

THIS IS NOT AN INVOICE

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 18033-48-5779 State Number 27361

EQUIPMENT INSPECTED					
State Number: 27361	Type of Unit: P	assenger	Floor to Floor: 1 to 3		
Capacity: 4500 Manuf: OTIS Landings: 3 Installed: 02/17			Speed: 125 Rope Size:		
		7/2011			
Volts: 480	Complied: 02/1	7/2011	Entrances: 1		
OWNER		OCCUPANT			
BRUNSWICK NOVANT MEDICAL CENTER 240 HOSPITAL DRIVE NE		BRUNSWICK N	BRUNSWICK NOVANT MEDICAL CENTER 240 HOSPITAL DRIVE NE		
		240 HOSPITAL			
BOLIVIA, NC, 28422		BOLIVIA, NC, 28422			
	INS	SPECTION INFORMATION			
Inspection Date 02/02/2018	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin		
		VIOLATIONS			
8.6.4.7 2.27.1.1.1	Clean the pit and the pit equipment. Place the in-car Emergency Phone in work	king order.			
Items must be corrected	ed by: 03/04/2018		Elevator Name: # 3		
Notify the Elevator Bureau complainace with current	u in writing on Corrected Violations Form v codes.	when the following corrections	have been made in order to	bring your equipment into	
Violations pointed out to:	BEN		Inspector		

BRUNSWICK NOVANT MEDICAL CENTER 240 HOSPITAL DRIVE NE BOLIVIA, NC, 28422

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

An invoice will be mailed to: