



INSPECTION REPORT

IMPORTANT: Always use State Number in
any correspondence relating to your equipment
www.nclabor.com/elevator.htm
919-707-7927

Report Number
10146-48-0396
State Number
21779

EQUIPMENT INSPECTED

State Number: 21779	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 4500	Manuf: OTIS	Speed: 100
Landings: 2	Installed: 05/14/2004	Rope Size: .
Volts: 480	Complied: 05/14/2004	Entrances: 1
OWNER	OCCUPANT	
DOSHER MEMORIAL HOSPITAL	DOSHER MEMORIAL HOSPITAL	
924 N HOWE ST	924 N HOWE ST	
SOUTHPORT, NC, 28461	SOUTHPORT, NC, 28461	

INSPECTION INFORMATION

Inspection Date 05/26/2010	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK
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VIOLATIONS

n/a No violations found

Elevator Name: # 2

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.

Violations pointed out to: DANIEL

Inspector _____

THIS IS NOT AN
INVOICE

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to:

DOSHER MEMORIAL HOSPITAL
924 N HOWE ST
SOUTHPORT, NC, 28461