



INSPECTION REPORT

IMPORTANT: Always use State Number in
any correspondence relating to your equipment
www.nclabor.com/elevator.htm
919-707-7927

Report Number
15188-48-1739
State Number
21778

EQUIPMENT INSPECTED

State Number: 21778	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 4500	Manuf: OTIS	Speed: 100
Landings: 2	Installed: 05/14/2004	Rope Size: .
Volts: 480	Complied: 05/14/2004	Entrances: 1

OWNER

DOSHER MEMORIAL HOSPITAL
924 N HOWE ST
SOUTHPORT, NC, 28461

OCCUPANT

DOSHER MEMORIAL HOSPITAL
924 N HOWE ST
SOUTHPORT, NC, 28461

INSPECTION INFORMATION

Inspection Date 07/07/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK
-------------------------------	----------------------------	---------------------------------	--------------------------	---------------------

10

VIOLATIONS

n/a No violations found

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: KEITH

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:

DOSHER MEMORIAL HOSPITAL
924 N HOWE ST
SOUTHPORT, NC, 28461