



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
17303-48-3432
State Number
14837

EQUIPMENT INSPECTED

State Number: 14837	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 4500	Manuf: THYSSEN KRUPP	Speed: 100
Landings: 2	Installed: 11/16/1992	Rope Size:
Volts: 480	Complied: 12/07/1992	Entrances: 1
OWNER	OCCUPANT	
BLADEN CO HOSPITAL	BLADEN COUNTY HOSPITAL	
PO BOX 398	501 POPLAR ST	
ELIZABETHTOWN, NC, 28337	ELIZABETHTOWN, NC, 28337	

INSPECTION INFORMATION

Inspection Date 10/30/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BLADEN
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9

VIOLATIONS

8.6.4.19.2 (b) Provide the annual no load test.

Items must be corrected by: 11/29/2017

Elevator Name: #2

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: ERIC

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:

BLADEN CO HOSPITAL
PO BOX 398
ELIZABETHTOWN, NC, 28337