



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
9323-16-5667
State Number
2973

EQUIPMENT INSPECTED

| | | |
|---------------------------|-------------------------|------------------------|
| State Number: 2973 | Type of Unit: Passenger | Floor to Floor: 1 to 4 |
| Capacity: 4000 | Manuf: OTIS | Speed: 200 |
| Landings: 4 | Installed: 10/18/1957 | Rope Size: 5/8 |
| Volts: 208 | Complied: 10/24/2002 | Entrances: 1 |

OWNER
BEAUFORT COUNTY HOSPITAL
628 E 12TH ST
WASHINGTON, NC, 27889

OCCUPANT
BEAUFORT COUNTY HOSPITAL
628 E 12TH ST
WASHINGTON, NC, 27889

INSPECTION INFORMATION

| | | | | |
|-------------------------------|----------------------------|---------------------------------|-------------------------|--------------------|
| Inspection Date 11/19/2009 | Type Inspection Routine | Certificate Status Re-issued | Inspector 16 - Moore | County BEAUFORT |
|-------------------------------|----------------------------|---------------------------------|-------------------------|--------------------|

7

VIOLATIONS

| | |
|------------|--|
| 8.11.2.2.2 | Perform an annual no load safety test and provide proper tags. |
| 8.11.2.1.3 | Repalace Hoisting Ropes |

Items must be corrected by: 12/19/2009

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: Mike in Maintenance office

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:

BEAUFORT COUNTY HOSPITAL
628 E 12TH ST
WASHINGTON, NC, 27889