

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 16054-16-2218 State Number 26417

	EC	QUIPMENT INSPECTED			
State Number: 26417	Type of Unit: Passenger		Floor to Floor: 1	Floor to Floor: 1 to 2	
Capacity: 5000	Manuf: TKE		Speed: 80		
Landings: 2	Installed: 11/20/2008		Rope Size: 0		
Volts: 460	Complied: 11/20/2008		Entrances: 1		
OWNER	OCCUPA	OCCUPANT			
VIDANT HEALTH	VIDANT BEAUFORT HOSPITAL SURGICA		ICAL		
PO BOX 6028	628 E 12TH STREET				
GREENVILLE, NC, 27835	WASHIN				
	INSI	PECTION INFORMATION			
Inspection Date 02/23/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County BEAUFORT	
		VIOLATIONS			
Notify the Elevator Bureau in writ omplainace with current codes. Violations pointed out to: Mainter	ing on Corrected Violations Form w	hen the following corrections hav		ng your equipment int	
THIS IS NOT AN	To make changes to the invoice mailing address please call: 919-733-0372				
	An invoice will be mailed to:	VIDANT HEALTH PO BOX 6028 GREENVILLE, NC, 27835			