

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 12102-48-3022 State Number 26543

	F	EQUIPMENT INSPECTED			
State Number: 26543 Type of Unit: P		ssenger Floor to Floor: 1 to 4		: 1 to 4	
Capacity: 2500	Manuf: SCHIN		Speed: 125		
Landings: 4	Installed: 03/12/2009		Rope Size:		
Volts: 208 Complied:			Entrances: 1		
OWNER	1	OCCUDANT	OCCUPANT		
COASTAL HOSPITALITY LLC	SOUTHPORT WINGATE INN 1511 N HOWE STREET				
1511 N HOWE STREET					
SOUTHPORT, NC, 28461		SOUTHPORT, NC, 28461			
	555111 541, 116, 20101				
	INS	SPECTION INFORMATION			
Inspection Date 04/11/2012	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
		VIOLATIONS			
Items must be corrected by: 04/2		Elevator Name: # 2			
otify the Elevator Bureau in writing omplainace with current codes.	g on Corrected Violations Form v	when the following corrections	have been made in order to	bring your equipment into	
Violations pointed out to: OLOGA LANE			Inspector		
To	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE A	n invoice will be mailed to:	COASTAL HOSPITAL 1511 N HOWE STREET SOUTHPORT, NC. 284	Γ		