



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
12040-48-2326
State Number
27361

EQUIPMENT INSPECTED

State Number: 27361	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 4500	Manuf: OTIS	Speed: 125
Landings: 3	Installed: 02/17/2011	Rope Size:
Volts: 480	Complied: 02/17/2011	Entrances: 1
OWNER	OCCUPANT	
NOVANT HEALTH	NOVANT HOSPITAL BRUNSWICK COUNTY	
119 BROOKSTOWN AVENUE	550 OCEAN HWY 17	
WINSTON SALEM, NC, 27101	BOLIVIA, NC, 28422	

INSPECTION INFORMATION

Inspection Date 02/09/2012	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK
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VIOLATIONS

2.2.5.1 Put the pit lights in proper working order.

Items must be corrected by: 02/29/2012

Elevator Name: # 3

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: HOWIE

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:

NOVANT HEALTH
119 BROOKSTOWN AVENUE
WINSTON SALEM, NC, 27101