

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF OCCUPATIONAL AND INDUSTRIAL SAFETY
ELEVATOR DIVISION
HARRISBURG, PA 17120

CERTIFICATE OF OPERATION

RE-INSPECTIONS

_____	_____
_____	_____
_____	_____



DATE _____ INSPECTOR _____

OWNER/RESPONSIBLE PARTY NAME AND ADDRESS
SHERMAN PROPERTY MANAGEMENT
1210 E MARKET ST
YORK PA 17403

BUILDING CODE

48695

LOCATION NAME AND ADDRESS
HILLSIDE MEDICAL CENTER
250 FAME AV
HANOVER, PA 17331

EQUIPMENT
NUMBER

001

FILE NUMBER

56826

CERTIFICATE ISSUED	CERTIFICATE EXPIRES	TYPE	CAPACITY
9/22/2023	8/31/2024	P	2500

E1003966

PERMIT NUMBER

200310061

CERTIFICATE MUST BE POSTED
CERTIFICATE VALID UPON RECEIPT OF PAYMENT