



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
16236-48-3449
State Number
30333

EQUIPMENT INSPECTED

State Number: 30333	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 4000	Manuf: TKE	Speed: 110
Landings: 2	Installed: 08/18/2016	Rope Size:
Volts: 460	Complied:	Entrances: 1
OWNER	OCCUPANT	
ST JAMES MOB LLC	MIDDLETON ROAD WELLNESS CENTER	
P O BOX 10879	3009 MEDICAL PLAZA LANE	
SOUTHPORT, NC, 28461	SOUTHPORT, NC, 28461	

INSPECTION INFORMATION

Inspection Date 08/23/2016	Type Inspection New	Certificate Status Issued	Inspector 48 - Martin	County BRUNSWICK
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VIOLATIONS

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: BOB H. [TKE]

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:

ST JAMES MOB LLC
P O BOX 10879
SOUTHPORT, NC, 28461