

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 13361-54-4810 State Number 1592

8

		919-	101-1921			
			MENT INSPECTED			
State Number: 159		Type of Unit: Passenger		Floor to Floor: 1 to 3		
Capacity: 4000 Manuf: OTIS		• • • • • • • • • • • • • • • • • • • •		Speed: 100		
Landings: 3 Installed: 01/18/1		Installed: 01/18/1952		Rope Size: 1/2		
Volts: 208 Complied: 01/1		Complied: 01/18/1952		Entrances: 1		
OWNER			OCCUPANT			
REHAB BUILDERS INC			CASHIE APARTMENTS FOR THE ELDERLY			
BERTIE MEM LIMITED PARTNERSHIP			401 STERLINGWORTH DR			
WINSTON SALE	M, NC, 27101		WINDSOR, NC, 27983			
		INSPECT	 ΓΙΟΝ INFORMATION			
Inspection Date Type Inspection 12/27/2013 Routine			Certificate Status Re-issued	Inspector 54 - Green	County BERTIE	
		,	VIOLATIONS			
	e the appropriate test tags					
		s year full load safety test				
	•	uisher in machinery space. CH	ECK INSPECTION DATE			
			ments, repairs, and replacements	3		
	ly document maintenance	-	,,			
	Put the in car emergency telephone in proper working order.					
.6.10.1 Performinspect		Phase 1 and 2 test with the key	switches and a minimum one fl	oor run. Document test results v	vith availability	
Items must be co	orrected by: 01/06/2014					
otify the Elevator I mplainace with cu		rected Violations Form when t	he following corrections have be	een made in order to bring your	equipment into	
	ut to: ASHLEY HORRO			Inspector		
	To make cl		address please call: 919-733-037			
THIS IS NO INVOIC	-	REHAB BUILDERS INC An invoice will be mailed to: BERTIE MEM LIMITED PARTNERSHIP				

WINSTON SALEM, NC, 27101