

Violations pointed out to: UNAVAILABLE

THIS IS NOT AN INVOICE

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 16067-48-1918 State Number 26744

		EQUIPMENT INSPECTED			
State Number: 26744	Type of Unit: Passenger		Floor to Floor: 1 to 2		
Capacity: 2500	500 Manuf: OTIS		Speed: 100		
Landings: 2 Installed: 10/27/2009		/27/2009	Rope Size: Entrances: 1		
Volts: 208	Complied:				
OWNER		OCCUPANT			
CAM		DOLPHIN SHORE CLUBHOUSE			
P.O. BOX 8126	O. BOX 8126 2284 DOLPHIN SHORES DRIVE				
OCEAN ISLE, NC, 28469	SUPPLY, NC, 28462				
		INSPECTION INFORMATION			
Inspection Date 03/07/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK 1	
		VIOLATIONS			
Items must be corrected by: 04/06/2016			Elevator Name: # 1		
Notify the Elevator Bureau in wricomplainace with current codes.	iting on Corrected Violations For	m when the following corrections	have been made in order to	bring your equipment into	

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P.O. BOX 8126

OCEAN ISLE, NC, 28469

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to:

Inspector ___