



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
16131-48-1593
State Number
26944

EQUIPMENT INSPECTED

State Number: 26944	Type of Unit: Passenger	Floor to Floor: 1 to 5
Capacity: 2500	Manuf: OTIS	Speed: 125
Landings: 5	Installed: 03/10/2010	Rope Size:
Volts: 208	Complied:	Entrances: 2
OWNER	OCCUPANT	
SANKEY PROPERTIES	WEST GATE BEST WESTERN HOTEL	
P O BOX 847	1120 TOWNE LAKE DRIVE	
CLARKTON, NC, 28433	LELAND, NC, 28451	

INSPECTION INFORMATION

Inspection Date 05/10/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK
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VIOLATIONS

2.27.3.1 Put the Phase I fire service feature in proper working order. [LIGHT AT KEY SW.]

Items must be corrected by: 07/10/2016

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: JACK

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:

SANKEY PROPERTIES
P O BOX 847
CLARKTON, NC, 28433