



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  
**15160-48-3989**  
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  
BLADEN COUNTY HOSPITAL  
PO BOX 398  
ELIZABETHTOWN, NC, 28337

OCCUPANT  
BLADEN COUNTY HOSPITAL  
HIGHWAY 701 SOUTH  
ELIZABETHTOWN, NC, 28337

INSPECTION INFORMATION

|                               |                            |                                 |                          |                  |
|-------------------------------|----------------------------|---------------------------------|--------------------------|------------------|
| Inspection Date<br>06/09/2015 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>48 - Martin | County<br>BLADEN |
|-------------------------------|----------------------------|---------------------------------|--------------------------|------------------|

9

VIOLATIONS

8.6.4.7.4 Remove the oil from the pit floor.

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: 07/09/2015

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: Steve

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