



U N I V E R S I T Y O F  
**SOUTH CAROLINA**

AMENDMENT NO.1 TO SOLICITATION

TO: ALL VENDORS  
FROM: Michelle Robinson, CPPB, Procurement Manager  
SUBJECT: SUBJECT: SOLICITATION NUMBER: USC-BVB-2485-MR  
Complete Preventative Maintenance and Repair Service of Vertical Transportation  
Equipment – Columbia Campus.

DATE: August 1, 2013

This Amendment No.1 modifies the Best Value Bid only in the manner and to the extent as stated herein.

**III. Scope of Work/Specifications**

**Page 25 – Section E. Remove “or renovation work” from 1<sup>st</sup> sentence.**

**E.a – Remove “or renovation” from 2<sup>nd</sup> sentence**

**E.b. Remove “or renovations” from 1<sup>st</sup> sentence.**

**VIII. Bidding Schedule/Price-Business Proposal**

**Page 39 – Maintenance for Exclusions listed in Section III of the solicitation.**

**Add “Labor prices will not be evaluated; however the University reserves the right to negotiate labor prices with the highest ranked offeror prior to contract award.”**

**See Attached LLR Elevator Inspection Documents – Part 1 of 4**

BIDDER SHALL ACKNOWLEDGE RECEIPT OF AMENDMENT NO.1 IN THE SPACE PROVIDED BELOW AND RETURN IT WITH THEIR BID RESPONSE. FAILURE TO DO SO MAY SUBJECT BID TO REJECTION.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name of Offeror

\_\_\_\_\_  
Date



# S.C. Department of Labor, Licensing and Regulation



P.O.Box 11329  
 Columbia, SC 29211  
 803-896-7630 FAX: 803-896-7650  
[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001643

Date August 31, 2012

### Location

### Owner

Building Name: WILLIAMS BRICE STADIUM

Owner Name: USC

Address: GEORGE ROGERS BLVD

Address: 743 GREENE STREET

COLUMBIA 29201

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR

### Elevator Details

Next Inspection Due Date: August 31, 2013

Certificate Posted: Yes

Elevator Status: Active

Type of Machine: \_\_\_\_\_

Are sprinklers in MR: N

Are sprinklers in HW: N

Type of Unit: \_\_\_\_\_

Speed: \_\_\_\_\_

Capacity: \_\_\_\_\_

# of Floors: \_\_\_\_\_

# of Openings: \_\_\_\_\_

01 Passenger

350

04000

4

Front Door Width: \_\_\_\_\_

Front Door Torque: \_\_\_\_\_

Rear Door Width: \_\_\_\_\_

Rear Door Torque: \_\_\_\_\_

18

Front Door Close Speed: \_\_\_\_\_

Front Door Type: \_\_\_\_\_

Rear Door Close Speed: \_\_\_\_\_

Rear Door Type: \_\_\_\_\_

3.2

Elevator Report of Inspection

Elevator 4001643

Date August 31, 2012

Violations

Table with 2 columns and multiple rows for recording violations.

Inspection Result

Inspection Result: No Violations at the Time o

Please correct violations and submit Abatement form by: September 30, 2012

Inspector comments:

S.C. Code 41-16-180

Civil Penalties

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: jcp@sc.edu



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## Elevator Report of Inspection

Elevator 4001736

Date August 29, 2012

### Location

### Owner

Building Name: USC ATHLETIC ENRICHMENT

Owner Name: USC

Address: 1310 HEYWARD STREET

Address: 743 GREENE STREET

COLUMBIA 29208

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: y Company: THYSSENKRUPP ELEVATOR

### Elevator Details

Next Inspection Due Date: August 29, 2013

Certificate Posted: Yes

Elevator Status: Active

Type of Machine: \_\_\_\_\_

Are sprinklers in MR: N

Are sprinklers in HW: \_\_\_\_\_

N

Type of Unit: \_\_\_\_\_

Speed: \_\_\_\_\_

Capacity: \_\_\_\_\_

# of Floors: \_\_\_\_\_

# of Openings: \_\_\_\_\_

01 Passenger

125

03500

3

Front Door Width: \_\_\_\_\_

Front Door Torque: \_\_\_\_\_

Rear Door Width: \_\_\_\_\_

Rear Door Torque: \_\_\_\_\_

24

Front Door Close Speed: \_\_\_\_\_

Front Door Type: \_\_\_\_\_

Rear Door Close Speed: \_\_\_\_\_

Rear Door Type: \_\_\_\_\_

3.2

Elevator Report of Inspection

Elevator 4001736

Date August 29, 2012

Violations

Multiple horizontal lines for recording violations.

Inspection Result

Inspection Result: No Violations at the Time o

Please correct violations and submit Abatement form by: September 28, 2012

Inspector comments:

S.C. Code 41-16-180

Civil Penalties

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department: I hereby certify this is a true report of my inspection.

Inspector ID: wilsons

Signed On:

Inspector Signature:

Owner/Management Company Signature:

Contact

Name:

Fax Number:

Phone Number:

Email Address: jcp@sc.edu



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## Elevator Report of Inspection

Elevator 4000299

Date August 30, 2012

### Location

Building Name: 1600 HAMPTON BUILDING

Address: 1415 HENDERSON STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 30, 2012 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit:	Speed:	Capacity:	# of Floors:	# of Openings:
<u>01 Passenger</u>	<u>0120</u>	<u>02500</u>	<u>4</u>	_____

Front Door Width:	Front Door Torque:	Rear Door Width:	Rear Door Torque:
_____	<u>16</u>	_____	_____

Front Door Close Speed:	Front Door Type:	Rear Door Close Speed:	Rear Door Type:
<u>3</u>	_____	_____	_____

Elevator Report of Inspection

Elevator 4000299

Date August 30, 2012

Violations


Inspection Result

Inspection Result: No Violations at the Time o Please correct violations and submit Abatement form by: September 29, 2012

Inspector comments:

S.C. Code 41-16-180

Civil Penalties

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:  
I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

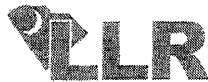
Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4000399

Date August 30, 2012

### Location

Building Name: 1600 HAMPTON BUILDING

Address: 1600 HAMPTON STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: y Company: THYSSENKRUPP ELEVATOR

### Elevator Details

Next Inspection Due Date: August 30, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0125 Capacity: 02000 # of Floors: 5 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 20 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.3 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_



**Elevator Report of Inspection**

Elevator 4000399

Date August 30, 2012

**Violations**


**Inspection Result**

Inspection Result: No Violations at the Time of

Please correct violations and submit Abatement form by: September 29, 2012

Inspector  
comments:

**S.C. Code 41-16-180**

**Civil Penalties**

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I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4001645

Date August 28, 2012

### Location

Building Name: DISCOVERY PLACE P/G

Address: 900 COLLEGE STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 900 COLLEGE STREET

COLUMBIA 29201

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 28, 2012 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0350 Capacity: 03500 # of Floors: 8 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 22 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.3 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

Elevator Report of Inspection

Elevator 4001645

Date August 28, 2012

Violations


Inspection Result

Inspection Result: No Violations at the Time o

Please correct violations and submit Abatement form by: September 27, 2012

Inspector comments:

S.C. Code 41-16-180

Civil Penalties

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4001681

Date August 28, 2012

### Location

Building Name: USC DISCOVERY PLACE

Address: 900 COLLEGE STREET

COLUMBIA 29250

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T,K

### Elevator Details

Next Inspection Due Date: August 28, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit:	Speed:	Capacity:	# of Floors:	# of Openings:
<u>01 Passenger</u>	<u>350</u>	<u>03500</u>	<u>7</u>	

Front Door Width:	Front Door Torque:	Rear Door Width:	Rear Door Torque:
	<u>2</u>		

Front Door Close Speed:	Front Door Type:	Rear Door Close Speed:	Rear Door Type:
<u>4.1</u>			

Elevator Report of Inspection

Elevator 4001681

Date August 28, 2012

Violations

Multiple horizontal lines for recording violations.

Inspection Result

Inspection Result: No Violations at the Time o

Please correct violations and submit Abatement form by: September 27, 2012

Inspector comments:

S.C. Code 41-16-180

Civil Penalties

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I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4001759

Date August 29, 2012

### Location

Building Name: USC ATHLETIC VILLAGE PARKING

Address: HEYWARD ST

COLUMBIA 29208

### Owner

Owner Name: THYSSENKRUPP ELEVATOR

Address: 145 WINDHILL DR STE 300

COLUMBIA 29203

SC

### Lessee/Management Firm

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contract: y Company: THYSSENKRUPP ELEVATOR ✓

### Elevator Details

Next Inspection Due Date: August 29, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: y Are sprinklers in HW: y

Type of Unit: 01 Passenger Speed: \_\_\_\_\_ Capacity: 04000 # of Floors: 6 # of Openings: 1

Front Door Width: \_\_\_\_\_ Front Door Torque: 20 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 2.8 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

## Elevator Report of Inspection

Elevator 4001759

Date August 29, 2012

### Violations

8.6.4.7 Cleaning of Hoistways and Pits	Pit full of oil dry, Remove same.
8.6.4.9 Car Tops	Air system on top of car, on crosshead impeding the rescue of trapped pas
In Car [A17.1 2.14] Provide ventilation in car	Glass back must have back up ventilation system, system inoperative.

### Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector  
comments:

**S.C. Code 41-16-180 Civil Penalties**  
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I hereby certify this is a true report of my inspection.

Inspector ID: wilsons

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

### Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: fYHYe25274  
Password: V6PwFUYvPMG

Elevator #: 4001759  
Date: 09/03/2012

OR  
RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC ATHLETIC VILLAGE PARKING

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Cleaning of Hoistways and Pits  Car Tops  Provide ventilation in car		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_





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## Elevator Report of Inspection

Elevator 4000735

Date August 31, 2012

### Location

Building Name: USC WILLIAMS BRICE STADIUM

Address: 1002 BLUFF ROAD

COLUMBIA 29208

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 31, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: \_\_\_\_\_ Speed: \_\_\_\_\_ Capacity: \_\_\_\_\_ # of Floors: \_\_\_\_\_ # of Openings: \_\_\_\_\_

01 Passenger 0300 03500 4

Front Door Width: \_\_\_\_\_ Front Door Torque: \_\_\_\_\_ Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

21

Front Door Close Speed: \_\_\_\_\_ Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

3

**Elevator Report of Inspection**

Elevator 4000735

Date August 31, 2012

**Violations**

8.6.4.7 Cleaning of Hoistways and Pits

Clean same

Multiple horizontal lines for recording additional violations.

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 30, 2012

Inspector comments:

**S.C. Code 41-16-180**

**Civil Penalties**

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I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: jcp@sc.edu

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqQERLON  
OR

Elevator #: 4000735  
Date: 09/05/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/30/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/31/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: WILLIAMS BRICE STADIUM

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Cleaning of Hoistways and Pits		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001123

Date August 31, 2012

### Location

Building Name: USC WILLIAMS BRICE STADIUM

Address: 1002 BLUFF ROAD

COLUMBIA 29208

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 31, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0125 Capacity: 03500 # of Floors: 3 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 21 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.1 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

### Elevator Report of Inspection

Elevator 4001123

Date August 31, 2012

#### Violations

8.6.4.13 Door Systems	No dust cover at bottom floor, Replace dust cover.

#### Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 30, 2012

Inspector  
comments:

#### S.C. Code 41-16-180

#### Civil Penalties

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I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

#### Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: jcp@sc.edu

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.lironline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001123  
Date: 09/05/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/30/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/31/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: WILLIAMS BRICE STADIUM

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Door Systems		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



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Columbia, SC 29211  
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[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001109

Date August 31, 2012

### Location

Building Name: USC WILLIAMS BRICE STADIUM

Address: 1002 BLUFF ROAD

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 31, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0350 Capacity: 04000 # of Floors: 4 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 20 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.2 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

### Elevator Report of Inspection

Elevator 4001109

Date August 31, 2012

#### Violations

Hoistway [A17.1 2.20.9.8] Provide anti rotation device	

#### Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 30, 2012

Inspector comments:

#### S.C. Code 41-16-180

#### Civil Penalties

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

#### Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: jcp@sc.edu



**ABATEMENT FORM**

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001109  
Date: 09/05/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/30/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/31/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - WILLIAMS BRICE STADIUM

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Provide anti-rotation device		

\* NOTE: If additional space is needed, please complete the description on a seperate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



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 Columbia, SC 29211  
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## Elevator Report of Inspection

Elevator 4001133

Date August 29, 2012

### Location

Building Name: N.A.C. PARKING GARAGE

Address: BLOSSOM & BULL ST.

COLUMBIA 29208

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 29, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0125 Capacity: 03500 # of Floors: 6 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 21 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 4.2 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001133

Date August 29, 2012

**Violations**

Machine Room [A17.1 8.6.4.8.1] Remove debris from machine room

Pits [A17.1 8.6.8.14] Pits shall be kept dry and clean

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector comments:

**S.C. Code 41-16-180**

**Civil Penalties**

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilson

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.lironline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWVeqOQERLON

Elevator #: 4001133  
Date: 09/03/2012

OR  
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Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: N.A.C. - PARKING GARAGE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Remove debris from machine room  Pits shall be kept dry and clean		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001095

Date August 29, 2012

**Violations**

Hoistway [NEC 620.3] Install all electrical box and duct covers in hoistway	Dust covers removed,replace same.

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector comments:

**S.C. Code 41-16-180                      Civil Penalties**  
Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:  
I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## ABATEMENT FORM

FILL OUT ONLINE  
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Elevator #: 4001095  
 Date: 09/03/2012

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 & REGULATION  
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 Columbia, SC 29211-1329  
 Phone: (803) 896-7630  
 Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - SCHOOL OF MUSIC

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Install all electrical box and duct covers in hoistway		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Elevator Report of Inspection

Elevator 4001094

Date August 29, 2012

### Violations

8.6.1.2.2 Defective Part affecting safety and operation	Pick up roller broken at 3rd floor.
8.6.5.5.2 Collection of Oil Leakage	Machine room drip pan to be cleaned.
Machine Room [A17.1 2.7.1.1] Provide fire rated machine room	4/4cover missing in machine room.
In Car [A17.1 2.12.5] Install or repair car door restrictions	

### Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector comments:

**S.C. Code 41-16-180 Civil Penalties**  
Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:  
I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

### Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## ABATEMENT FORM

FILL OUT ONLINE  
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Elevator #: 4001094  
 Date: 09/03/2012

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 & REGULATION  
 Office of Elevators and Amusement Rides  
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 Columbia, SC 29211-1329  
 Phone: (803) 896-7630  
 Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - SCHOOL OF MUSIC

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Defective Part affecting safety and operation  Collection of Oil Leakage  Provide fire rated machine room  Install or repair car door restrictions		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_





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## Elevator Report of Inspection

Elevator 4001093

Date August 29, 2012

### Location

### Owner

Building Name: USC SCHOOL OF MUSIC

Owner Name: USC

Address: ASSEMBLY @ COLLEGE

Address: 743 GREENE STREET

COLUMBIA 29201

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR *Q*

### Elevator Details

Next Inspection Due Date: August 29, 2013

Certificate Posted: Yes

Elevator Status: Active

Type of Machine: \_\_\_\_\_

Are sprinklers in MR: N

Are sprinklers in HW: N

Type of Unit: \_\_\_\_\_

Speed: \_\_\_\_\_

Capacity: \_\_\_\_\_

# of Floors: \_\_\_\_\_

# of Openings: \_\_\_\_\_

01 Passenger

0160

02500

4

Front Door Width: \_\_\_\_\_

Front Door Torque: \_\_\_\_\_

Rear Door Width: \_\_\_\_\_

Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: \_\_\_\_\_

Front Door Type: \_\_\_\_\_

Rear Door Close Speed: \_\_\_\_\_

Rear Door Type: \_\_\_\_\_

## Elevator Report of Inspection

Elevator 4001093

Date August 29, 2012

### Violations

Cartop [N.E.C. 620.4] All live parts of electric apparatus in hoistways, machir Cover missing on door motor at sub basement levell.Motor wiring.

Hoistway [NEC 620.3] Install all electrical box and duct covers in hoistway 4/4 Cover missing in machine room.

### Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector  
comments:

#### S.C. Code 41-16-180

#### Civil Penalties

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsons

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

### Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ABATEMENT FORM**

FILL OUT ONLINE  
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 Password: gWeqOQERLON  
 OR

Elevator #: 4001093  
 Date: 09/03/2012

RETURN THIS FORM TO:  
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 & REGULATION  
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 Columbia, SC 29211-1329  
 Phone: (803) 896-7630  
 Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - SCHOOL OF MUSIC

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
All live parts of electric apparatus in hoistways,machinery spaces,elevators,dumbwaiters,wheelchair lifts and all  Install all electrical box and duct covers in hoistway		

\* NOTE: If additional space is needed, please complete the description on a seperate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4001400

Date August 28, 2012

### Location

### Owner

Building Name: USC STROM THURMOND FITNESS

Owner Name: USC

Address: 1000 BLOSSOM STREET

Address: 743 GREENE STREET

COLUMBIA 29201

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR

### Elevator Details

Next Inspection Due Date: August 28, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 125 Capacity: 4500 # of Floors: 4 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 21 Rear Door Width: \_\_\_\_\_ Rear Door Torque: 18

Front Door Close Speed: 3.2 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: 3.5 Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001400

Date August 28, 2012

**Violations**

8.6.5.13 Overspeed Valve Setting

No tag.

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 27, 2012

Inspector  
comments:

**S.C. Code 41-16-180**

**Civil Penalties**

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

Owner/Management Company Signature: \_\_\_\_\_

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001400  
Date: 09/03/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/27/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/28/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - STROM THURMOND FITNESS

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Overspeed Valve Setting		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4001675

Date August 31, 2012

### Location

Building Name: USC HORIZON RESEARCH BUILDING

Address: 541 MAIN STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR

### Elevator Details

Next Inspection Due Date: August 31, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit:	Speed:	Capacity:	# of Floors:	# of Openings:
<u>01 Passenger</u>	<u>0100</u>	<u>03500</u>	<u>5</u>	

Front Door Width:	Front Door Torque:	Rear Door Width:	Rear Door Torque:
	<u>20</u>		

Front Door Close Speed:	Front Door Type:	Rear Door Close Speed:	Rear Door Type:
<u>3.7</u>			





## ABATEMENT FORM

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 Password: gVeqOQERLON  
 OR

Elevator #: 4001675  
 Date: 09/03/2012

RETURN THIS FORM TO:  
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 & REGULATION  
 Office of Elevators and Amusement Rides  
 P.O. Box 11329  
 Columbia, SC 29211-1329  
 Phone: (803) 896-7630  
 Fax: (803) 896-7650

Date Form Due: 09/30/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/31/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - HORIZON RESEARCH BUILDING

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
All fixtures missing covers shall have covers installed or replace the fixture		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4001683

Date August 31, 2012

### Location

Building Name: USC HORIZION RESEARCH BLDG

Address: 541 MAIN STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR 

### Elevator Details

Next Inspection Due Date: August 31, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 200 Capacity: 06000 # of Floors: 5 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 21 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.6 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_



# ABATEMENT FORM

FILL OUT ONLINE  
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UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001683  
Date: 09/03/2012

RETURN THIS FORM TO:  
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& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/30/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/31/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - HORIZION RESEARCH BLDG

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Elevator pits shall not be used for storage		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4000338

Date August 30, 2012

### Location

Building Name: 1600 HAMPTON BUILDING

Address: 1600 HAMPTON STRTEET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 30, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 02 Freight Speed: 0025 Capacity: 04000 # of Floors: 3 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: Freight Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: \_\_\_\_\_ Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4000338

Date August 30, 2012

**Violations**

8.6.1.2.2 Defective Part affecting safety and operation	Top landing not accesible from car. Button etc.

**Inspection Result**

Inspection Result: Violations Found Please correct violations and submit Abatement form by: September 29, 2012

Inspector comments:

**S.C. Code 41-16-180 Civil Penalties**  
Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:  
I hereby certify this is a true report of my inspection.

Inspector ID: wilsons Signed On: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Owner/Management Company Signature: \_\_\_\_\_

**Contact**

Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

# ABATEMENT FORM

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OR

Elevator #: 4000338  
Date: 09/03/2012

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& REGULATION  
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Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/29/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/30/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: 1600 HAMPTON BUILDING

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Defective Part affecting safety and operation		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



P.O.Box 11329  
 Columbia, SC 29211  
 803-896-7630 FAX: 803-896-7650  
[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001399

Date August 28, 2012

### Location

Building Name: USC STROM THURMOND FITNESS

Address: 1000 BLOSSOM STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR

### Elevator Details

Next Inspection Due Date: August 28, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 125 Capacity: 2100 # of Floors: 2 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 18 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_





# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001399  
Date: 09/03/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/27/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/28/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - STROM THURMOND FITNESS

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Overspeed Valve Setting		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



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 Columbia, SC 29211  
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[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001398

Date August 28, 2012

### Location

Building Name: USC STROM THURMOND FITNESS

Address: 1000 BLOSSOM STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC


### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR 

### Elevator Details

Next Inspection Due Date: August 28, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: \_\_\_\_\_ Speed: \_\_\_\_\_ Capacity: \_\_\_\_\_ # of Floors: \_\_\_\_\_ # of Openings: \_\_\_\_\_

01 Passenger 125 4500 3

Front Door Width: \_\_\_\_\_ Front Door Torque: \_\_\_\_\_ Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

23 2

Front Door Close Speed: \_\_\_\_\_ Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

3.4 3.1

**Elevator Report of Inspection**

Elevator 4001398

Date August 28, 2012

**Violations**

8.6.5.13 Overspeed Valve Setting

In Car [A17.1 2.13.5] Repair or replace power door re opening device

Door open button not working

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 27, 2012

Inspector  
comments:

**S.C. Code 41-16-180**

**Civil Penalties**

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001398  
Date: 09/03/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/27/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/28/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - STROM THURMOND FITNESS

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Overspeed Valve Setting  Repair or replace power door re-opening device		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4001682

Date August 28, 2012

### Location

Building Name: USC DISCOVERY PLACE

Address: 900 COLLEGE STREET

COLUMBIA 29250

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 28, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 350 Capacity: 03500 # of Floors: 7 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 2.3 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.4 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_



## ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.lironline.com/ElevPortal>  
 UserID: 8K8R4257  
 Password: tGIIRPy24JD  
 OR

Elevator #: 4001682  
 Date: 09/02/2012

RETURN THIS FORM TO:  
 S.C. DEPARTMENT OF LABOR, LICENSING  
 & REGULATION  
 Office of Elevators and Amusement Rides  
 P.O. Box 11329  
 Columbia, SC 29211-1329  
 Phone: (803) 896-7630  
 Fax: (803) 896-7650

Date Form Due: 09/27/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/28/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC DISCOVERY PLACE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
All light bulbs and tubes shall be guarded to contain broken glass if broken		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_





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## Elevator Report of Inspection

Elevator 4001644

Date August 28, 2012

### Location

Building Name: DISCOVERY PLACE P/G

Address: 900 COLLEGE STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREEN STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 28, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0350 Capacity: 03500 # of Floors: 8 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 20 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.7 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001644

Date August 28, 2012

**Violations**

In Car [A17.1 2.14.7.1.3] Provide stand by emergency lighting in car

\_\_\_\_\_  
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**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 27, 2012

Inspector  
comments:

**S.C. Code 41-16-180**

**Civil Penalties**

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: 8K8Rf4257  
Password: tGIIRPy24JD  
OR

Elevator #: 4001644  
Date: 09/02/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/27/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/28/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: DISCOVERY PLACE P/G

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Provide stand-by emergency lighting in car		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4001647

Date August 28, 2012

### Location

Building Name: DISCOVERY PLACE RESEARCH

Address: 900 COLLEGE STREET

COLUMBIA 29202

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: t.k.

## Elevator Details

Next Inspection Due Date: August 28, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0350 Capacity: 03500 # of Floors: 5 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 18 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.2 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001647

Date August 28, 2012

**Violations**

Hoistway [NEC 620.3] Install all electrical box and duct covers in hoistway	4/4box at top of hoistway missing.

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 27, 2012

Inspector  
comments:

**S.C. Code 41-16-180 Civil Penalties**  
Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:  
I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: 8K8Rf4257  
Password: tGIIRPy24JD  
OR

Elevator #: 4001647  
Date: 09/02/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/27/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/28/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: DISCOVERY PLACE RESEARCH

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Install all electrical box and duct covers in hoistway		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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## Elevator Report of Inspection

Elevator 4001646 Date August 28, 2012

### Location

Building Name: DISCOVERY PLACE RESEARCH  
 Address: 900 COLLEGE STREET  
COLUMBIA 29201

### Owner

Owner Name: USC  
 Address: 743 GREENE STREET  
COLUMBIA 29208  
SC

### Lessee/Management Firm

Firm Name: USC  
 Address: 743 GREENE STREET  
COLUMBIA 29208  
SC

Contract: Y Company: t.k. 

## Elevator Details

Next Inspection Due Date: August 28, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0350 Capacity: 03500 # of Floors: 5 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 15 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.4 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

Elevator Report of Inspection

Elevator 4001646

Date August 28, 2012

Violations

Table with 2 columns: Violation Description, Details. Row 1: Hoistway [NEC 620.3] Install all electrical box and duct covers in hoistway, 4by4 box cover missing at top of hoistway. Row 2: In Car [A17.1 2.27.3.3] Complete phase II fireservice to conform to code, phase 2 to operate without code from buttons in car.

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 27, 2012

Inspector comments:

S.C. Code 41-16-180 Civil Penalties Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department: I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On:

Inspector Signature:

Owner/Management Company Signature:

Contact

Name:

Fax Number:

Phone Number:

Email Address:



## ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.lironline.com/ElevPortal>  
 UserID: 8K8Rf4257  
 Password: tGIIRPy24JD  
 OR

Elevator #: 4001646  
 Date: 09/02/2012

RETURN THIS FORM TO:  
 S.C. DEPARTMENT OF LABOR, LICENSING  
 & REGULATION  
 Office of Elevators and Amusement Rides  
 P.O. Box 11329  
 Columbia, SC 29211-1329  
 Phone: (803) 896-7630  
 Fax: (803) 896-7650

Date Form Due: 09/27/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/28/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: DISCOVERY PLACE RESEARCH

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Install all electrical box and duct covers in hoistway  Complete phase II fireservice to conform to code		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



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## Elevator Report of Inspection

Elevator 4001648

Date August 28, 2012

### Location

Building Name: DISCOVERY PLACE RESEARCH

Address: 900 COLLEGE STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: t.k.

### Elevator Details

Next Inspection Due Date: August 28, 2013

Certificate Posted: Yes

Elevator Status: Active

Type of Machine: \_\_\_\_\_

Are sprinklers in MR: N

Are sprinklers in HW: N

Type of Unit: \_\_\_\_\_

Speed: \_\_\_\_\_

Capacity: \_\_\_\_\_

# of Floors: \_\_\_\_\_

# of Openings: \_\_\_\_\_

01 Passenger

0350

03500

5

Front Door Width: \_\_\_\_\_

Front Door Torque: \_\_\_\_\_

Rear Door Width: \_\_\_\_\_

Rear Door Torque: \_\_\_\_\_

20

Front Door Close Speed: \_\_\_\_\_

Front Door Type: \_\_\_\_\_

Rear Door Close Speed: \_\_\_\_\_

Rear Door Type: \_\_\_\_\_

3.5

## Elevator Report of Inspection

Elevator 4001648

Date August 28, 2012

### Violations

71 51004c SC #1000 Firefighters key switch

Will not accept key

### Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 27, 2012

Inspector  
comments:

#### S.C. Code 41-16-180

#### Civil Penalties

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

Owner/Management Company Signature: \_\_\_\_\_

### Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ABATEMENT FORM**

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: 8K8Rf4257  
Password: tGIIRPy24JD  
OR

Elevator #: 4001648  
Date: 09/02/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/27/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/28/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: DISCOVERY PLACE RESEARCH

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
SC #1000 Firefighters key switch		

\* NOTE: If additional space is needed, please complete the description on a seperate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



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 Columbia, SC 29211  
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[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001019

Date August 29, 2012

### Location

Building Name: USC PARKING GARAGE

Address: SENATE @ PICKENS ST.

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 29, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0150 Capacity: 02500 # of Floors: 5 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 18 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.5 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001019

Date August 29, 2012

**Violations**

8.6.5.13 Overspeed Valve Setting

In Car [A17.1 2.14] Provide ventilation in car

Battery fan not working

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector  
comments:

**S.C. Code 41-16-180**

**Civil Penalties**

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ABATEMENT FORM**

FILL OUT ONLINE  
<https://verify.lironline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001019  
Date: 09/03/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - PARKING GARAGE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Overspeed Valve Setting  Provide ventilation in car		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



P.O.Box 11329  
Columbia, SC 29211  
803-896-7630 FAX: 803-896-7650  
[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001020

Date August 29, 2012

### Location

Building Name: USC PARKING GARAGE

Address: SENATE @ PICKENS ST.

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 29, 2012

Certificate Posted: Yes

Elevator Status: Active

Type of Machine: \_\_\_\_\_

Are sprinklers in MR: N

Are sprinklers in HW: \_\_\_\_\_

N

Type of Unit: \_\_\_\_\_

Speed: \_\_\_\_\_

Capacity: \_\_\_\_\_

# of Floors: \_\_\_\_\_

# of Openings: \_\_\_\_\_

01 Passenger

0150

02500

5

Front Door Width: \_\_\_\_\_

Front Door Torque: \_\_\_\_\_

Rear Door Width: \_\_\_\_\_

Rear Door Torque: \_\_\_\_\_

22

Front Door Close Speed: \_\_\_\_\_

Front Door Type: \_\_\_\_\_

Rear Door Close Speed: \_\_\_\_\_

Rear Door Type: \_\_\_\_\_

3.1



## Elevator Report of Inspection

Elevator 4001020

Date August 29, 2012

### Violations

8.6.5.13 Overspeed Valve Setting

In Car [A17.1 2.14] Provide ventilation in car

Battery fan not present.

### Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector  
comments:

**S.C. Code 41-16-180**

**Civil Penalties**

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

### Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001020  
Date: 09/03/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - PARKING GARAGE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Overspeed Valve Setting  Provide ventilation in car		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



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[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001632

Date August 31, 2012

### Location

Building Name: USC HORIZON PARKING DECK

Address: 550 ASSEMBLY STREET

COLUMBIA 29208

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR CO

### Elevator Details

Next Inspection Due Date: August 31, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 200 Capacity: 02500 # of Floors: 7 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 21 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.1 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001632

Date August 31, 2012

**Violations**

8.6.5.13 Overspeed Valve Setting

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 30, 2012

Inspector comments:

**S.C. Code 41-16-180**

**Civil Penalties**

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsons

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: WrsOP108  
Password: gVWeqOQERLON  
OR

Elevator #: 4001632  
Date: 09/03/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/30/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/31/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC HORIZON PARKING DECK

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Overspeed Valve Setting		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



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[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001132

Date August 29, 2012

### Location

Building Name: N.A.C. PARKING GARAGE

Address: BLOSSOM & BULL ST.

COLUMBIA 29208

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: T.K.

### Elevator Details

Next Inspection Due Date: August 29, 2012 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0125 Capacity: 03500 # of Floors: 6 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 16 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.4 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001132

Date August 29, 2012

**Violations**

8.6.5.13 Overspeed Valve Setting

71 51004a Floor numbers 4 inches inside hoistway door

In Car [A17.1 2.14] Provide ventilation in car

Glass back must have battery operated fan.Fan not operating.

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector  
comments:

**S.C. Code 41-16-180**

**Civil Penalties**

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001132  
Date: 09/03/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: N.A.C. - PARKING GARAGE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Overspeed Valve Setting  Floor numbers 4 inches inside hoistway door  Provide ventilation in car		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_





# S.C. Department of Labor, Licensing and Regulation



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 Columbia, SC 29211  
 803-896-7630 FAX: 803-896-7650  
[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001552

Date August 29, 2012

### Location

Building Name: BULL STREET PARKING DECK

Address: BULL STREET

COLUMBIA 29201

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR

### Elevator Details

Next Inspection Due Date: August 29, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 125 Capacity: 03500 # of Floors: 6 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 20 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.2 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001552

Date August 29, 2012

**Violations**

8.6.5.13 Overspeed Valve Setting

In Car [A17.1 2.14] Provide ventilation in car

Backup battery fan not operating properly.

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector comments:

**S.C. Code 41-16-180**

**Civil Penalties**

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I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.lironline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWeqOQERLON  
OR

Elevator #: 4001552  
Date: 09/03/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: BULL STREET PARKING DECK

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Overspeed Valve Setting  Provide ventilation in car		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# S.C. Department of Labor, Licensing and Regulation



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[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4001553

Date August 29, 2012

### Location

### Owner

Building Name: BULL STREET PARKING DECK

Owner Name: USC

Address: BULL STREET

Address: 743 GREENE STREET

COLUMBIA 29201

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: THYSSENKRUPP ELEVATOR

### Elevator Details

Next Inspection Due Date: August 29, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 0125 Capacity: 03500 # of Floors: 6 # of Openings: \_\_\_\_\_

Front Door Width: \_\_\_\_\_ Front Door Torque: 18 Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

Front Door Close Speed: 3.7 Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

**Elevator Report of Inspection**

Elevator 4001553

Date August 29, 2012

**Violations**

8.6.5.13 Overspeed Valve Setting

Hoistway [NEC 620.3] Install all electrical box and duct covers in hoistway      Knockout in top of cars to be replaced

**Inspection Result**

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: September 28, 2012

Inspector  
comments:

**S.C. Code 41-16-180**

**Civil Penalties**

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

**Contact**

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.lironline.com/ElevPortal>  
UserID: WrsOP108  
Password: gWVeqOQERLON  
OR

Elevator #: 4001553  
Date: 09/03/2012

RETURN THIS FORM TO:  
S.C. DEPARTMENT OF LABOR, LICENSING  
& REGULATION  
Office of Elevators and Amusement Rides  
P.O. Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-7630  
Fax: (803) 896-7650

Date Form Due: 09/28/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 08/29/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: BULL STREET PARKING DECK

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Overspeed Valve Setting  Install all electrical box and duct covers in hoistway		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

SCLLR/LIC 0010

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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Elevator Report of Inspection

Elevator 4000366 Date September 19, 2012

Location

Building Name: USC PHYSICAL SCIENCE CTR.
Address: 743 GREENE STREET
COLUMBIA 29208

Owner

Owner Name: USC
Address: 743 GREENE STREET
COLUMBIA 29208
SC

Lessee/Management Firm

Firm Name: USC
Address: 743 GREENE STREET
COLUMBIA 29208
SC

Contract: Y Company: THYSSENKRUPP ELEVATOR

Elevator Details

Next Inspection Due Date: September 19, 2013 Certificate Posted: Yes Elevator Status: Active
Type of Machine: Are sprinklers in MR: N Are sprinklers in HW: N
Type of Unit: Speed: Capacity: # of Floors: # of Openings:
01 Passenger 0350 03500 8
Front Door Width: Front Door Torque: Rear Door Width: Rear Door Torque:
21
Front Door Close Speed: Front Door Type: Rear Door Close Speed: Rear Door Type:
4

# Elevator Report of Inspection

Elevator 4000366

Date September 19, 2012

## Violations

71 51003 All safety devices, be maintained and work properly

Missing dust cover at 6 and fire sign at 7

## Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: October 19, 2012

Inspector  
comments:

S.C. Code 41-16-180

Civil Penalties

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department:

I hereby certify this is a true report of my inspection.

Inspector ID: wilsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

## Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: jcp@sc.edu



**ABATEMENT FORM**

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
 UserID: WrsOP108  
 Password: gWVeqQQERLON  
 OR

Elevator #: 4000366  
 Date: 10/14/2012

RETURN THIS FORM TO:  
 S.C. DEPARTMENT OF LABOR, LICENSING  
 & REGULATION  
 Office of Elevators and Amusement Rides  
 P.O. Box 11329  
 Columbia, SC 29211-1329  
 Phone: (803) 896-7630  
 Fax: (803) 896-7650

Date Form Due: 10/19/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 09/19/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - PHYSICAL SCIENCE CTR.

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
All safety devices, be maintained and work properly		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_

SCLLR/LIC 0010



# S.C. Department of Labor, Licensing and Regulation



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Columbia, SC 29211  
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[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator	<u>4000367</u>	Date	<u>September 19, 2012</u>
Location		Owner	
Building Name:	<u>USC PHYSICAL SCIENCE CTR.</u>	Owner Name:	<u>USC</u>
Address:	<u>743 GREENE STREET</u>	Address:	<u>743 GREENE STREET</u>
	<u>COLUMBIA</u> <u>29208</u>		<u>COLUMBIA</u> <u>29208</u>
			<u>SC</u>

## Lessee/Management Firm

Firm Name:	<u>USC</u>
Address:	<u>743 GREENE STREET</u>
	<u>COLUMBIA</u> <u>29208</u>
	<u>SC</u>
Contract:	<u>Y</u> Company: <u>THYSSENKRUPP ELEVATOR</u>

## Elevator Details

Next Inspection Due Date:	<u>September 19, 2013</u>	Certificate Posted:	<u>Yes</u>	Elevator Status:	<u>Active</u>
Type of Machine:		Are sprinklers in MR:	<u>N</u>	Are sprinklers in HW:	<u>N</u>
Type of Unit:	Speed:	Capacity:	# of Floors:	# of Openings:	
<u>01 Passenger</u>	<u>0350</u>	<u>03500</u>	<u>8</u>		
Front Door Width:	Front Door Torque:	Rear Door Width:	Rear Door Torque:		
	<u>18</u>				
Front Door Close Speed:	Front Door Type:	Rear Door Close Speed:	Rear Door Type:		
<u>3.9</u>					





S.C. Department of Labor, Licensing and Regulation



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Columbia, SC 29211
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www.llr.state.sc.us

Elevator Report of Inspection

Elevator 4000698

Date September 19, 2012

Location

Building Name: USC WARDLAW COLLEGE
Address: 1221 GREENE STREET
COLUMBIA 29208

Owner

Owner Name: USC
Address: 743 GREENE STREET
COLUMBIA 29208
SC

Lessee/Management Firm

Firm Name: USC
Address: 743 GREENE STREET
COLUMBIA 29208
SC

Contract: Y Company: SOUTHERN ELEVATOR COMPANY

Elevator Details

Next Inspection Due Date: September 19, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: Speed: Capacity: # of Floors: # of Openings:
01 Passenger 0125 02100 4

Front Door Width: Front Door Torque: Rear Door Width: Rear Door Torque:
20

Front Door Close Speed: Front Door Type: Rear Door Close Speed: Rear Door Type:
3.6

# Elevator Report of Inspection

Elevator 4000698

Date September 19, 2012

## Violations


## Inspection Result

Inspection Result: No Violations at the Time of Please correct violations and submit Abatement form by: October 19, 2012  
Inspector comments:

**S.C. Code 41-16-180 Civil Penalties**  
Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department.  
I hereby certify this is a true report of my inspection.

Inspector ID: wilsone Signed On: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Owner/Management Company Signature: \_\_\_\_\_

## Contact

Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: jcp@sc.edu



S.C. Department of Labor, Licensing and Regulation



P.O.Box 11329
Columbia, SC 29211
803-896-7630 FAX: 803-896-7650
www.llr.state.sc.us

Elevator Report of Inspection

Elevator 4000699

Date September 19, 2012

Location

Owner

Building Name: USC WARDLAW COLLEGE
Address: 1221 GREENE STREET
COLUMBIA 29208

Owner Name: USC
Address: 743 GREENE STREET
COLUMBIA 29208
SC

Lessee/Management Firm

Firm Name: USC
Address: 743 GREENE STREET
COLUMBIA 29208
SC

Contract: Y Company: SOUTHERN ELEVATOR COMPANY

Elevator Details

Next Inspection Due Date: September 19, 2013 Certificate Posted: Yes Elevator Status: Active
Type of Machine: Are sprinklers in MR: N Are sprinklers in HW: N
Type of Unit: Speed: Capacity: # of Floors: # of Openings:
01 Passenger 0100 01200 4
Front Door Width: Front Door Torque: Rear Door Width: Rear Door Torque:
18
Front Door Close Speed: Front Door Type: Rear Door Close Speed: Rear Door Type:
3.5



## ABATEMENT FORM

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
 UserID: WrsOP108  
 Password: gVWqOQERLON  
 OR

Elevator #: 4000699  
 Date: 10/13/2012

RETURN THIS FORM TO:  
 S.C. DEPARTMENT OF LABOR, LICENSING  
 & REGULATION  
 Office of Elevators and Amusement Rides  
 P.O. Box 11329  
 Columbia, SC 29211-1329  
 Phone: (803) 896-7630  
 Fax: (803) 896-7650

Date Form Due: 10/19/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 09/19/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - WARDLAW COLLEGE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
All safety devices, be maintained and work properly		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: \_\_\_\_\_  
Owner/Property Manager

Title: \_\_\_\_\_

Date: \_\_\_\_\_

SCLLR/LIC 0010





S.C. Department of Labor, Licensing and Regulation



P.O.Box 11329
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803-896-7630 FAX: 803-896-7650
www.llr.state.sc.us

Elevator Report of Inspection

Elevator 4000702

Date September 19, 2012

Location

Building Name: USC LAW CENTER LIBRARY
Address: S. MAIN & GREENE ST.
COLUMBIA 29208

Owner

Owner Name: USC
Address: 743 GREENE STREET
COLUMBIA 29208
SC

Lessee/Management Firm

Firm Name: USC
Address: 743 GREENE STREET
COLUMBIA 29208
SC

Contract: Y Company: SOUTHERN ELEVATOR COMPANY

Elevator Details

Next Inspection Due Date: September 19, 2013 Certificate Posted: Yes Elevator Status: Active
Type of Machine: Are sprinklers in MR: N Are sprinklers in HW: N
Type of Unit: Speed: Capacity: # of Floors: # of Openings:
01 Passenger 0350 02500 6
Front Door Width: Front Door Torque: Rear Door Width: Rear Door Torque:
22
Front Door Close Speed: Front Door Type: Rear Door Close Speed: Rear Door Type:
4



**ABATEMENT FORM**

FILL OUT ONLINE  
<https://verify.llronline.com/ElevPortal>  
 UserID: WrsOP108  
 Password: gWeqOQERLON  
 OR

Elevator #: 4000702  
 Date: 10/13/2012

RETURN THIS FORM TO:  
 S.C. DEPARTMENT OF LABOR, LICENSING  
 & REGULATION  
 Office of Elevators and Amusement Rides  
 P.O. Box 11329  
 Columbia, SC 29211-1329  
 Phone: (803) 896-7630  
 Fax: (803) 896-7650

Date Form Due: 10/19/2012

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 09/19/2012 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC  
 ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208  
 LOCATION: USC - LAW CENTER LIBRARY

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
All safety devices, be maintained and work properly		

\* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: \_\_\_\_\_  
 Owner/Property Manager  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

SCLLR/LIC 0010



# S.C. Department of Labor, Licensing and Regulation



P.O.Box 11329  
Columbia, SC 29211  
803-896-7630 FAX: 803-896-7650  
[www.llr.state.sc.us](http://www.llr.state.sc.us)

## Elevator Report of Inspection

Elevator 4000703

Date September 19, 2012

### Location

Building Name: USC LAW CENTER LIBRARY

Address: 5. MAIN & GREENE ST.

COLUMBIA 29208

### Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

### Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: SOUTHERN ELEVATOR COMPANY

### Elevator Details

Next Inspection Due Date: September 19, 2013 Certificate Posted: Yes Elevator Status: Active

Type of Machine: \_\_\_\_\_ Are sprinklers in MR: N Are sprinklers in HW: N

Type of Unit: \_\_\_\_\_ Speed: \_\_\_\_\_ Capacity: \_\_\_\_\_ # of Floors: \_\_\_\_\_ # of Openings: \_\_\_\_\_

01 Passenger 0350 02500 4

Front Door Width: \_\_\_\_\_ Front Door Torque: \_\_\_\_\_ Rear Door Width: \_\_\_\_\_ Rear Door Torque: \_\_\_\_\_

16

Front Door Close Speed: \_\_\_\_\_ Front Door Type: \_\_\_\_\_ Rear Door Close Speed: \_\_\_\_\_ Rear Door Type: \_\_\_\_\_

3.9

### Elevator Report of Inspection

Elevator 4000703

Date September 19, 2012

### Violations

71 51003 All safety devices, be maintained and work properly

Replace dust cover at 3

Electrical [NEC 384 18] Panels shall not have exposed live parts

Replace cover on junction box under car.

### Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: October 19, 2012

Inspector  
comments:

#### S.C. Code 41-16-180

#### Civil Penalties

Any owner; operator; or management company who fails to correct a violation of any safety standard promulgated pursuant to this chapter after being given written notice by the director of the standard and of the time set for its correction may be assessed a civil penalty of not more than one thousand dollars for each such violation. To request an extension, notify the Department.

I hereby certify this is a true report of my inspection.

Inspector ID: wllsone

Signed On: \_\_\_\_\_

Inspector Signature:

Owner/Management Company Signature:

### Contact

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: jcp@sc.edu