



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
12178-48-3285
State Number
24924

EQUIPMENT INSPECTED

| | | |
|----------------------------|-------------------------|------------------------|
| State Number: 24924 | 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 06/26/2012 | Type Inspection Routine | Certificate Status Not Issued | Inspector 48 - Martin | County BRUNSWICK |
|-------------------------------|----------------------------|----------------------------------|--------------------------|---------------------|

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VIOLATIONS

8.1.1[c] Keys shall be kept on the premises in a location readily accessible to the personnel in the assigned group, but not where they are accessible to the general public.

N/A PARTIAL INSP.

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: UNAVAILABLE

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