NCDOL NCDOL NA Department of John

THIS IS NOT AN

INVOICE

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 14174-48-316 State Number 17723

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EQUIPMENT INSPECTED						
State Number: 17723 Type of		Type of Unit:	Passenger	Floor to Floor:	Floor to Floor: G to 2	
Capacity: 3000 Manuf: C		Manuf: OTIS	3	Speed: 125	Speed: 125	
Landings: 4 Installed: 06)/1998 Rope Size:				
Volts: 208 Complied: (5/30/1998	0/1998 Entrances: 1			
OWNER			OCCUPANT			
ISLANDER INN			ISLANDER INN			
57 W FIRST ST			57 W FIRST ST			
OCEAN ISLE, NC, 28469			OCEAN ISLE, NC, 28469			
		1	INSPECTION INFORMATION			
Inspection Date 06/23/2014		Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
			VIOLATIONS			
3.6.4.7.4 3.6.8.9 2.27.1.1.2 2.2.2.4	Signs. Caution s Put the in car en	er from the pit floor. igns shall be provided. Damaged alergency telephone in proper worl on the sump pump.		l. [2ND. FL.].		
	ast be corrected by:					
otify the Elemplainace	evator Bureau in wr with current codes.	iting on Corrected Violations For	m when the following corrections	have been made in order to	bring your equipment into	
iolations po	ointed out to: JASO	N	Inspector			

ISLANDER INN

57 W FIRST ST

OCEAN ISLE, NC, 28469

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

An invoice will be mailed to: