



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

AMENDMENT NO.3 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 3 of 4

BIDDER SHALL ACKNOWLEDGE RECEIPT OF AMENDMENT NO.3 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 #: 4000697
 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

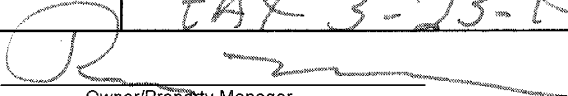
ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - COLUMBIA HALL

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	m	
Periodic Test (Traction) Category 5		
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room		D
All light bulbs and tubes shall be guarded to contain broken glass if broken		D
Install all electrical box and duct covers in hoistway		D

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

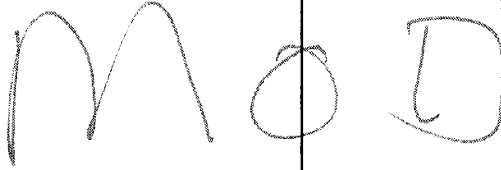

SCLLR/LIC 0010

Signature: 
 Owner/Property Manager

Title: _____


Date: _____

FAX 3-23-13

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Pits shall be kept dry and clean Signs and Data Plates		

* 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
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D 3-23-13

Elevator Report of Inspection

Elevator 4000695

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

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: 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: _____

Elevator Report of Inspection

Elevator 4000695 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	
Pits [A17.1 8.6.8.14] Pits shall be kept dry and clean	remove debris from pit

Inspection Result

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

ABATEMENT FORM

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

Elevator #: 4000695
 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 - COLUMBIA HALL

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	m	
Periodic Test (Traction) Category 5	o	
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	D	
All light bulbs and tubes shall be guarded to contain broken glass if broken		
Pits shall be kept dry and clean		FAY 3-23-13

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

Signature: Ron W
 Owner/Property Manager

Title: _____

Date: _____

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

B40
D 3-23-18

Elevator Report of Inspection

Elevator 4000696

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

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 4000696

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
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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

ABATEMENT FORM

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

Elevator #: 4000696
 Date: 02/24/2013

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 & REGULATION
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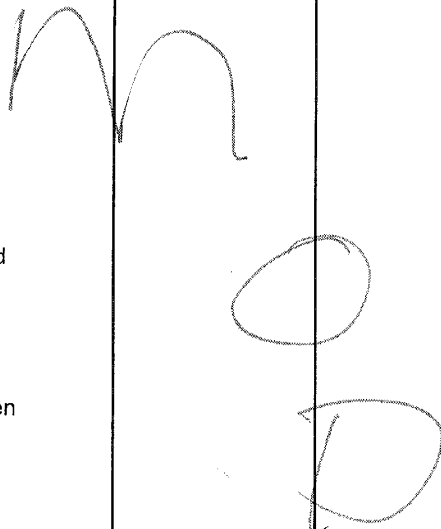

Date Form Due: 03/23/2013

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 - COLUMBIA HALL

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1 Periodic Test (Traction) Category 5 Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room All light bulbs and tubes shall be guarded to contain broken glass if broken		

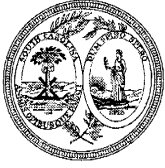
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature:  Owner/Property Manager

Title: _____

Date: _____

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P 3-23-13

Elevator Report of Inspection

Elevator 4000375 17-14

Date February 21, 2013

Location

Building Name: USC STUDENT FINANCIAL AID
Address: 1714 COLLEGE STREET
COLUMBIA 29208

Owner

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

Lessee/Management Firm

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

Contract: _____ Company: _____

Elevator Details

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

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

Type of Unit: 01 Passenger Speed: 0035 Capacity: _____ # of Floors: _____ # of Openings: _____

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 4000375

Date February 21, 2013

Violations

Machine Room [A17.1 2.7.5.1] Provide sufficient, permanent lighting in ove _____

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 23, 2013

Inspector comments: Tisdale R. 9055

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: tisdaled

Signed On: February 21, 2013

Inspector Signature: _____

Owner/Management Company Signature: _____

Contact

Name: Ron Maxfield

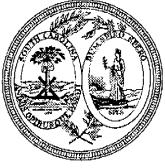
Fax Number: _____

Phone Number: 803.777.6793

Email Address: ronm@fmc.sc.edu



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www.llr.state.sc.us

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D 3-23-13

Elevator Report of Inspection

Elevator 4000722

Date February 21, 2013

Location

Building Name: USC CALLCOTT BUILDING

Address: COLLEGE STREET

COLUMBIA 29208

Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

Lessee/Management Firm

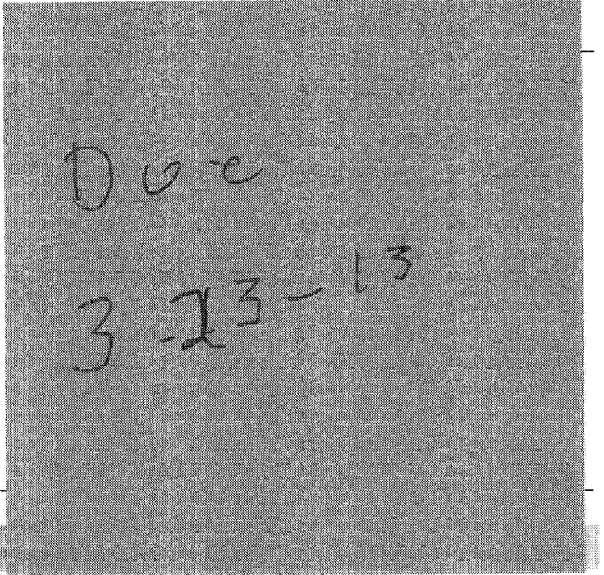
Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: y Company: oracle



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

Elevator Report of Inspection

Elevator 4000722 Date February 21, 2013

Violations

8.6.4.19 Periodic Test Traction Category 1 perform test and tag controller
Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to _____
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: March 21, 2013

Inspector comments: Tisdale R. 9055

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: 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

ABATEMENT FORM

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

Elevator #: 4000722
 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 - CALLCOTT BUILDING

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-19-13	AOD CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-19-13	BOB PLASE
Install or repair car door restrictions	3-19-13	REPAIR RESTRICTIONS FAY 3-22-13

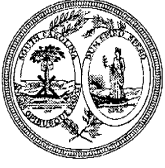
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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

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D. 3-23-13

Elevator Report of Inspection

Elevator	<u>4000511</u>	Date	<u>February 21, 2013</u>
Location		Owner	
Building Name:	<u>USC MAXCY</u>	Owner Name:	<u>USC</u>
Address:	<u>1300 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>Y</u> Company: <u>oracle</u>

Elevator Details

Next Inspection Due Date:	<u>February 21, 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>26</u>	Rear Door Width:	_____
		Rear Door Torque:	_____		
Front Door Close Speed:	<u>4.4</u>	Front Door Type:	_____	Rear Door Close Speed:	_____
		Rear Door Type:	_____		

Elevator Report of Inspection

Elevator 4000511

Date February 21, 2013

Violations

8.6.5.14 Periodic Testing Hydraulic Category 1

Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to

Machine Room [A17.1 8.6.1.4.2] Maintenance records shall be kept in the n oil log

71 51002 New Facilities shall be free from recognized hazards replace broken buttons in c.o.p.

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 21, 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 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

ABATEMENT FORM

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

Elevator #: 4000511
 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 - MAXCY COLLEGE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-20-13	ADD CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-20-13	ADD FIRE SERVICE
Maintenance records shall be kept in the machine room	3-20-13	ADD O.G LOG
New Facilities shall be free from recognized hazards	3-20-13	REPLACE BROKEN 130 TIRES FMT 3-22-13

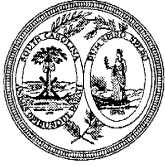
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



S.C. Department of Labor, Licensing and Regulation

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

B 135 A
D 3-27-13

Elevator Report of Inspection

Elevator	<u>4001269</u>	Date	<u>February 25, 2013</u>
Location		Owner	
Building Name:	<u>USC EAST QUAD</u>	Owner Name:	<u>USC</u>
Address:	<u>1400 BLOSSOM AVENUE</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>oracle</u>

Elevator Details

Next Inspection Due Date:	<u>February 25, 2014</u>	Certificate Posted:	<u>Yes</u>	Elevator Status:	<u>Active</u>
Type of Machine:		Are sprinklers in MR:	<u>y</u>	Are sprinklers in HW:	<u>y</u>
Type of Unit:	<u>01 Passenger</u>	Speed:	<u>0160</u>	Capacity:	
Front Door Width:		Front Door Torque:	<u>22</u>	# of Floors:	
Front Door Close Speed:	<u>3</u>	Front Door Type:		# of Openings:	
		Rear Door Width:		Rear Door Torque:	
		Rear Door Close Speed:		Rear Door Type:	

Elevator Report of Inspection

Elevator 4001269 5

Date February 25, 2013

Violations

8.6.1.4.1 Maintenance records no oil log

8.6.5.14 Periodic Testing Hydraulic Category 1 perform test and tag controller

Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to _____

8.6.1.6.7 Signs and Data Plates replace missing fire emergency exit signs

8.6.1.6.7 Signs and Data Plates replace missing car certificate frame

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 25, 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 25, 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 #: 4001269
 Date: 02/25/2013

RETURN THIS FORM TO:
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 & REGULATION
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Date Form Due: 03/27/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/25/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: EAST QUAD

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-25-13	ADD O.I Log
Periodic Testing (Hydraulic) Category 1	3-25-13	AAA CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-25-13	AAA FIRE SERVICE
Signs and Data Plates	3-25-13	ADD FIRE SIGN
Signs and Data Plates	3-22-13	AAA MISSING CERTIFICATE (AAA) FAX 3-27-13

* 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 - 146 OR 135
ID 3-27-13

Elevator Report of Inspection

Elevator 4001151

Date February 25, 2013

Location

Building Name: USC W. QUADRANGLE CAMPUS *S. Quad*
Address: 500 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: oracle

Elevator Details

Next Inspection Due Date: February 25, 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: 0160 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 19 Rear Door Width: _____ Rear Door Torque: _____

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

Elevator Report of Inspection

Elevator 4001151

Date February 25, 2013

Violations

8.6.5.7 Record of Oil Usage

8.6.5.14 Periodic Testing Hydraulic Category 1

perform test and tag controller

Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to

In Car [A17.1 2.14.7.1] Provide proper illumination in car

replace all missing cab lights

8.6.1.6.7 Signs and Data Plates

replace all missing fire emergency exit signs

8.6.3.5 Belts and Chains

replace door motor belt

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: February 25, 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 25, 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 #: 4001151
 Date: 02/25/2013

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: 03/27/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/25/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

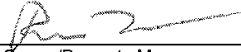
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: SOUTH QUAD

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Record of Oil Usage	3-22-13	ADD OIL
Periodic Testing (Hydraulic) Category 1	3-22-13	ADD CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-22-13	ADD FIRE SERVICE
Provide proper illumination in car	2-22	REPLACE OUT BULBS
Signs and Data Plates	3-22-13	ADD MISSING FIRE SIGNS FOR 3-27-13

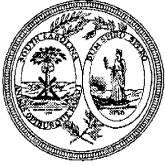
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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 1417
D-3-27-13

Elevator Report of Inspection

Elevator 4001495

Date February 25, 2013

Location

Building Name: USC WEST QUAD "A" R

Address: 743 GREENE 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: oracle

Elevator Details

Next Inspection Due Date: February 25, 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: 150 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 30 plus Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 4.5 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

Elevator Report of Inspection

Elevator 4001495

Date February 25, 2013

Violations

8.6.1.4.1 Maintenance records	no oil log
8.6.5.14 Periodic Testing Hydraulic Category 1	perform test and tag controller
Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
In Car [A17.1 2.13.3.1] Adjust door closing force	

Inspection Result

Inspection Result: Violations Found Please correct violations and submit Abatement form by: February 25, 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 25, 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: gVWeqOQERLON
 OR

Elevator #: 4001495
 Date: 02/25/2013

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: 03/27/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/25/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - WEST QUAD "A"

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-28-13	MAB Log
Periodic Testing (Hydraulic) Category 1	3-25-13	MAB CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-26-13	MAB FS
Adjust door closing force	3-25-13	ADJ DOOR F44 3-27-13

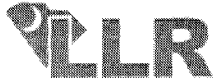
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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-146
D 3-27-13

Elevator Report of Inspection

Elevator 4001493 B

Date February 25, 2013

Location

Building Name: USC SOUTH CAMPUS HOUSING
Address: WEST QUADRANGLE
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 25, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 150 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 27 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 #: 4001493
 Date: 02/25/2013

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: 03/27/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/25/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

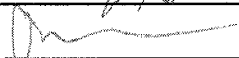
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - SOUTH CAMPUS HOUSING

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-19-13	MRO Log
Periodic Testing (Hydraulic) Category 1	3-19-13	INSTALLED CAT 1 TAG.
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-19-13	MRO ES

* 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

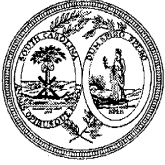
Title: _____

Date: _____

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

D 3-27-13

Elevator Report of Inspection

Elevator 4001496 C

Date February 25, 2013

Location

Building Name: USC WEST QUAD "C"
Address: 743 GREENE 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: oracle

Elevator Details

Next Inspection Due Date: February 25, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 150 Capacity: _____ # of Floors: _____ # of Openings: _____

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

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

Elevator Report of Inspection

Elevator 4001496 Date February 25, 2013

Violations

8.6.1.4.1 Maintenance records	no oil log
Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
8.6.1.6.7 Signs and Data Plates	replace missing fire emergency exit signs
8.6.5.14 Periodic Testing Hydraulic Category 1	
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: March 25, 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 25, 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 #: 4001496
 Date: 02/25/2013

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: 03/27/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/25/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - WEST QUAD "C"

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	5-26-13	ADD OIL LOG
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	5-26-13	ADD FS LOG
Signs and Data Plates	5-26-13	ADD FIRE EXIT SIGNS
Periodic Testing (Hydraulic) Category 1	5-26-13	ADD CAT 1
Pits shall be kept dry and clean	5-26-13	PIT ARE CLEAN

