NCDOL NCDOL NA Department of later

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 15344-48-4428 State Number 20301

	EG	QUIPMENT INSPECTED		
State Number: 20301 Type of Unit: Passe		ssenger	Floor to Floor: 1 to 2	
Capacity: 2100	Manuf: OTIS	6	Speed: 100	
Landings: 2	Installed: 07/09/2001 Complied: 07/09/2001 OCCUPANT		Rope Size:	
Volts: 208			Entrances: 1	
OWNER				
DRS WARD & WILLIAMS	WARD & WILLIAMS DENTAL OFFICE			
PO BOX 607	343 WHITEVILLE RD			
SHALLOTTE, NC, 28459		ALLOTTE, NC, 28459		
		PECTION INFORMATION		
Inspection Date 12/10/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK 1
		VIOLATIONS		
Elevator Name: # 1 Notify the Elevator Bureau in wri complainace with current codes. Violations pointed out to: Dr. Wi	ting on Corrected Violations Form w	hen the following corrections have		bring your equipment into
THE ISSUED AND	To make changes to the invoice mailing address please call: 919-733-0372			
THIS IS NOT AN INVOICE	An invoice will be mailed to:	DRS WARD & WILLIAMS PO BOX 607 SHALLOTTE, NC, 28459		