

## 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 15050-16-1984 State Number 2973

	Ι	EQUIPMENT INSPECTED		
State Number: 2973	Type of Unit: Passenger		Floor to Floor: 1 to 4	
Capacity: 4000	Manuf: OTIS		Speed: 200	
Landings: 4	Installed: 10/18/1957		Rope Size: 5/8	
Volts: 208	Complied: 10/24/	Complied: 10/24/2002		
OWNER	OCCU	OCCUPANT		
VIDANT HEALTH	VIDA	VIDANT BEAUFORT COUNTY HOSPITAL		
PO BOX 6028	628 E	628 E 12TH ST		
GREENVILLE, NC, 27835	WASH	HINGTON, NC, 27889		
	IN	SPECTION INFORMATION		
Inspection Date 02/19/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County BEAUFORT
		VIOLATIONS		
Items must be corrected by: 03	/21/2015			
Notify the Elevator Bureau in writing complainace with current codes.	ng on Corrected Violations Form	when the following corrections have bee	n made in order to bring	your equipment into
Violations pointed out to: Tim / Maintenance Chief			Inspector	
	To make changes to the invoice mailing address please call: 919-733-0372			
THIS IS NOT AN INVOICE	An invoice will be mailed to:	VIDANT HEALTH PO BOX 6028 GREENVILLE, NC, 27835		