

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 17305-48-0037 State Number 21371

EQUIPMENT INSPECTED							
State Number: 21371 Type of Uni			: Passenger	Floor to Floor	Floor to Floor: 1 to 3 Speed: 100		
Capacity: 2100 Manuf: SCI Landings: 3 Installed: 10 Volts: 208 Complied: 1			INDLER	Speed: 100			
			/24/2002	Rope Size: 0			
			0/28/2002	Entrances: 1			
OWNER			OCCUPANT				
OCEAN GREENS CONDOS ASSOC.			OCEAN GREENS CONDOS #7				
P.O. BOX 95			79-82 FOXFIRE TRACE				
OAK ISLAND, NC, 28465			CASWELL BEACH, NC, 28465				
]	INSPECTION INFORMATION				
Inspection Date 11/01/2017		Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	10	
			VIOLATIONS				
2.27.1.1.1 N/A	Place the in-car Emergency Phone in working order. [LOW] REPLACE COVER ON CONTROLLER [2ND YR]						
Items must be c	orrected by:	12/01/2017		Elevator Name: #7			

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

THIS IS NOT AN INVOICE

complainace with current codes.

Violations pointed out to: UNAVAILABLE

OCEAN GREENS CONDOS ASSOC.

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into

An invoice will be mailed to: P.O. BOX 95

OAK ISLAND, NC, 28465

Inspector __