

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 18186-76-4395 State Number 5088

3

	E	EQUIPMENT INSPECTED			
State Number: 5088 Type of Unit: Freight		ıt	Floor to Floor: G to 2		
Capacity: 2500 Manuf: THYSSEN KRUPP			Speed: 25		
Landings: 3 Installed: 02/09/1965		5	Rope Size:		
Volts: 220 Complied: 12/15/1966		66	Entrances: 1		
OWNER		OCC	OCCUPANT		
ALLEGHANY CO MEMORIAL HOSPITAL			ALLEGHANY CO MEM HOSP		
PO BOX 2726			233 DOCTORS ST		
SPARTA, NC, 28675		SPA	SPARTA, NC, 28675		
	INS	SPECTION INFORMATION			
Inspection Date 07/05/2018	Type Inspection Routine	Certificate Status Re-issued	Inspector 76 - Crank	County ALLEGHANY	
		VIOLATIONS			
Items must be corrected by: 0	8/04/2018				
Notify the Elevator Bureau in write complainace with current codes.	ting on Corrected Violations Form v	when the following corrections	have been made in order to b	oring your equipment int	
	any Memorial Hospital 336-372-55		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:	ALLEGHANY CO MEMORIAL HOSPITAL PO BOX 2726 SPARTA, NC, 28675			