

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 17032-48-1112 State Number 27383

| | E | EQUIPMENT INSPECTED | | | |
|---|--|--|---------------------------------|---------------------------|--|
| State Number: 27383 Type of Unit: Pas Capacity: 4500 Manuf: OTIS | | Passenger | Speed: 125 | | |
| Landings: 4 | • | | | | |
| Volts: 480 Complied: | | Entrances: 1 | | | |
| OWNER | • | OCCUPANT | | | |
| BRUNSWICK NOVANT M | EDICAL CENTER | | BRUNSWICK NOVANT MEDICAL CENTER | | |
| 240 HOSPITAL DRIVE NE | | 240 HOSPITAL I | 240 HOSPITAL DRIVE NE | | |
| BOLIVIA, NC, 28422 BOLIVIA, N | | | IC, 28422 | | |
| | INS | SPECTION INFORMATION | | | |
| Inspection Date 02/01/2017 | Type Inspection Routine | Certificate Status Re-issued | Inspector 48 - Martin | County BRUNSWICK 1 | |
| | | VIOLATIONS | | | |
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| Elevator Name: # 8 | | | | | |
| Notify the Elevator Bureau in complainace with current code | writing on Corrected Violations Form v.s. | when the following corrections | have been made in order to | bring your equipment into | |
| Violations pointed out to: BEI | N [MTCE.] | | Inspector | | |
| | To make changes to the invoice mailing address please call: 919-733-0372 | | | | |
| THIS IS NOT AN INVOICE | An invoice will be mailed to: | BRUNSWICK NOVAN' 240 HOSPITAL DRIVE BOLIVIA, NC, 28422 | | | |