



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
557334

EQUIPMENT INSPECTED

| | | | |
|--|-------------------------|----------------------|----------------|
| State Number: 2972 | Type of Unit: Passenger | Landings: 4 | Manuf: OTIS |
| Capacity: 4000 | Installed: 10/18/1957 | Complied: 10/18/1957 | Speed: 200 |
| Volts: 208 | Floor to Floor: 1 to 4 | Entrances: 2 | Rope Size: 5/8 |
| Owner: BEAUFORT COUNTY HOSPITAL, 628 E 12TH ST, WASHINGTON, NC, 27889 | | | |
| Occupant: BEAUFORT COUNTY HOSPITAL, 628 E 12TH ST, WASHINGTON, NC, 27889 | | | |

INSPECTION INFORMATION

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|-------------------------------|----------------------------|---------------------------------|-------------------------|-------------------------|------------------|
| Inspection Date 11/17/2008 | Type Inspection Routine | Certificate Status Re-issued | Inspector 16 - Moore | County Name BEAUFORT | County Code 7 |
|-------------------------------|----------------------------|---------------------------------|-------------------------|-------------------------|------------------|

VIOLATIONS FOUND

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.

n/a No violations found

Violations pointed out to: Stan Head of Maintenance

Inspector _____

INVOICE

No other invoice will be issued.
If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division,
1101 Mail Service Center, Raleigh, NC 27699-1101

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State Nbr: 2972
Date: 11/17/2008
Fee: \$200