

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 14049-16-1574 State Number 2973

	EG	QUIPMENT INSPECTED			
State Number: 2973 Type of Unit: Passenger		enger	Floor to Floor: 1 to 4		
Capacity: 4000	Manuf: OTIS		Speed: 200		
Landings: 4	Installed: 10/18/1957		Rope Size: 5/8	Rope Size: 5/8	
Volts: 208	Complied: 10/24/2002		Entrances: 1		
OWNER	OCCUPANT				
VIDANT HEALTH	VIDANT BEAUFORT COUNTY HOSPITAL		AL		
PO BOX 6028	628 E 12TH ST				
GREENVILLE, NC, 27835	WASHI	NGTON, NC, 27889			
		PECTION INFORMATION			
Inspection Date 02/18/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County BEAUFORT	
		VIOLATIONS			
Items must be corrected by: 03/	/20/2014				
Notify the Elevator Bureau in writing complainace with current codes.	ng on Corrected Violations Form w	hen the following corrections have	been made in order to brin	ng your equipment int	
Violations pointed out to: Timmy / Maintenance Chief			Inspector		
T	Γο make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE A	an invoice will be mailed to:	VIDANT HEALTH PO BOX 6028 GREENVILLE, NC, 27835			