

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 567196

		EQUIPMENT INS	PECTED		
Occupant: WARD MAI	pacity: 2100 Installed: 07/09/2001 olts: 208 Floor to Floor: 1 to 2 over: DRS WARD & MADISON, PO BOX 229, SHALLOTTE, NC, 2 cupant: WARD MADISON DENTAL OFFICE, 343 WHITEVILLE R		, SHALLOTTE, NC, 28459		Manuf: OTIS Speed: 100 Rope Size:
INSPECTION INFORMATION					
Inspection Date 11/19/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BRUNSWICK	County Cod 10
		VIOLATIONS F			
•	-	ipment into compliance v	with current codes.		
	riolations found				
iolations pointed out to: ELIZABETH MADISON				Inspector	
		INVOICE	Ξ		
TC	No other invoice		. 1.1		
If not paid within 30 days from date of invoice, your certificate become Return this stub with payment to: NC Department of Labor, Budget and Purch 101 Mail Service Center, Raleigh, NC 27699-1101					567196
wner: DRS WARD & MADISON, PO BOX 229, SHALLOTTE, NC, 284 ccupant: WARD MADISON DENTAL OFFICE, 343 WHITEVILLE RD, 3 8459			State No Date: Fee:		