



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  
**15023-48-4426**  
State Number  
**27273**

EQUIPMENT INSPECTED

|                                 |                                 |                        |
|---------------------------------|---------------------------------|------------------------|
| State Number: <b>27273</b>      | Type of Unit: Passenger         | Floor to Floor: 1 to 4 |
| Capacity: 4500                  | Manuf: OTIS                     | Speed: 125             |
| Landings: 4                     | Installed: 04/08/2010           | Rope Size:             |
| Volts: 480                      | Complied:                       | Entrances: 1           |
| OWNER                           | OCCUPANT                        |                        |
| BRUNSWICK NOVANT MEDICAL CENTER | BRUNSWICK NOVANT MEDICAL CENTER |                        |
| 240 HOSPITAL DRIVE NE           | 240 HOSPITAL DRIVE NE           |                        |
| BOLIVIA, NC, 28422              | BOLIVIA, NC, 28422              |                        |

INSPECTION INFORMATION

|                               |                            |                                 |                          |                     |
|-------------------------------|----------------------------|---------------------------------|--------------------------|---------------------|
| Inspection Date<br>01/23/2015 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>48 - Martin | County<br>BRUNSWICK |
|-------------------------------|----------------------------|---------------------------------|--------------------------|---------------------|

10

VIOLATIONS

n/a No violations found

Elevator Name: # 4

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: JV MELCHER

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:

BRUNSWICK NOVANT MEDICAL CENTER  
240 HOSPITAL DRIVE NE  
BOLIVIA, NC, 28422