

## 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 10313-48-0321 State Number 22704

|   | E                                  | EQUIPMENT INSPECTED               |                            |                           |  |
|---|------------------------------------|-----------------------------------|----------------------------|---------------------------|--|
| State Number: 22704   | Type of Unit: P                    | Type of Unit: Passenger           |                            | : 1 to 3                  |  |
| Capacity: 2500  | apacity: 2500 Manuf: OTIS          |                                   | Speed: 100                 |                           |  |
| Landings: 3   |                                    |                                   | Rope Size:                 | _                         |  |
| Volts: 208  | Complied: 07/2                     |                                   | Entrances: 1               |                           |  |
| OWNER   | OCCUPA                             |                                   | JT                         |                           |  |
| BRUNSWICK HARBOR, INC.  |                                    |                                   |                            |                           |  |
| 222 E MEDOW RD  |                                    |                                   |                            |                           |  |
| EDEN, NC, 27288   |                                    | SOUTHPORT, NC, 28461              |                            |                           |  |
|   |                                    |                                   |                            |                           |  |
|   | INS                                | SPECTION INFORMATION              |                            |                           |  |
| Inspection Date 11/09/2010  | Type Inspection Routine            | Certificate Status<br>Re-issued   | Inspector<br>48 - Martin   | County<br>BRUNSWICK       |  |
|   |                                    | VIOLATIONS                        |                            |                           |  |
| 8.11.2.2.2  | Perform the annual no load safety  | test                              |                            |                           |  |
|   |                                    |                                   |                            |                           |  |
|   |                                    |                                   |                            |                           |  |
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|   |                                    |                                   |                            |                           |  |
|   |                                    |                                   |                            |                           |  |
|   |                                    |                                   |                            |                           |  |
| Items must be corrected by: 12                                      | 2/09/2010                          |                                   |                            |                           |  |
| otify the Elevator Bureau in writi<br>mplainace with current codes. | ing on Corrected Violations Form v | when the following corrections    | have been made in order to | bring your equipment into |  |
| iolations pointed out to: JON HE                                    |                                    |                                   | Inspector                  |                           |  |
|   | To make changes to the invoice ma  |                                   |                            |                           |  |
| THIS IS NOT AN  | BRUNSWICK HARBOR, INC.             |                                   |                            |                           |  |
| ******  | An invoice will be mailed to:      | 222 E MEDOW RD<br>EDEN, NC, 27288 | , :=:                      |                           |  |