## NCDOL NCDOL NA Department of John

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 18114-48-3073
State Number 23444

	EQUIPMENT INSPECTED					
State Number: 23444 Type of Ut		Type of Unit: 1	Passenger	Floor to Floor: 1 to 4		
Capacity: 3000		Manuf: THYS	Manuf: THYSSEN KRUPP			
Landings: 4 Volts: 208		Installed: 10/19	Installed: 10/19/2005 Complied: 02/08/2007			
		Complied: 02/0			1	
OWNER			OCCUPANT ISLANDER RESORT - BLDG. #44			
CAM						
P.O. BOX 8126			160 VIA OLD SOUND BLVD			
OCEAN ISLE BEACH, NC, 28469		8469	OCEAN ISLE BEACH, NC, 28469			
			INSPECTION INFORMATION			
Inspection Date 04/24/2018		Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
			VIOLATIONS			
2.2.2.4 8.6.4.7 2.27.1.1.1 2.7.9.1 8.6.4.19.2 (b) N/A	Place the sump pump in working order.  Remove the water from the pit floor and take steps to prevent its re-entry.  Place the in-car Emergency Phone in working order.  Place the machine room or space lights in working order. 200 lx or 19 fc @ the machine room floor.  Provide the annual no load test.  PROVIDE SIGN ON 2ND FL.					
Items must b	ne corrected by:	05/24/2018				
complainace with	h current codes.		m when the following corrections		bring your equipment into	
Violations pointe	ed out to: UNAV	VAILABLE	Inspector			

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P.O. BOX 8126

OCEAN ISLE BEACH, NC, 28469

CAM

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

An invoice will be mailed to: