



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](http://www.nclabor.com/elevator.htm)

Invoice Number  
**567029**

EQUIPMENT INSPECTED

State Number: 14837	Type of Unit: Passenger	Landings: 2	Manuf: THYSSEN KRUPP
Capacity: 4500	Installed: 11/16/1992	Complied: 12/07/1992	Speed: 100
Volts: 480	Floor to Floor: 1 to 2	Entrances: 1	Rope Size:
Owner: BLADEN CO HOSPITAL, PO BOX 398, ELIZABETHTOWN, NC, 28327			
Occupant: BLADEN COUNTY HOSPITAL, 501 POPLAR ST, ELIZABETHTOWN, NC, 28337			

INSPECTION INFORMATION

Inspection Date 07/24/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BLADEN	County Code 9
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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: WALLACE STEPHENS

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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Invoice Number  
**567029**  
State Nbr: 14837  
Date: 07/24/2008  
Fee: \$175