



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**11187-48-1022**  
State Number  
**24924**

EQUIPMENT INSPECTED

State Number: <b>24924</b>	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity:	Manuf: OTIS	Speed: 100
Landings: 2	Installed: 08/23/2007	Rope Size:
Volts: 208	Complied: 08/23/2007	Entrances: 1
OWNER	OCCUPANT	
KAMRAN GOUDARZI	SHALLOTTE URGENT CARE	
1721 MEDICAL PARK DR	4501 MAIN ST	
WILMINGTON, NC, 28403	SHALLOTTE, NC, 28459	

INSPECTION INFORMATION

Inspection Date 07/06/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK
-------------------------------	----------------------------	---------------------------------	--------------------------	---------------------

10

VIOLATIONS

8.6.4.13.1[k] Properly maintain door closers, where required. REPAIR MOTOR ROOM DOOR TO CLOSE & LOCK ON ITS OWN.  
8.6.4.8.1 Clean the machine room (machinery space) of all debris. SPIDER WEBS

Items must be corrected by: 07/26/2011

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 compliance with current codes.

Violations pointed out to: STACY

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:

KAMRAN GOUDARZI  
1721 MEDICAL PARK DR  
WILMINGTON, NC, 28403