

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 12199-48-5173 State Number 21371

		EQUIPMENT INSPECTED			
State Number: 21371 Type of Unit:		: Passenger Floor to		o Floor: 1 to 3	
Capacity: 2100	city: 2100 Manuf: SCHINDLER ings: 3 Installed: 10/24/2002		Speed: 100 Rope Size: 0 Entrances: 1		
Landings: 3					
Volts: 208					
OWNER		OCCUPAL	OCCUPANT		
OCEAN GREENS CONDOS ASSOC.			REENS CONDOS #7		
P.O. BOX 95			KFIRE TRACE		
OAK ISLAND, NC, 28465 CA			ASWELL BEACH, NC, 28465		
	I	INSPECTION INFORMATION			
Inspection Date 07/17/2012	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
		VIOLATIONS			
8.6.4.7.1 Clean the elevator pit.					
Items must be corrected by: 08	/06/2012				
Notify the Elevator Bureau in writing complainace with current codes.	ng on Corrected Violations Forr	m when the following corrections	have been made in order to	bring your equipment into	
Violations pointed out to: UNAVA					
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	OCEAN GREENS CON P.O. BOX 95 OAK ISLAND, NC, 284			