

INSPECTION REPORT

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

Report Number 18186-76-4395 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	OCCUPANT	
ALLEGHANY CO MEMORIAL HOSPITAL	ALLEGHANY CO MEM HOSP	
PO BOX 2726	233 DOCTORS ST	
SPARTA, NC, 28675	SPARTA, NC, 28675	

INSPECTION INFORMATION

Inspection Date 07/05/2018	Type Inspection Routine	Certificate Status Re-issued	Inspector 76 - Crank	County ALLEGHANY
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VIOLATIONS

- 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: 08/04/2018

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: Alleghany Memorial 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