

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 11353-16-1485 State Number 2972

	E0	QUIPMENT INSPECTED		
State Number: 2972	Type of Unit: Pass	senger	Floor to Floor: 1 to	o 4
Capacity: 4000	Manuf: OTIS		Speed: 200	
Landings: 4	Installed: 10/18/19	957	Rope Size: 5/8	
Volts: 208	Complied: 10/18/1	1957	Entrances: 2	
OWNER		OCCUPANT		
BEAUFORT COUNTY HOSPITAL		BEAUFORT COUNTY HOSPITAL		
628 E 12TH ST		628 E 12TH ST		
WASHINGTON, NC, 27889		WASHINGTON, NC, 27889		
	INS	PECTION INFORMATION		
Inspection Date 12/19/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County BEAUFORT
		VIOLATIONS		
Items must be corrected by: 0 Notify the Elevator Bureau in writ	1/18/2012 ing on Corrected Violations Form w	when the following corrections have	e been made in order to brir	ng your equipment int
complainace with current codes.	_	me zoneg voirections nuv		
Violations pointed out to: Stan / N			Inspector	
	To make changes to the invoice mailing address please call: 919-733-0372			
THIS IS NOT AN INVOICE	BEAUFORT COUNTY HOSPITAL An invoice will be mailed to: 628 E 12TH ST WASHINGTON, NC, 27889			