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
9187-48-504
State Number
6853

EQUIPMENT INSPECTED

State Number: **6853**
Capacity: 4000
Landings: 2
Volts: 240

Type of Unit: Passenger
Manuf: WESTBROOK
Installed: 11/10/1970
Complied: 11/16/1970

Floor to Floor: 1 to 2
Speed: 100
Rope Size:
Entrances: 1

OWNER
BLADEN COUNTY HOSPITAL
PO BOX 398
ELIZABETHTOWN, NC, 28327

OCCUPANT
BLADEN COUNTY HOSPITAL
HIGHWAY 701 SOUTH
ELIZABETHTOWN, NC, 28327

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County	
07/06/2009	Routine	Re-issued	48 - Martin	BLADEN	9

VIOLATIONS

8.11.2.2.2	Perform the annual no load safety test

Items must be corrected by: 07/26/2009

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: STEVE RICHARDSON

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:
BLADEN COUNTY HOSPITAL
PO BOX 398
ELIZABETHTOWN, NC, 28327