BY 3-27-13

* 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

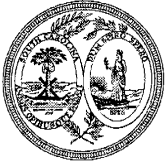
Title: _____

Date: _____

SCLLR/LIC 0010



S.C. Department of Labor, Licensing and Regulation



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www.llr.state.sc.us

B 14 S
D 3-27-13

Elevator Report of Inspection

Elevator 4001497 D

Date February 25, 2013

Location

Building Name: USC WEST QUAD

Address: WEST QUARTERANGE

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 25, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

01 Passenger 150

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

29

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 #: 4001497
 Date: 02/25/2013

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: 03/27/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/25/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - WEST QUAD

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Maintenance records	3-25-13	ADD O.I. LOG
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-25-13	ADD FS
Periodic Testing (Hydraulic) Category 1	3-25-13	ADD CAT 1
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-25-13	Bulbs ARE plastic cover FAX 3-27-13

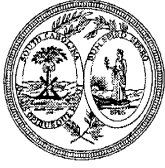
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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-146 OR 135
P 3-27-13

Elevator Report of Inspection

Elevator 4001152

Date February 25, 2013

Location

Building Name: USC W. QUADRANGLE CAMPUS *So Quaro*
Address: 500 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: oracle

Elevator Details

Next Inspection Due Date: February 25, 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: 0160 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 22 Rear Door Width: _____ Rear Door Torque: _____

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

Elevator Report of Inspection

Elevator 4001152 Date February 25, 2013

Violations

8.6.5.5.2 Collection of Oil Leakage

8.6.5.14 Periodic Testing Hydraulic Category 1

perform test and tag controller

Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to

71 51002 New Facilities shall be free from recognized hazards

replace pick up roller 3rd landing

In Car [A17.1 2.14.7.1] Provide proper illumination in car

replace missing lights in car

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 25, 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 25, 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.lironline.com/ElevPortal>
 UserID: WrsOP108
 Password: gWeqOQERLON
 OR

Elevator #: 4001152
 Date: 02/25/2013

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: 03/27/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/25/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: SOUTH QUAD

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Collection of Oil Leakage	3-22-13	AAA Oil Log
Periodic Testing (Hydraulic) Category 1	3-22-13	AAA CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-22-13	AAA Fire Service
New Facilities shall be free from recognized hazards	3-25-13	Pick up Railer
Provide proper illumination in car	3-22-13	Replace out bulbs FAE 3-27-13

* 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 139

D 3-27-13

Elevator Report of Inspection

Elevator 4000740

Date February 25, 2013

Location

Building Name: USC COMPUTER SERVICES

Address: 1222 BLOSSOM 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 25, 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: _____ 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 4000740

Date February 25, 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
In Car [A17.1 2.14.7.4] Install protective cover over car light	
Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
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: March 25, 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 25, 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 #: 4000740
 Date: 02/25/2013

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: 03/27/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/25/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

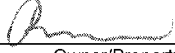
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - COMPUTER SERVICES

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-25-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-25-13	ADD CAT 5
Install protective cover over car light	3-25-13	BULBS ARE PLASTIC COVER
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-25-13	AAA FIRE SERVICE
Install or repair car door restrictions	3-25-13	REPAIR DOOR
		FOR 3-27-13

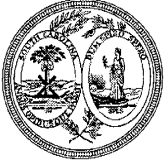
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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

13 139
D3-28-13

Elevator Report of Inspection

Elevator 4000755

Date February 26, 2013

Location

Building Name: USC COMPUTER SERVICES *AWF*
Address: 1211 WHEAT 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 26, 2014 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: _____ # of Floors: _____ # of Openings: _____

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: _____

ABATEMENT FORM

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

Elevator #: 4000755
 Date: 02/26/2013

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: 03/28/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/26/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

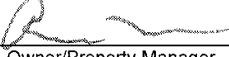
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - COMPUTER SERVICES

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	3-27-13	ADD 0,1 Log
Periodic Test (Traction) Category 1	3-25-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-28-13	ADD CAT 5
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-25-13	Bulbs are CO
New Facilities shall be free from recognized hazards	3-28-13	OK with Log. PAGE 3-28-13

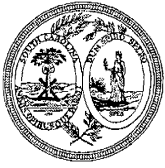
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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 ~~164~~ 164
D 3-28-13
3-28-13

Elevator Report of Inspection

Elevator 4001719

Date February 26, 2013

Location

Building Name: USC BAND & DANCE FACILITY

Address: 324 SUMTER STREET

COLUMBIA 29203

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 26, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 100 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 25 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 4001719

Date February 26, 2013

Violations

Machine Room [A17.3 3.4.6] All light bulbs and tubes shall be guarded to c	
Pits [A17.1 8.6.8.14] Pits shall be kept dry and clean	clean steel and stop water leak

Inspection Result

Inspection Result: Violations Found Please correct violations and submit Abatement form by: March 28, 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 26, 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 #: 4001719
Date: 02/26/2013

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: 03/28/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/26/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - BAND & DANCE FACILITY

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-20-13	Bulbs are plastic covered
Pits shall be kept dry and clean	3-20-13	Pits are dry & clean

FAY 3-27-13

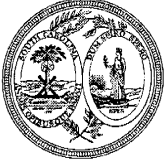
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: Ben [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-170

D 3-28-13

Elevator Report of Inspection

Elevator 4001045

Date February 26, 2013

Location

Building Name: USC SWEARINGEN ANNEX

Address: USC COLUMBIA CAMPUS

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 26, 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: 25 Rear Door Width: _____ Rear Door Torque: _____

Front Door Close Speed: 8 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

Elevator Report of Inspection

Elevator 4001045

Date February 26, 2013

Violations

Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
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
In Car [A17.1 2.27.1.1.2] Install or repair 24 hour 2 way comm. In car	identify elevator
Pits [A17.1 2.1.2.3] Pit area structural steel shall be protected against deteri	also to include bottom of counterweight
Machine Room [A17.1 2.7.5.1] Provide sufficient, permanent lighting in ma	burned out lights
Hoistway [A17.1 2.29.2] Install floor numbers on hoistway side of enclosure	
Hoistway [NEC 620.3] Install all electrical box and duct covers in hoistway	limit switches need duct covers
71 51002 New Facilities shall be free from recognized hazards	doors to slow in closing and effects paper f.s. operation

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 28, 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 26, 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 #: 4001045
 Date: 02/26/2013

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: 03/28/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/26/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: SWEARINGEN ANNEX

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	3-28-13	ADD F.S
Periodic Test (Traction) Category 1	3-28-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-28-13	ADD CAT 5
Install or repair 24 hour 2-way comm. In car	3-28-13	Phone OK
Pit area structural steel shall be protected against deterioration due to rust		FAC 3-28-13

* 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

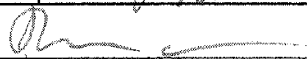
Title: _____

Date: _____

SCLLR/LIC 0010

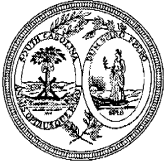
Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Provide sufficient, permanent lighting in machine room	3-25-13	LIGHTING IS OK
Install floor numbers on hoistway side of enclosure or hoistway doors	3-28-13	NUMBER ARE IN RED
Install all electrical box and duct covers in hoistway	3-28-13	DUST COVERS ARE NOT REQUIRED
New Facilities shall be free from recognized hazards		<p style="text-align: right;">FR 4 3-28-13</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: _____



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

B59

D 3-28-13

Elevator Report of Inspection

Elevator 4001595

Date February 26, 2013

Location

Building Name: USC COLLOQUIUM RESTAURANT

Address: GREENE 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: oracle

Elevator Details

Next Inspection Due Date: February 26, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 95 Capacity: _____ # of Floors: _____ # of Openings: _____

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

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

Elevator Report of Inspection

Elevator 4001595

Date February 26, 2013

Violations

Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to

8.6.5.14 Periodic Testing Hydraulic Category 1

perform test and tag controller

8.6.5.7 Record of Oil Usage

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 28, 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 26, 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 #: 4001595
Date: 02/26/2013

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: 03/28/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/26/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - COLLOQUIUM RESTAURANT

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	3-14-13	ADD duplicate F-S TO LOG
Periodic Testing (Hydraulic) Category 1	3-14-13	NOE CAT 1
Record of Oil Usage	3-14-13	ADD O.I LOG

FAY 3-28-13

* 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 1703
D 3-28-13

Elevator Report of Inspection

Elevator	<u>4000763</u>	Date	<u>February 26, 2013</u>
Location		Owner	
Building Name:	<u>USC SWEARINGEN ENGINEERING</u>	Owner Name:	<u>USC</u>
Address:	<u>S. MAIN 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: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: y Company: oracle

Elevator Details

Next Inspection Due Date: February 26, 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: 0100 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 28 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 #: 4000763
 Date: 02/26/2013

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: 03/28/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/26/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC- SWEARINGEN ENGINEERING

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-14-13	ADD CAT1
Record of Oil Usage	3-14-13	ADD Oil Log
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-14-13	ADD FS
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-14-13	Bulbs are covered plastic cover
Install protective cover over car light	3-14-13	Bulbs are covered plastic cover

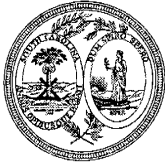
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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-170

3-28-13

Elevator Report of Inspection

Elevator 4001046

Date February 26, 2013

Location

Building Name: USC SWEARINGEN ANNEX

Address: USC COLUMBIA CAMPUS
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 26, 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: 27 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 4001046

Date February 26, 2013

Violations

Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
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
Electrical [NEC 410 12] All fixtures missing covers shall have covers installed	bottom limit needs duct cover
In Car [A17.1 2.14.7.4] Install protective cover over car light	
71 51004c SC #1000 Firefighters key switch	needs updated

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 28, 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 26, 2013

Inspector Signature:

Owner/Management Company Signature:

Contact

Name: Tisdale R. 9055

Fax Number: _____

Phone Number: 803.777.6793

Email Address: ronm@fmc.sc.edu

ABATEMENT FORM

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

Elevator #: 4001046
 Date: 02/26/2013

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: 03/28/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/26/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

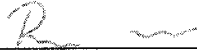
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: SWEARINGEN ANNEX

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	3-25-13	ADD FS
Periodic Test (Traction) Category 1	3-25-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-28-13	ADD CATS
All fixtures missing covers shall have covers installed or replace the fixture	3-28-13	BOLTS HAVE PLASTIC COBING
Install protective cover over car light	3-25-13	BOLTS HAVE PLASTIC COBING FAX 3-28-13

* 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

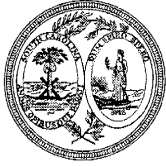
Title: _____

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-165

D-3-28-13

Elevator Report of Inspection

Elevator 4000753

Date February 26, 2013

Location

Building Name: USC CLIFF APARTMENTS

Address: WHALEY 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 26, 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: 30 Rear Door Width: _____ Rear Door Torque: _____

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

Elevator Report of Inspection

Elevator 4000753 Date February 26, 2013

Violations

Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
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
Electrical [NEC 300 15] Boxes are required at all wiring splices	also remove wires attached to travel cable that are broken and not being u
71 51003 All safety devices, be maintained and work properly	5th floor relating cable has rust check both relating cable rollers
8.6.4.13.2 Door Speed and Torque	reduce door torque

Inspection Result

Inspection Result: Violations Found Please correct violations and submit Abatement form by: March 28, 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 26, 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 #: 4000753
 Date: 02/26/2013

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: 03/28/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/26/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - CLIFF APARTMENTS

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	3-14-13	AAA ES ES log
Periodic Test (Traction) Category 1	3-14-13	AAA CAT 1 log
Periodic Test (Traction) Category 5	3-14-13	AAA CAT 5
Boxes are required at all wiring splices		
All safety devices, be maintained and work properly	3-14-13	CABLES ARE OK

* 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

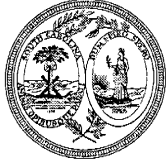
Signature: _____
Owner/Property Manager

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

B-115
D 3-28-13

Elevator Report of Inspection

Elevator 4000754

Date February 26, 2013

Location

Building Name: USC CLIFF APARTMENTS
Address: WHALEY 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 26, 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: 29 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 4000754 Date February 26, 2013

Violations

Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
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
71 51002 New Facilities shall be free from recognized hazards	check generator brushes
Electrical [NEC 410 12] All fixtures missing covers shall have covers installed	top of hoistway
Electrical [NEC 300 15] Boxes are required at all wiring splices	top of hoistway
8.6.2.5 Repair of Gov. Ropes	rouge on cable
71 51002 New Facilities shall be free from recognized hazards	remove wires attached to travel cable not being used and or broken

Inspection Result

Inspection Result: Violations Found Please correct violations and submit Abatement form by: March 28, 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 26, 2013

Inspector Signature: _____ Owner/Management Company Signature: _____

Contact

Name: Tisdale R. 9055 Fax Number: _____
Phone Number: 803.777.6793 Email Address: ronm@fmc.sc.edu

ABATEMENT FORM

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

Elevator #: 4000754
 Date: 02/26/2013

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: 03/28/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/26/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

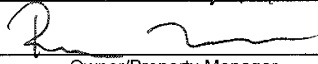
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - CLIFF APARTMENTS

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	3-25-13	ADA SF TO CHART
Periodic Test (Traction) Category 1	3-25-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-25-13	ADD CAT 5
New Facilities shall be free from recognized hazards	3-25-13	CHANGE GEN BRUSHES
All fixtures missing covers shall have covers installed or replace the fixture	3-25-13	BULBS AAA CODED WITH PASTEL FAX 3-27-13

* 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
<p>Boxes are required at all wiring splices</p> <p>Repair of Gov. Ropes</p> <p>New Facilities shall be free from recognized hazards</p>		<p>90 DAYS TO CORRECT.</p> <p>FRY 3-27-13</p>

* 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

B-67

D-3-29-13

Elevator Report of Inspection

Elevator 4000714

Date February 27, 2013

Location

Building Name: USC PRESIDENT'S HOUSE
Address: HORSESHOE
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 27, 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 0050
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 4000714

Date February 27, 2013

Violations

Testing [A17.1 8.10.2.2cc1] Governor shall be properly sealed

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

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 29, 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 27, 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 #: 4000714
 Date: 02/27/2013

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: 03/29/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/27/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - PRESIDENT'S HOUSE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Governor shall be properly sealed	3-29-13	Sealed Governor
Periodic Test (Traction) Category 1	3-29-13	AAA CAT 1
Periodic Test (Traction) Category 5	3-29-13	AAA CAT 5

R. E. 3-29-13

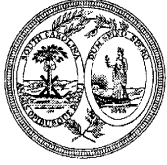
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: _____
Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



