



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
17320-48-106
State Number
22759

EQUIPMENT INSPECTED

State Number: 22759	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 2100	Manuf: OTIS	Speed: 100
Landings: 2	Installed: 04/08/2005	Rope Size:
Volts: 208	Complied: 04/08/2005	Entrances: 1
OWNER	OCCUPANT	
ASSISTED CARE HQ	ASSISTED CARE HQ	
1003 OLD WATERFORD WAY	1003 OLD WATERFORD WAY	
LELAND, NC, 28451	LELAND, NC, 28451	

INSPECTION INFORMATION

Inspection Date 11/16/2017	Type Inspection Routine	Certificate Status Re-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: MGMT.

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:

ASSISTED CARE HQ
1003 OLD WATERFORD WAY
LELAND, NC, 28451