

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 919-707-7927 Report Number 10202-48-0068 State Number 24924

		EQUIPMENT INSPECTED		
State Number: 24924	Type of Unit: Passenger		Floor to Floor: 1 to 2	
Capacity:	Manuf: OTIS	TIS Speed: 100		
Landings: 2	Installed: 08/2	23/2007	Rope Size:	
Volts: 208	Complied: 08	Complied: 08/23/2007 Entrances: 1		
OWNER		OCCUPANT		
KAMRAN GOUDARZI	SHALLOTTE URGENT CARE			
1721 MEDICAL PARK DR	4501 MAIN ST			
WILMINGTON, NC, 28403	C, 28403 SHALLOTTE, NC, 28459			
	n	NSPECTION INFORMATION		
Inspection Date 07/21/2010	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK
		VIOLATIONS		
8.6.4.8.1	Clean the elevator machine room.			
2.2.5.1	Put the pit lights in proper working	g order.		
2.14.7.1.4	Put the car top light in working order.			

Items must be corrected by: 08/10/2010 Elevator Name: # 1

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into complainace with current codes.

Violations pointed out to: STACY Inspector _____

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

THIS IS NOT AN INVOICE

An invoice will be mailed to:

KAMRAN GOUDARZI 1721 MEDICAL PARK DR WILMINGTON, NC, 28403