

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 18166-79-213 State Number 4141

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EQUIPMENT INSPECTED						
State Number: 4141		Type of Unit: Passenger		Floor to Floor: 1 to 2		
Capacity: 1200		Manuf: SOUTHERN		Speed: 50		
Landings: 2		Installed: 02/17/1959		Rope Size: 0		
Volts: 208		Complied: 02/17/1959		Entrances: 1		
OWNER		OCCUPANT				
ORR LODGE 104		ORR LODGE 104				
PO BOX 1913		3RD BONNER STS				
WASHINGTON, NC, 27889		WASHINGTON, NC, 27889				
			INSPECTION INFORMATION			
Inspection Date 06/15/2018		Type Inspection Routine	Certificate Status Re-issued	Inspector 79 - Cumberland	County BEAUFORT	
			VIOLATIONS			
8.6.4.8	Clean the machine room and the machine room equipment. (drip pan)					
8.6.5.7		vide an oil usage log in the machine room.				
8.6.4.7		oil from the pit floor				
8.6.1.7.2		Provide the appropriate test tag.				
8.6.5.14.1	Provide the annual relief valve and hydraulic system pressure test. (second notice)					
Items mus	at be corrected by: 07	7/15/2018				
Notify the Ele	vator Bureau in writ	ing on Corrected Violations Fo	orm when the following correction	s have been made in order to bring	your equipment into	

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: management

ORR LODGE 104
An invoice will be mailed to: PO BOX 1913

PO BOX 1913 WASHINGTON, NC, 27889 Inspector ___