
Capacity: 4000		Manuf: SOUTHERN		Speed: 200		
Landings: 4		Installed: 08/04/1971		Rope Size: 1/2		
Volts: 208		Complied: 08/20/1971		Entrances: 1		
OWNER			OCCUPANT			
ASHE MEMORIAL HOSPITAL		L	ASHE MEMORIAL HOSPITAL			
200 HOSPITAL AVENUE			200 HOSPITAL DR.			
JEFFERSO	ON, NC, 28640		JEFFERSON, NC, 2864	0		
		INSPEC	CTION INFORMATION			
Inspection Date 10/19/2017		Type Inspection Routine	Certificate Status Re-issued	Inspector 76 - Crank	County ASHE	
			VIOLATIONS			
2.27.1.1.6 2.7.3.4.1	7.3.4.1 Provide a self-closing self-locking machine room / space door. 6.4.13.1 Take steps to make the hoistway doors self-closing and self-locking					
8.6.4.13.1 (k)						
2.14.7.1.4	Place the car top lig is to be performed	lights in working order. 100 lx or (10 fc) measured at the point of any elevator part or equipment, where maintenance or inspection the car top.				
5.1.21.1	Place the car alarm	Place the car alarm bell in working order. Minimum level of 80 dBA.				
.		2/10/2015				
	nust be corrected by: 1					
	llevator Bureau in write with current codes.	ing on Corrected Violations Form when	the following corrections have be	een made in order to bring your e	equipment into	
	ointed out to: Kenny			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:	ASHE MEMORIAL HOSPITA 200 HOSPITAL AVENUE JEFFERSON, NC, 28640	L		