S.C. Department of Labor, Licensing and Regulation

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www.llr.state.sc.us

B-74
D 3-29-13

Elevator Report of Inspection

Elevator 4000767

Date February 27, 2013

Location

Building Name: USC HEALTH SCIENCES

Address: GREENE AND SUMTER 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 27, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

01 Passenger 0125

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

26

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

3.5

Elevator Report of Inspection

Elevator 4000767

Date February 27, 2013

Violations

8.6.5.14 Periodic Testing Hydraulic Category 1	perform test and tag controller
Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
In Car [A17.1 2.14.7.4] Install protective cover over car light	
In Car [A17.1 2.14] Provide ventilation in car	replace bad grill covering ventilation at base of cab
8.6.1.6.7 Signs and Data Plates	replace missing 1 on door jamb

Inspection Result

Inspection Result: Violations Found Please correct violations and submit Abatement form by: March 29, 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 27, 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 #: 4000767
 Date: 02/27/2013

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: 03/29/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/27/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - HEALTH SCIENCES

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-18-13	ADD CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-18-13	ADD FS
Install protective cover over car light	3-18-13	LIGHT ARE COVERED.
Provide ventilation in car		
Signs and Data Plates	3-18-13	New Floor LABEL

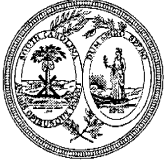
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: _____
Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



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

B-112
D-3-29-13

Elevator Report of Inspection

Elevator 4000752

Date February 27, 2013

Location

Building Name: USC BATES WEST

Address: WHALEY AND PICKENS

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 27, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

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

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

Elevator Report of Inspection

Elevator 4000752

Date February 27, 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	
In Car [A17.1 2.27.1.1.2] Install or repair 24 hour 2 way comm. In car	
Misc [O.A.C. 4121 1 04] Adjust elevator leveling	1st floor
Hoistway [A17.1 8.6.3.3.1] Replace hoist cables	90 DAYS
Electrical [NEC 410 12] All fixtures missing covers shall have covers installed	under car
In Car [A17.1 2.27.3.3] Complete phase II fireservice to conform to code	
71 51002 New Facilities shall be free from recognized hazards	suggest adding cartop safety rail
In Car [A17.1 2.27.1.1.2] Install or repair 24 hour 2 way comm. In car	

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 29, 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 27, 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 #: 4000752
 Date: 02/27/2013

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: 03/29/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/27/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - BATES WEST

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-25-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-25-13	ADD CAT 5
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-25-13	ADD ESL 8
Install or repair 24 hour 2-way comm. In car	3-25-13	REPAIR PHONE
Adjust elevator leveling		

* 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
<p>Replace hoist cables</p> <p>All fixtures missing covers shall have covers installed or replace the fixture</p> <p>Complete phase II fireservice to conform to code</p> <p>New Facilities shall be free from recognized hazards</p> <p>Install or repair 24 hour 2-way comm. In car</p>	<p>3-16-13</p> <p>3-16-13</p> <p>—</p>	<p>Replace cable</p> <p>ALL B-LBS ARE COVERED PLASTER</p> <p>NO IN CODE W/ TIME OF LWS.</p> <p>Report</p> <p>EM4 3-29-13</p>

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

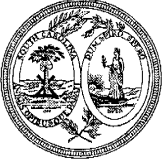
Signature: 
Owner/Property Manager

Title: _____

Date: _____



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

B162

D 3-29-13

Elevator Report of Inspection

Elevator 4000750

Date February 27, 2013

Location

Building Name: USC BATES WEST

Address: WHALEY AND PICKENS

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 27, 2014 Certificate Posted: Yes Elevator Status: Active

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

20

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

3

Elevator Report of Inspection

Elevator 4000750

Date February 27, 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 2.14.2.1.6] Repair handrail in car	
In Car [A17.1 2.27.1.1.2] Install or repair 24 hour 2 way comm. In car	
71 51002 New Facilities shall be free from recognized hazards	suggest adding cartop safety guard

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 29, 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 27, 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 #: 4000750
 Date: 02/27/2013

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: 03/29/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/27/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - BATES WEST

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-28-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-28-13	ADD CAT 5
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-28-13	ADD FS L-5
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-21-13	Bulbs ARE Plastic Guard.
Repair handrail in car	3-	END 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

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

B 162

D - 3 - 29 - 13

Elevator Report of Inspection

Elevator 4000751

Date February 27, 2013

Location

Building Name: USC BATES WEST

Address: WHALEY AND PICKENS

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 27, 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: 19 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 4000751

Date February 27, 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	
Cartop [A17.1 2.26.1.4.2] Repair car top operating device	broken part with flexpipe repair or remove
8.6.2.1 Repair Parts	replace broken button in c.o.p.
In Car [A17.1 2.14.2.1.6] Repair handrail in car	
71 51002 New Facilities shall be free from recognized hazards	sugest adding safety guard to car top
In Car [A17.1 2.14.7.1.3] Provide stand by emergency lighting in car	

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 29, 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 27, 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 #: 4000751
 Date: 02/27/2013

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: 03/29/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/27/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - BATES WEST

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-26-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-26-13	ADD CAT 5
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-26-13	ADD F.S
Repair car top operating device		
Repair Parts		

* 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
Repair handrail in car	3-28-13	ADA ONLY
New Facilities shall be free from recognized hazards	3-28-13	NOT CODE
Provide stand-by emergency lighting in car	3-28-13	Loose wires.

