

## 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 11353-16-1277 State Number 6120

	EQ	UIPMENT INSPECTED		
State Number: 6120 Type of Unit: Passo		nger	Floor to Floor: 1 to 4	
Capacity: 4000	Manuf: OTIS		Speed: 200	
Landings: 4	Installed: 07/28/1968		Rope Size: 5/8	
Volts: 208	Complied: 01/07/19	069	Entrances: 1	
OWNER		OCCUPANT		
BEAUFORT COUNTY HOSPIT	`AL	BEAUFORT COUNTY HOSPITAL		
628 E 12TH ST	628 E 12TH ST			
WASHINGTON, NC, 27889		WASHINGTON, NC, 27889		
	INSP	ECTION INFORMATION		
Inspection Date 12/19/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County BEAUFORT
		VIOLATIONS		
	The tops of cars shall be kept free of o		1.11 .1 1.0	11:
Items must be corrected by: 01	/18/2012			
Notify the Elevator Bureau in writi complainace with current codes.	ng on Corrected Violations Form wh	en the following corrections hav	re been made in order to brin	ng your equipment into
Violations pointed out to: Stan / Maintenance Chief			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:	BEAUFORT COUNTY HO 628 E 12TH ST WASHINGTON NC 2788		