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
18179-48-5842
State Number
26945

EQUIPMENT INSPECTED

State Number: **26945**
Capacity: 2500
Landings: 5
Volts: 208

Type of Unit: Passenger
Manuf: OTIS
Installed: 03/10/2010
Complied:

Floor to Floor: 1 to 5
Speed: 125
Rope Size:
Entrances: 1

OWNER
SANKEY PROPERTIES
P O BOX 847
CLARKTON, NC, 28433

OCCUPANT
WEST GATE BEST WESTERN HOTEL
1120 TOWNE LAKE DRIVE
LELAND, NC, 28451

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County	
06/28/2018	Routine	Re-issued	48 - Martin	BRUNSWICK	10

VIOLATIONS

8.6.4.7 Clean the pit and the pit equipment.

Items must be corrected by: 07/28/2018

Elevator Name: # 2

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

Violations pointed out to: JOHN

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:
SANKEY PROPERTIES
P O BOX 847
CLARKTON, NC, 28433