

## 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 **566966** 

		EQUIPMENT INS	PECTED			
State Number: 21778 Type of Unit: Passe Capacity: 4500 Installed: 05/14/200 Volts: 480 Floor to Floor: 1 to Owner: DOSHER MEMORIAL HOSPITAL, 924 N HOV Occupant: DOSHER MEMORIAL HOSPITAL, 924 N HOV		/14/2004 r: 1 to 2 N HOWE ST, SOUTHPO 24 N HOWE ST, SOUTHI	SOUTHPORT, NC, 28461		Manuf: OTIS Speed: 100 Rope Size: .	
		INSPECTION INFO				
Inspection Date 06/11/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BRUNSWICK		
		VIOLATIONS FO	DUND			
Notify the Elevator B	ureau in writing on Correct equ	ted Violations Form when aipment into compliance w	the following correct with current codes.	ions have been made	e in order to bring your	
n/a No v	iolations found					
Violations pointed out to: MIKE TOMPKINS				Inspector		
		INVOICE				
If not paid with	No other invoice in 30 days from date of inv		omes invalid.	Inv	pice Number	
Return this stub with payment to: NC Department of Labor, Budget and I 1101 Mail Service Center, Raleigh, NC 27699-1101			nasing Division,	State Nb	566966 State Nbr: 21778	
	MORIAL HOSPITAL, 924 EMORIAL HOSPITAL, 92			Date: Fee:	\$175	