

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 10350-16-5983 State Number 6120

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	F	EQUIPMENT INSPECTED			
State Number: 6120 Type of Unit: Pass		ssenger	Floor to Floor: 1 to 4		
Capacity: 4000 Manuf: OTIS			Speed: 200		
Landings: 4 Installed: 07/28/1968		968	Rope Size: 5/8		
Volts: 208 Complied: 01/07/1		/1969	Entrances: 1		
OWNER		OCCUPANT			
BEAUFORT COUNTY HOSPITAL		BEAUFORT COUNTY HOSPITAL			
628 E 12TH ST		628 E 12TH ST	628 E 12TH ST		
WASHINGTON, NC, 27889		WASHINGTON, NC, 27889			
	INS	SPECTION INFORMATION			
Inspection Date	Type Inspection	Certificate Status	Inspector	County	
12/16/2010	Routine	Re-issued	16 - Moore	BEAUFORT	
		VIOLATIONS			
Items must be corrected by	y: 01/15/2011				
Notify the Elevator Bureau in complainace with current cod	writing on Corrected Violations Form ves.	when the following corrections have	ve been made in order to brin	ng your equipment into	
Violations pointed out to: Stan Maintenance Chief			Inspector		
	To make changes to the invoice ma	uiling address please call: 919-733-			
THIS IS NOT AN INVOICE An invoice will be mailed to:		BEAUFORT COUNTY HOSPITAL 628 E 12TH ST			

628 E 12TH ST

WASHINGTON, NC, 27889

An invoice will be mailed to: