

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 12366-54-403 State Number 1592

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	EQU	IPMENT INSPECTED		
State Number: 1592	Type of Unit: Passen	ger	Floor to Floor: 1 to 3	
Capacity: 4000	Manuf: OTIS		Speed: 100	
Landings: 3	Installed: 01/18/1952		Rope Size: 1/2	
Volts: 208	Complied: 01/18/195	2	Entrances: 1	
OWNER		OCCUPANT		
REHAB BUILDERS INC		CASHIE APARTMENTS FO	R THE ELDERLY	
BERTIE MEM LIMITEI	PARTNERSHIP	401 STERLINGWORTH DR		
WINSTON SALEM, NC	, 27101	WINDSOR, NC, 27983		
	INSPE	CTION INFORMATION		
Inspection Date 12/31/2012	Type Inspection Routine	Certificate Status Re-issued	Inspector 54 - Green	County BERTIE
		VIOLATIONS		
8.11.1.6 Pr	Provide the appropriate test tags.			
8.11.2.3.1 Pr	Provide the annual no load test.			
2.27.1.1.2 Pu	Put the in car emergency telephone in proper working order.			

Items must be corrected by: 01/30/2013

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into complainace with current codes.

Violations pointed out to: MS. TORRES Inspector

To make changes to the invoice mailing address please call: 919-733-0372

THIS IS NOT AN INVOICE

REHAB BUILDERS INC

An invoice will be mailed to: BERTIE MEM LIMITED PARTNERSHIP

WINSTON SALEM, NC, 27101