



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**14161-48-0580**  
State Number  
**6853**

EQUIPMENT INSPECTED

State Number: <b>6853</b>	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 4000	Manuf: WESTBROOK	Speed: 100
Landings: 2	Installed: 11/10/1970	Rope Size:
Volts: 240	Complied: 11/16/1970	Entrances: 1
OWNER	OCCUPANT	
BLADEN COUNTY HOSPITAL	BLADEN COUNTY HOSPITAL	
PO BOX 398	HIGHWAY 701 SOUTH	
ELIZABETHTOWN, NC, 28337	ELIZABETHTOWN, NC, 28337	

INSPECTION INFORMATION

Inspection Date 06/10/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BLADEN
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VIOLATIONS

- 8.11.2.2.2 Perform the annual no load safety test
- 8.6.4.8.1 Clean the elevator machine room. [Oil on fl.].
- 2.26.12 Provide Braille where needed. [1st & 2nd Fl.]
- 8.11.1.6 Provide a metal with test date, the requirement number requiring the test, and the name of the person or firm performing the test inside the machine room for all Categories 3, 5 tests for electric elevators and 1,3, 5 tests for hydraulic elevators

Items must be corrected by: 07/10/2014

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: Thomas

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:

BLADEN COUNTY HOSPITAL  
PO BOX 398  
ELIZABETHTOWN, NC, 28337