Fix 3-28-13

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

Signature: Rowan [Signature]
Owner/Property Manager

Title: _____

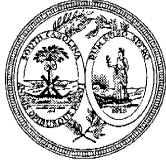
Date: _____



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

B - 119
D 3-29-13



Elevator Report of Inspection

Elevator 4000723

Date February 27, 2013

Location

Building Name: USC WADE HAMPTON DORM

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 27, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

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

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

Elevator Report of Inspection

Elevator 4000723

Date February 27, 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	
Electrical [NEC 410 12] All fixtures missing covers shall have covers installed	2 elec. boxes in m.r.
8.6.1.6.7 Signs and Data Plates	floor numbers on jambs
Electrical [NEC 410 12] All fixtures missing covers shall have covers installed	open box in hoistway
In Car [A17.1 2.12.5] Install or repair car door restrictions	
71 51002 New Facilities shall be free from recognized hazards	suggest adding top of car guard rail

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 29, 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 27, 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.lironline.com/ElevPortal>
 UserID: WrsOP108
 Password: gWeqOQERLON
 OR

Elevator #: 4000723
 Date: 02/27/2013

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: 03/29/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/27/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - WADE HAMPTON DORM

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1		
Periodic Test (Traction) Category 5	UNDER	
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	M/D	
All fixtures missing covers shall have covers installed or replace the fixture		
Signs and Data Plates		

* 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
<p>All fixtures missing covers shall have covers installed or replace the fixture</p> <p>Install or repair car door restrictions</p> <p>New Facilities shall be free from recognized hazards</p> <p style="text-align: center;">OWNER</p> <p style="text-align: center;">mod</p>		

* 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

B 113

D - 3-29-13

Elevator Report of Inspection

Elevator 4001717

Date February 27, 2013

Location

Building Name: USC HONORS RESIDENCE HALL

Address: 1200 MAIN & BLOSSOM STREET

COLUMBIA 29203

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 27, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

01 Passenger

0200

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: _____

3.5

ABATEMENT FORM

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

Elevator #: 4001717
 Date: 02/27/2013

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: 03/29/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/27/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

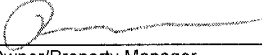
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - HONORS RESIDENCE HALL

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-19-13	ADD CAT 1
Collection of Oil Leakage	3-19-13	ADD Oil Log
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-19-13	ADD FS.
Firestop all holes in hoistway	3-29-13	Fill Holes in wall NO Holes in H.W. Fix 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

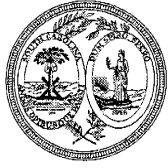
Title: _____

Date: _____

SCLLR/LIC 0010



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www.llr.state.sc.us

B-113

D-3-29-13

Elevator Report of Inspection

Elevator 4001718

Date February 27, 2013

Location

Building Name: USC HONORS RESIDENCE HALL

Address: 1200 MAIN & BLOSSOM STREET

COLUMBIA 29203

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 27, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

01 Passenger

102

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

Elevator Report of Inspection

Elevator 4001718

Date February 27, 2013

Violations

8.6.4.19 Periodic Test Traction Category 1	perform test and tag controller
8.6.5.5.2 Collection of Oil Leakage	
Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to	
71 51002 New Facilities shall be free from recognized hazards	machine room fire extinguisher
In Car [A17.1 2.27.1.1.2] Install or repair 24 hour 2 way comm. In car	did not know which car
Misc [OBBC 713.0] Finish floor in cab	floor is bubbling up in several spots

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 29, 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 27, 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 #: 4001718
 Date: 02/27/2013

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: 03/29/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/27/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - HONORS RESIDENCE HALL

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-22-13	ADD CAT
Collection of Oil Leakage	3-22-13	MAD OIL LOG
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-22-13	MAD FS LOG
New Facilities shall be free from recognized hazards	3-22-13	MAD FIRE EXTINGUISHER
Install or repair 24 hour 2-way comm. In car	3-22-13	NEW ERPHONE EAT 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

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Finish floor in cab	3-28-13	<p>Work done in place.</p> <p>Fix 3-28-13</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: _____



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B-113
D-3-29-13

Elevator Report of Inspection

Elevator 4001727

Date February 27, 2013

Location

Building Name: USC HONORS RESIDENCE HALL

Address: 1200 BLOSSOM 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 27, 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

200

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: _____