

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 9198-7-0378
State Number 6755

	EQU	IPMENT INSPECTED		
State Number: 6755	Type of Unit: Dumbwa	iiter	Floor to Floor: 1 to 3	
Capacity: 300	Manuf: SOUTHERN		Speed: 50	
Landings: 3	Installed: 08/04/1971		Rope Size: 1/4	
Volts: 208	Complied: 08/05/1971		Entrances: 1	
OWNER		OCCUPANT		
ASHE MEMORIAL HOSPITAL ASHE MEMORIAL HOSPITAL				
PO BOX 8	HWY 221 N			
JEFFERSON, NC, 28640 JEFFERSON, NC, 28640				
	INSPE	CTION INFORMATION		
Inspection Date 07/17/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 7 - Hoffman	County ASHE 5
		VIOLATIONS		
n/a No viol	ations found			
Notify the Elevator Bureau in w complainace with current codes	riting on Corrected Violations Form when	n the following corrections have be	een made in order to bring your e	quipment into
Violations pointed out to: JOH			Inspector	
	21 27 110 220 070 7101			
	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 PO BOX 8 JEFFERSON, NC, 28640		