

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 Invoice Number 557332

EQUIPMENT INSPECTED					
State Number: 6120 Capacity: 4000 Volts: 208	Type of Unit: Pa Installed: 07/28/ Floor to Floor: 1	1968	Landings: 4 Complied: 01/07/19 Entrances: 1	69	Manuf: OTIS Speed: 200 Rope Size: 5/8
	OUNTY HOSPITAL, 628 E				•
Occupant: BEAUFORT	COUNTY HOSPITAL, 628	8 E 121H S1, WASHING	iTON, NC, 2/889		
		INSPECTION INFO	RMATION 		
Inspection Date 11/17/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County Name BEAUFORT	County Code 7
Violation Abatement	Date: 12/17/2008	VIOLATIONS FOUN	/D		
quipment into compliance	a in writing on Corrected Ve with current codes. aintain sills and bottom gut to place the car emergency	ides, fastenings, condition	, and engagement. Pu		
iolations pointed out to:	Stan Head of Maintenance			Inspector	
		INVOICE			
If not paid withi	No other invoice was 30 days from date of invo		mes invalid.	Inv	voice Number

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division,

Owner: BEAUFORT COUNTY HOSPITAL, 628 E 12TH ST, WASHINGTON, NC, 27889

Occupant: BEAUFORT COUNTY HOSPITAL, 628 E 12TH ST, WASHINGTON, NC, 27889

1101 Mail Service Center, Raleigh, NC 27699-1101

\$200

11/17/2008

557332

State Nbr: 6120

Date:

Fee: