



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

AMENDMENT NO.2 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.2 modifies the Best Value Bid only in the manner and to the extent as stated herein.

See Attached LLR Elevator Inspection Documents – Part 2 of 4

BIDDER SHALL ACKNOWLEDGE RECEIPT OF AMENDMENT NO.2 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

ABATEMENT FORM

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

Elevator #: 4000703
 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
<p>All safety devices, be maintained and work properly</p> <p>Panels shall not have exposed live parts</p>		

* 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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www.llr.state.sc.us

Elevator Report of Inspection

Elevator 4000725

Date September 19, 2012

Location

Building Name: USC LAW CENTER

Address: S. MAIN & ASSEMBLY

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 0200 02000 4

Front Door Width: _____ Front Door Torque: _____ Rear Door Width: _____ Rear Door Torque: _____

23

Front Door Close Speed: _____ Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

3.1

ABATEMENT FORM

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

Elevator #: 4000725
 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

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.

SCLR/LIC 0010

Signature: _____
 Owner/Property Manager
 Title: _____
 Date: _____



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Elevator Report of Inspection

Elevator 4000726

Date September 19, 2012

Location

Building Name: USC LAW CENTER
Address: S. MAIN AND GREEN 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 5
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:
3.7



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Elevator Report of Inspection

Elevator 4001209

Date September 19, 2012

Location

Building Name: USC GRADUATE SCIENCE CTR
 Address: 613 SUMTER 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 CO

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 04500 5

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: _____
4

ABATEMENT FORM

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

Elevator #: 4001209
 Date: 10/14/2012

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: 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 - GRADUATE SCIENCE CTR

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Repair alarm bell 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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Elevator Report of Inspection

Elevator 4001210

Date September 19, 2012

Location

Building Name: GRADUATE SCIENCE CENTER
Address: 613 SUMTER 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: SOUTHERN ELEVATOR CO

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 04500 2
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: _____
3.8



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B12

D 3-20-13



Elevator Report of Inspection

Elevator 4000614

Date February 18, 2013

Location

Owner

Building Name: USC THORNWELL ADMIN. BLDG.

Owner Name: USC

Address: PENDLETON 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: oracle

Elevator Details

Next Inspection Due Date: February 18, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 0160 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 21 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 4:1 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

Elevator Report of Inspection

Elevator 4000614

Date February 18, 2013

Violations

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

did not work with a.c. power turned off

8.6.1.2.1 Maintenance Control Program

nonoil log

8.6.5.14 Periodic Testing Hydraulic Category 1

perform all cat 1 inspections and tag controller

Inspection Result

Inspection Result:

Please correct violations and submit Abatement form by: March 20, 2013

Inspector r Tisdale. 9055
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: tisdaled

Signed On: February 18, 2013

Inspector Signature:

Owner/Management Company Signature:

Contact

Name: ron maxfield

Fax Number: _____

Phone Number: 803 777 6793

Email Address: ronm@fmc.sc.edu

ABATEMENT FORM

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

Elevator #: 4000614
 Date: 02/18/2013

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) 896-7830
 Fax: (803) 896-7650


Date Form Due: 03/20/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/18/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

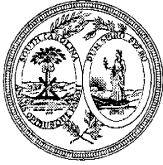
ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - THORNWELL ADMIN. BLDG.

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Provide stand-by emergency lighting in car	3-14-13	Loose wires -
Maintenance Control Program	3-14-13	ADD OIL LOG.
Periodic Testing (Hydraulic) Category 1	3-14-13	ADD CAT 1
<p>* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.</p> <p>SCLLR/LIC 0010</p>		<p align="right">Fax 3-20-13</p> <p>Signature: <u></u> Owner/Property Manager</p> <p>Title: _____</p> <p>Date: _____</p>



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B 15
 3-20-13

Elevator Report of Inspection

Elevator 4001551

Date February 18, 2013

Location

Building Name: USC MCKISSICK MUSEUM
 Address: PENDELTON STREET
COLUMBIA 29208

Owner

Owner Name: USC
 Address: 743 GREENE STREET
COLUMBIA 29208

Lessee/Management Firm

Firm Name: USC
 Address: 743 GREENE STREET
COLUMBIA 29208
SC
 Contract: Y Company: oracle

Due
3-20-13

Elevator Details

Next Inspection Due Date: February 18, 2014 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: 100 Capacity: _____ # of Floors: _____ # of Openings: _____
 Front Door Width: _____ Front Door Torque: 20 Rear Door Width: _____ Rear Door Torque: _____
 Front Door Close Speed: 4:5 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 #: 4001551
 Date: 02/18/2013

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: 03/20/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/18/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MCKISSICK MUSEUM

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Repair or replace car gate or door	3-19-20	ADS, EC CENTERS
Safety devices inoperative or ineffective	3-19-2	REPLACE NOISY BOZZER
Finish floor in cab	3-13-13	NEW FLOOR FOR 3-20-13

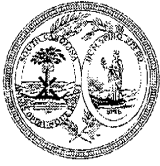
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



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B-17

D 3-20-13



Elevator Report of Inspection

Elevator 4001322

Date February 18, 2013

Location

Owner

Building Name: USC SLOAN COLLEGE

Owner Name: USC

Address: PICKENS STREET

Address: 743 GREENE STREET

COLUMBIA 29208

COLUMBIA 29208

SC

Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29201

SC

Contract: _____ Company: _____

Elevator Details

Next Inspection Due Date: February 18, 2014 Certificate Posted: Yes Elevator Status: _____

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

Type of Unit: 01 Passenger Speed: 0160 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 28 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 4:5 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

ABATEMENT FORM

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

Elevator #: 4001322
 Date: 02/18/2013

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: 03/20/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/18/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC


ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: SLOAN COLLEGE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Repair car top	✓ 3-18-13	C.T. Hi. Balts
All safety devices, be maintained and work properly	3-14-13	Phone work
Periodic Testing (Hydraulic) Category 1	✓ 3-18-13	INSTALLED

FIN 3-20-13

* 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



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B 18
 D3-20-13

Elevator Report of Inspection

Elevator 4000365

Date February 18, 2013

Location

Building Name: USC BARNWELL COLLEGE

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: oracle

Elevator Details

Next Inspection Due Date: February 18, 2014 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

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: _____

3:5

ABATEMENT FORM

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

Elevator #: 4000365
 Date: 02/18/2013

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: 03/20/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/18/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - BARNWELL COLLEGE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Existing facilities free from recognized hazards	3-18-13	PHONE ON ORDER. NEW OLD=2 Ph. Work will be done
Periodic Testing (Hydraulic) Category 1	3-18-13	ADD CAT 1 TAG
Maintenance records	3-18-13	ADD O.I. LOG EXY 3-20-13

* 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



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B-27

D 3-20-13



Elevator Report of Inspection

Elevator 4001168 Date February 22, 2013

Location

Building Name: USC NATL. ADVOCACY CTR
Address: 1620 PENDLETON 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: oracle

Elevator Details

Next Inspection Due Date: February 22, 2014 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: 0150 Capacity: _____ # of Floors: _____ # of Openings: _____

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

Front Door Close Speed: 4.1 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 #: 4001168
 Date: 02/24/2013

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: 03/24/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/22/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - NATL. ADVOCACY CTR

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-14-13	ADD O.I Log
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-14-13	ADD E.A. Service Log
Periodic Testing (Hydraulic) Category 1	3-14-13	ADD CAT 1 TAG.
Install or repair 24 hour 2-way comm. In car	3-14-13-B	Phone OK PRX 3-20-13

* 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



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B-27
 D 3-22-13

Elevator Report of Inspection

Elevator	<u>4001167</u>	Date	<u>February 18, 2013</u>
Location		Owner	
Building Name:	<u>USC NATL. ADVOCACY CTR</u>	Owner Name:	<u>USC</u>
Address:	<u>1620 PENDLETON ST.</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>γ</u> Company: <u>oracle</u>

Elevator Details

Next Inspection Due Date:	<u>February 18, 2014</u>	Certificate Posted:	<u>Yes</u>	Elevator Status:	<u>Active</u>
Type of Machine:	_____	Are sprinklers in MR:	_____	Are sprinklers in HW:	_____
Type of Unit:	<u>01 Passenger</u>	Speed:	<u>0150</u>	Capacity:	_____
		# of Floors:	_____	# of Openings:	_____
Front Door Width:	_____	Front Door Torque:	<u>28</u>	Rear Door Width:	_____
		Rear Door Torque:	_____		
Front Door Close Speed:	<u>4</u>	Front Door Type:	_____	Rear Door Close Speed:	_____
		Rear Door Type:	_____		



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www.llr.state.sc.us

B-27
 D 3-20-13

Elevator Report of Inspection

Elevator 4001165 Date February 22, 2013

Location

Building Name: USC NATL. ADVOCACY CTR
 Address: 1620 PENDLETON 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: oracle

Elevator Details

Next Inspection Due Date: February 22, 2014 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: 0150 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 29 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 3.5 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

ABATEMENT FORM

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

Elevator #: 4001165
 Date: 02/24/2013

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: 03/24/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/22/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - NATL. ADVOCACY CTR

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-14-13	ADD O.L. Log
Periodic Testing (Hydraulic) Category 1	3-14-13	ADD CAT 1 TO G.
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-14-13	ADD FIRE SERVO. Log EAC 3-20-13

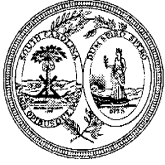
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



S.C. Department of Labor, Licensing and Regulation

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B-27

D-3-22-13



Elevator Report of Inspection

Elevator 4001164

Date February 22, 2013

Location

Building Name: USC NATL. ADVOCACY CTR
Address: 1620 PENDLETON 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: oracle

Elevator Details

Next Inspection Due Date: February 22, 2014 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: 0125 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 28 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 5.5 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 #: 4001164
 Date: 02/24/2013

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: 03/24/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/22/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - NATL. ADVOCACY CTR

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-18-13	ADD FIRE LOG
Periodic Testing (Hydraulic) Category 1	3-14-13	ADD CAT 1 TAG
Maintenance records	3-18-13	ADD O.L LOG
Install or repair 24 hour 2-way comm. In car	3-18-13	PHONE OK
		<p align="right">3-20-13</p> <p align="right">[Signature]</p>

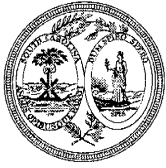
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: _____
Owner/Property Manager

Title: _____

Date: _____

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www.llr.state.sc.us

B-27

D 3-20-13

Elevator Report of Inspection

Elevator 4001163

Date February 22, 2013

Location

Building Name: USC NATL. ADVOCACY CTR

Address: 1620 PENDLETON 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: oracle

Elevator Details

Next Inspection Due Date: February 22, 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: 0150 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 29 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 3.5 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 #: 4001163
 Date: 02/24/2013

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: 03/24/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/22/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - NATL. ADVOCACY CTR

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-14-13	ADD O.L Log
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-14-13	ADD Fire Serv. Log
Periodic Testing (Hydraulic) Category 1	3-14-13	ADD CAT 1 TAG FAX 3-20-13

* 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: _____

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B 12
D 3-20

Elevator Report of Inspection

Elevator 4000614

Date February 18, 2013

Location

Owner

Building Name: USC THORNWELL ADMIN. BLDG.

Owner Name: USC

Address: PENDLETON STREET

Address: 743 GREENE STREET

COLUMBIA 29201

Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: Y Company: oracle

Seal
3-21-13

Elevator Details

Next Inspection Due Date: February 18, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 0160 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 21 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 4:1 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

Elevator Report of Inspection

Elevator 4000614

Date February 18, 2013

Violations

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

did not work with a.c. power turned off

8.6.1.2.1 Maintenance Control Program

nonoil log

8.6.5.14 Periodic Testing Hydraulic Category 1

perform all cat 1 inspections and tag controller

Inspection Result

Inspection Result:

Please correct violations and submit Abatement form by: March 20, 2013

Inspector r Tisdale. 9055
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: tisdaled

Signed On: February 18, 2013

Inspector Signature:

Owner/Management Company Signature:

Contact

Name: ron maxfield

Fax Number:

Phone Number: 803 777 6793

Email Address: ronm@fmc.sc.edu

ABATEMENT FORM

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

Elevator #: 4000614
 Date: 02/18/2013

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: 03/20/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/18/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - THORNWELL ADMIN. BLDG.

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Provide stand-by emergency lighting in car Maintenance Control Program Periodic Testing (Hydraulic) Category 1		

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

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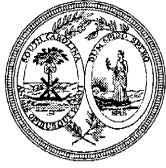
Signature: _____
Owner/Property Manager

Title: _____

Date: _____



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B-56
 D 3-27-13

Elevator Report of Inspection

Elevator 4000373

Date February 19, 2013

Location

Building Name: USC WILLIAMS BRICE NURSING
 Address: 743 GREENE STREET
COLUMBIA 29208

Owner

Owner Name: USC
 Address: 743 GREENE STREET
COLUMBIA 29208

Lessee/Management Firm

Firm Name: USC
 Address: 743 GREENE STREET
COLUMBIA 29208

Seat
 3-21-13

SC

Contract: Y Company: Oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 0200 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 24 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 3 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____



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B-54

D3-21-13



Elevator Report of Inspection

Elevator 4000374

Date February 19, 2013

Location

Building Name: USC WILLIAMS BRICE NURSING

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: oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: _____ Speed: _____ Capacity: _____ # of Floors: _____ # of Openings: _____

01 Passenger

0200

Front Door Width: _____

Front Door Torque: _____

Rear Door Width: _____

Rear Door Torque: _____

27

Front Door Close Speed: _____

Front Door Type: _____

Rear Door Close Speed: _____

Rear Door Type: _____

3

ABATEMENT FORM

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

Elevator #: 4000374
 Date: 02/21/2013

RETURN THIS FORM TO:
 S.C. DEPARTMENT OF LABOR, LICENSING
 & 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: 03/21/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/19/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - WILLIAMS BRICE NURSING

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-19-13	Installed Cat 1
Maintenance records	3-15-13	Maint. Log
Existing facilities free from recognized hazards	3-15-13	PP. Fix Location on EXPL.

Fix 3-21-13

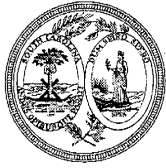
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: *R. [Signature]*
 Owner/Property Manager

Title: _____

Date: _____

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B-56

D 3-27-13

Elevator Report of Inspection

Elevator 4000372

Date February 19, 2013

Location

Building Name: USC WILLIAMS BRICE NURSING

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: oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 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: 0200 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 18 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 2.5 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____



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B 5 \$

D 3-21-13



Elevator Report of Inspection

Elevator 4000377

Date February 19, 2013

Location

Building Name: USC HUMANITIES CLASSROOM

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: oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 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: 0250 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 29 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 3.3 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

ABATEMENT FORM

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

Elevator #: 4000377
 Date: 02/23/2013

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: 03/21/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/19/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - HUMANITIES CLASSROOM

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-15-13	INSTALL CAT1
Periodic Test (Traction) Category 5	3-15-13	INSTALL CAT 5
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room		MR Log
Properly number all disconnects, machines, controllers, car crossheads, and car panels	3-15-13	NUMBER DISCONNECTS FAX 3-21-13

* 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: _____

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B 58

D 3-21-13

Elevator Report of Inspection

Elevator 4000378

Date February 19, 2013

Location

Building Name: USC HUMANITIES CLASSROOM

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: _____ Company: _____

Elevator Details

Next Inspection Due Date: February 19, 2014 Certificate Posted: Yes Elevator Status: _____

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

Type of Unit: 01 Passenger Speed: 0250 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 23 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 4 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 #: 4000378
 Date: 02/23/2013

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: 03/21/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/19/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

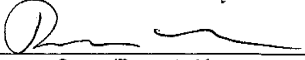
ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - HUMANITIES CLASSROOM

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-14-13	ADD CAT 1
Maintenance records	3-14-13	ADD FIRE LOG

FAY 3-21-13

* 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: _____



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13-54

D 3-21-13

Elevator Report of Inspection

Elevator 4000380

Date February 19, 2013

Location

Building Name: USC HUMANITIES OFFICE BLDG

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: oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 Certificate Posted: _____ Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 0350 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 26 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 3 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

Elevator Report of Inspection

Elevator

4000380

Date

February 19, 2013

Violations

8.6.4.19 Periodic Test Traction Category 1

no record of test

8.6.1.4.1 Maintenance records

no fire service log

Cartop [A17.3.2.1.4] Pipes, wiring and ducts

open electric box in pit

8.6.4.8 Machine Room

identify controller and disconnect proper numbers

Inspection Result

Inspection Result: Violations FoundPlease correct violations and submit Abatement form by: March 19, 2013Inspector
comments:Tisdale r. 9055**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:

tisdaled

Signed On:

February 19, 2013

Inspector Signature:

Owner/Management Company Signature:

Contact

Name:

ron maxfield

Fax Number:

Phone Number:

Email Address:

ABATEMENT FORM

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

Elevator #: 4000380
 Date: 02/21/2013

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: 03/21/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/19/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - HUMANITIES OFFICE BLDG

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-15-13	Installed cat 1
Maintenance records	3-16-13	MR. Lodge
Pipes, wiring and ducts	3-15-13	ADD COVER
Machine Room	3-15-13	WOMERA DISCONNECTS FAY 3-29-13

* 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
803-896-7630 FAX: 803-896-7650
www.llr.state.sc.us

B-54

D 3-21-13

Elevator Report of Inspection

Elevator 4000379

Date February 19, 2013

Location

Building Name: USC HUMANITIES OFFICE BLDG

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: oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 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: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 26 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: gWegOQERLON
 OR

Elevator #: 4000379
 Date: 02/21/2013

RETURN THIS FORM TO:
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 & REGULATION
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 Fax: (803) 896-7650

Date Form Due: 03/21/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/19/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - HUMANITIES OFFICE BLDG

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-13-13	INSTAL CAT 1+5
Maintenance records	3-15-13	MR LOGS

Fax 3-21-13

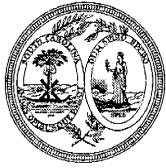
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



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Columbia, SC 29211
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B 39

D 3-21-13

Elevator Report of Inspection

Elevator 4000691

Date February 19, 2013

Location

Building Name: USC CAPSTONE HOUSE

Address: BARNWELL 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: oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 0350 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 25 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 4000692

Date February 19, 2013

Violations

8.6.1.4.1 Maintenance records	perform all cat1 and cat 5 test and tag controller
8.6.1.4.1 Maintenance records	no fire service log
Machine Room [A17.3.3.8.1] Traction drive machines	identify machine number to controller number. b
8.6.4.7 Cleaning of Hoistways and Pits	debris in pit. also remove all old parts.
8.6.1.6.7 Signs and Data Plates	no fire emergency direction sign on bottom landing
Cartop [A17.3.2.1.5, 4.3, 3.1, 3.2, 4,9] Counterweight and counterweight bu	replace bad couterweight rollers

Inspection Result

Inspection Result: Violations Found Please correct violations and submit Abatement form by: March 19, 2013

Inspector Tisdale R. 9055
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: tisdaled

Signed On: February 19, 2013

Inspector Signature:

Owner/Management Company Signature:

Contact

Name: Ron Maxfield

Fax Number: _____

Phone Number: 803.777.6793

Email Address: ronm@fmc.sc.edu

ABATEMENT FORM

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

Elevator #: 4000692
 Date: 02/23/2013

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: 03/21/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/19/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - CAPSTONE HOUSE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-18-13	ADD CAT 145 TAGS
Maintenance records	3-18-13	ADD FIRE LOGS
Traction drive machines	3-18-13	CHECK #2 MACHINE
Cleaning of Hoistways and Pits	3-19-13	CLEAN PIT
Signs and Data Plates	3-2-13	ADD ANOTHER SIGN TOWARD FAX 3-21-13

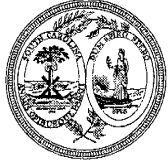
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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

B-39
D 3-21-13

Elevator Report of Inspection

Elevator 4000692

Date February 19, 2013

Location

Building Name: USC CAPSTONE HOUSE
Address: BARNWELL 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: oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 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: 0350 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 23 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 #: 4000691
 Date: 02/23/2013

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: 03/21/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/19/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - CAPSTONE HOUSE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-2-13	CAT L45
Maintenance records	3-2-13	ADD FIRE Log ←
Existing facilities free from recognized hazards	3-14-13	LUB CABLES
Lighting and receptacles	3-2-13	LIGHT + RUGH SKIN
		F44 3-21-13

* 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

B 39

D 3-21-13

Elevator Report of Inspection

Elevator 4000693

Date February 19, 2013

Location

Building Name: USC CAPSTONE HOUSE

Address: BARNWELL 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: oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 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: 0350 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 24 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 #: 4000693
 Date: 02/23/2013

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: 03/21/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/19/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - CAPSTONE HOUSE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-10-13	ADD CAT 1+5 TAGS
Maintenance records	3-10-13	ADD SIDE LOGS
Traction drive machines	3-2-13	REPLACE BRUSHES IN GEN
Existing facilities free from recognized hazards	3-2-13	TIGHTEN WIRE STRAPS GUY 3-26-13

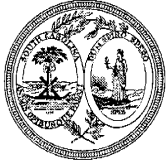
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



S.C. Department of Labor, Licensing and Regulation

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B39 #4
Doe 3-21-13

Elevator Report of Inspection

Elevator 4000694

Date February 19, 2013

Location

Building Name: USC CAPSTONE HOUSE

Address: BARNWELL STREET

COLUMBIA 00000

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: oracle

Elevator Details

Next Inspection Due Date: February 19, 2014 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: 0350 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 24 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 #: 4000694
 Date: 02/23/2013

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: 03/21/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/19/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - CAPSTONE HOUSE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-2-12	ADD CA? LHS TAG
Maintenance records	3-18-13	ADD FIRE SERVICE LOG
Governor rope	3-19-13	CHANGE GOVERNOR ROPE
Pipes, wiring and ducts	3-2-13	FIX LOOSE WIRING FAY 3-21-13

* 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



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www.llr.state.sc.us

B 112

3-22-13



Elevator Report of Inspection

Elevator 4000709

Date February 20, 2013

Location

Owner

Building Name: USC RUSSELL HOUSE

Owner Name: USC

Address: GREENE 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: oracle

Elevator Details

Next Inspection Due Date: February 20, 2014

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:

02 Freight

0025

Front Door Width:

Front Door Torque:

Rear Door Width:

Rear Door Torque:

27

Front Door Close Speed:

Front Door Type:

Rear Door Close Speed:

Rear Door Type:

3

Elevator Report of Inspection

Elevator 4000709

Date February 20, 2013

Violations

8.6.4.19 Periodic Test Traction Category 1	perform test and tag controller
8.6.4.20 Periodic Test Traction Category 5	perform test and tag controller
Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
Machine Room [A17.3 3.4.6] All light bulbs and tubes shall be guarded to c	
In Car [A17.1 2.14.7.4] Install protective cover over car light	
8.6.1.2.2 Defective Part affecting safety and operation	first floor sill loose
8.6.4.12 Governors	not tagged
Pits [A17.1 8.6.8.14] Pits shall be kept dry and clean	
Machine Room [A17.3 3.4.6] All light bulbs and tubes shall be guarded to c	

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: February 20, 2013

Inspector: Tisdale R. 9055
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: tisdaled

Signed On: February 20, 2013

Inspector Signature:

Owner/Management Company Signature:

Contact

Name: Ron Maxfield

Fax Number: _____

Phone Number: 803.777.6793

Email Address: ronm@fmc.sc.edu

ABATEMENT FORM

FILL OUT ONLINE
<https://verify.llonline.com/ElevPortal>
 UserID: WrsOP108
 Password: gWegQqERLON

Elevator #: 4000709
 Date: 02/23/2013

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: 03/22/2013

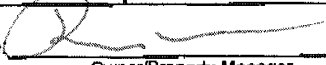
THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/20/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - RUSSELL HOUSE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-18-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-19-13	ADD CAT 2
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-18-13	ADD FIRE TEST LOG
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-18-13	BULBS HAVE RUBBER COVERS
Install protective cover over car light	3-18-13	BOLTS ARE COVERED
ELEV 3-22-13		
<p>* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.</p> <p>SCLLR/LIC 0010</p>	<p>Signature: <u></u> Owner/Property Manager</p> <p>Title: _____</p> <p>Date: _____</p>	

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
<p>Defective Part affecting safety and operation <i>Have 90 DAYS</i></p> <p>Governors</p> <p>Pits shall be kept dry and clean</p> <p>All light bulbs and tubes shall be guarded to contain broken glass if broken</p>	<p><i>3-21-13</i></p> <p><i>3-21-13</i></p> <p><i>3-18-13</i></p>	<p><i>Doc 5-22-13</i></p> <p><i>ROO TAG</i></p> <p><i>clean A.T.</i></p> <p><i>BULBS ARE COV-ED.</i></p> <p><i>FAY 3-22-13</i></p>
<p>* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.</p> <p>SCLLR/LIC 0010</p>	<p>Signature: </p> <p>Title: _____</p> <p>Date: _____</p>	<p>Owner/Property Manager</p>



S.C. Department of Labor, Licensing and Regulation

P.O.Box 11329
Columbia, SC 29211
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www.llr.state.sc.us

B 122

D 3-22-13

Elevator Report of Inspection

Elevator 4000744

Date February 20, 2013

Location

Building Name: USC SOUTH TOWERS BUILDING

Address: BULL STREET

COLUMBIA 00000

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: oracle

Elevator Details

Next Inspection Due Date: February 20, 2014 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: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 24 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 #: 4000744
 Date: 02/23/2013

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: 03/22/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/20/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - SOUTH TOWERS BUILDING

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-19-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-19-13	ADD CAT 5
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-19-13	ADD ELEV SERV LOG
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-19-13	BULBS ARE COVERED
Repair bottom final terminal stopping device	3-19-13	ADJ. FINAL TERMINAL. FRY 3-22-13

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

Signature: Ray J
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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B122

D

3-22-13

Elevator Report of Inspection

Elevator 4000746

Date February 20, 2013

Location

Building Name: USC SOUTH TOWERS BUILDING

Address: BULL 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: oracle

Elevator Details

Next Inspection Due Date: February 20, 2014 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

Front Door Width: _____ Front Door Torque: _____ Rear Door Width: _____ Rear Door Torque: _____

27

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: gWeqOQERLON
 OR

Elevator #: 4000746
 Date: 02/23/2013

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: 03/22/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/20/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - SOUTH TOWERS BUILDING

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-13-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-13-13	ADD CAT 5
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-17-13	ADD FIRE SERVICE END 3-22-13

* 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
803-896-7630 FAX: 803-896-7650
www.llr.state.sc.us

B 122

D 3-22-13

Elevator Report of Inspection

Elevator 4000745

Date February 20, 2013

Location

Building Name: USC SOUTH TOWERS BUILDING

Address: BULL 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: oracle

Elevator Details

Next Inspection Due Date: February 20, 2014 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: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 28 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 3 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____



S.C. Department of Labor, Licensing and Regulation



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www.llr.state.sc.us

B 121

D 3-22-13

Elevator Report of Inspection

Elevator 4000766

Date February 20, 2013

Location

Building Name: USC STUDENT HEALTH CENTER

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: oracle

Elevator Details

Next Inspection Due Date: February 23, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 0100 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 26 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 3.5 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 #: 4000766
 Date: 02/23/2013

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: 03/22/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/20/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC- STUDENT HEALTH CENTER

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-18-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-18-13	ADD CAT 5
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-18-13	ADD FIRE LOG
Install or repair 24 hour 2-way comm. In car	3-18-13	Loose wire
Install or repair car door restrictions	3-20-13	ADJ CAR DOOR RESTRICTION
<p>END 3-22-13</p>		

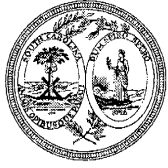
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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

B-27

D 3-~~B~~²³-13

#5 Service Elev.

Elevator Report of Inspection

Elevator 4001166

Date February 22, 2013

Location

Building Name: USC NATL. ADVOCACY CTR

Address: 1620 PENDLETON ST.

COLUMBIA 29208

Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

Lessee/Management Firm

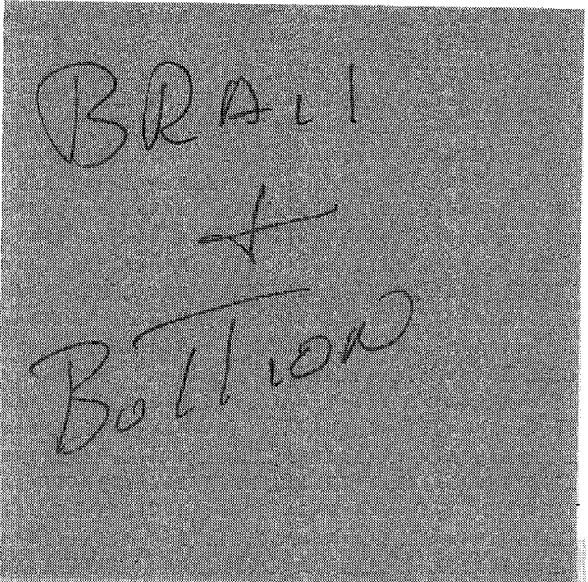
Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: y Company: oracle



Elevator Details

Next Inspection Due Date: February 22, 2014 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: 0125 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 28 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 4.8 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Packing Glands and Seals		

* 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: _____



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B 60

D 3-23-13

Elevator Report of Inspection

Elevator 4000361

Date February 21, 2013

Location

Building Name: USC LECONTE COLLEGE

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: oracle

Elevator Details

Next Inspection Due Date: February 21, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 0050 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 28 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 3.8 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 #: 4000361
 Date: 02/24/2013

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: 03/23/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/21/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

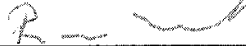
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - LECONTE COLLEGE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-18-13	1300 Co?1
Periodic Test (Traction) Category 5	3-18-13	1300 Co?5
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-18-13	1300 FIRE LOG
Install all electrical box and duct covers in hoistway	3-19-13	INSTALL BOX COVERS
New Facilities shall be free from recognized hazards	3-19-13	ADDITIONAL WIRING KAY 3-22-13

* 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

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Pits shall be kept dry and clean	3-18-13	clean pit.
Install or repair permanent lighting in pit	3-18-13	ADD LIGHT IN PIT
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-18-13	Bulbs ARE CODED

KAY 3-22-13

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

Signature: Raymond
Owner/Property Manager

Title: _____

Date: _____



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B-410
3-23-13

Elevator Report of Inspection

Elevator 4000697

Date February 21, 2013

Location

Building Name: USC COLUMBIA HALL

Address: BARNWELL STREET

COLUMBIA 00000

Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

MOD

Contract: Y Company: oracle

Elevator Details

Next Inspection Due Date: February 21, 2014 Certificate Posted: Yes Elevator Status: Active

Type of Machine: _____ Are sprinklers in MR: Y Are sprinklers in HW: _____

Type of Unit: _____ Speed: _____ Capacity: _____ # of Floors: _____ # of Openings: _____

01 Passenger 0350

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 4000697 Date February 21, 2013

Violations

8.6.4.19 Periodic Test Traction Category 1	
8.6.4.20 Periodic Test Traction Category 5	
Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
Machine Room [A17.3 3.4.6] All light bulbs and tubes shall be guarded to c	
Hoistway [NEC 620.3] Install all electrical box and duct covers in hoistway	replace 2 box covers under platform
Pits [A17.1 8.6.8.14] Pits shall be kept dry and clean	
8.6.1.6.7 Signs and Data Plates	replace missing certificate frame in cab

Inspection Result

Inspection Result: Violations Found Please correct violations and submit Abatement form by: March 21, 2013

Inspector comments: Tisdale R. 9055

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: tisdaled Signed On: February 21, 2013

Inspector Signature: _____ Owner/Management Company Signature: _____

Contact

Name: Ron Maxfield Fax Number: _____

Phone Number: 803.777.6793 Email Address: ronm@fmc.sc.edu