



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

AMENDMENT NO.4 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 4 of 4

BIDDER SHALL ACKNOWLEDGE RECEIPT OF AMENDMENT NO.4 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 #: 4001727
 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 O.I Log
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-19-13	ADD FS Log
Properly number all disconnects, machines, controllers, car crossheads, and car panels	3-19-13	They are marked
Pits shall be kept dry and clean	3-19-13	CLEAN PIT
<p>FRY 3-28-13</p>		

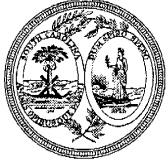
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

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-113

D-3-29-13

Elevator Report of Inspection

Elevator 4001716

Date February 27, 2013

Location

Building Name: USC HONORS RESIDENCE HALL

Address: 1200 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: N Are sprinklers in HW: N

Type of Unit: 01 Passenger Speed: 200 Capacity: _____ # of Floors: _____ # of Openings: _____

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

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

ABATEMENT FORM

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

Elevator #: 4001716
 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

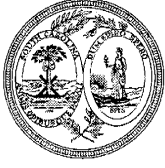
LOCATION: USC - HONORS RESIDENCE HALL

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-21-13	MOD CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-21-13	ADDS
Collection of Oil Leakage	3-21-13	MOD OIL LOG
Periodic Testing (Hydraulic) Category 1	3-21-13	MOD CAT 1
Firestop all holes in hoistway	3-27-13-12	FIRE HOISTWAY NO HOLES IN HLW. FAX 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: _____

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www.llr.state.sc.us

B 84
D 3-31-13

Elevator Report of Inspection

Elevator 4000759 Date March 01, 2013

Location

Building Name: USC KOGER CENTER
Address: 1051 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: March 01, 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: 0125 Capacity: _____ # of Floors: _____ # of Openings: _____

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

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

Elevator Report of Inspection

Elevator 4000759

Date March 01, 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
8.6.5.5.2 Collection of Oil Leakage	
Machine Room [A17.3 3.4.6] All light bulbs and tubes shall be guarded to c	
Machine Room [A17.1 2.7.1.1] Provide fire rated machine room	open in ceiling
Machine Room [A17.1 8.6.1] Clean grease and oil from bedplate and mach	repair leaking oil line in machine room
In Car [A17.1 2.14.7.1] Provide proper illumination in car	
Hoistway [A17.1 2.1.1.1.1] Firestop all holes in hoistway	overhead
Cartop [A17.1 2.14.7.1.3] Replace or recharge battery for emergency lightir	
71 51002 New Facilities shall be free from recognized hazards	car has no fire service

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 31, 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: March 01, 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 #: 4000759
 Date: 03/01/2013

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: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - KOGER CENTER

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	3-26-13	FS ADD Self Log
Periodic Testing (Hydraulic) Category 1	3-26-13	ADD CAT 1
Collection of Oil Leakage	3-26-13	ADD O.L. Log
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-22-13	Bulbs are in plastic covers
Provide fire rated machine room		90 DAYS Done by 03/22/13 FIVE 4-1-13

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

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



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B 86

D 3-31-13

Elevator Report of Inspection

Elevator 4000757

Date March 01, 2013

Location

Building Name: USC KOGER CENTER

Address: 1051 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: March 01, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 0150 Capacity: _____ # of Floors: _____ # of Openings: _____

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

Front Door Close Speed: 5.7 Front Door Type: _____ Rear Door Close Speed: _____ Rear Door Type: _____

ABATEMENT FORM

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

Elevator #: 4000757
 Date: 03/01/2013

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: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - KOGER CENTER

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	3-26-13	ADD FS Log
Periodic Testing (Hydraulic) Category 1	3-26-13	ADD CAT 1
Collection of Oil Leakage	3-26-13	ADD OIL Log
Provide fire service instruction sign in car and at recall landing	3-26-13	ADD SIG FAT 4-1-13

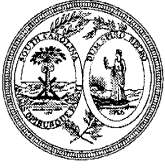
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



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www.llr.state.sc.us

B-86
D 3-31-13

Elevator Report of Inspection

Elevator 4000758

Date March 01, 2013

Location

Building Name: USC KOGER CENTER

Address: 1051 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: March 01, 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: 0150 Capacity: _____ # of Floors: _____ # of Openings: _____

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

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

ABATEMENT FORM

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

Elevator #: 4000758
 Date: 03/01/2013

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: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - KOGER CENTER

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	3-26-13	ADD FS LOG
Periodic Testing (Hydraulic) Category 1	3-26-13	ADD CAT 1
Collection of Oil Leakage	3-26-13	ADD OIL LOG
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-26-13	ADD GUARD TUBES
Provide fire service instruction sign in car and at recall landing	3-26-13	ADD SIGN TO CAR 6/4/13

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

Signature: _____
Owner/Property Manager

Title: _____

Date: _____

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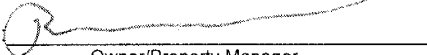
4006758

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Boxes are required at all wiring splices		

Fix - 4-1-13

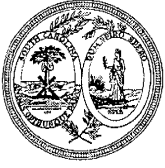
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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Signature:  _____
Owner/Property Manager

Title: _____

Date: _____



S.C. Department of Labor, Licensing and Regulation

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www.llr.state.sc.us

B 667

D-3-31-13

Elevator Report of Inspection

Elevator 4000401

Date March 01, 2013

Location

Building Name: USC MEDICAL SCHOOL

Address: 1555 HARDEN 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: _____ Company: _____

Elevator Details

Next Inspection Due Date: March 01, 2014

Certificate Posted: Yes

Elevator Status: _____

Type of Machine: _____

Are sprinklers in MR: _____

Are sprinklers in HW: _____

Type of Unit: _____

Speed: _____

Capacity: _____

of Floors: _____

of Openings: _____

01 Passenger

0100

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: _____

3.5

ABATEMENT FORM

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

Elevator #: 4000401
 Date: 03/01/2013

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

Date Form Due: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC


ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MEDICAL SCHOOL

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	3-22-13	FS Log
Periodic Testing (Hydraulic) Category 1	3-27-13	ADD CAT 1
Car Tops	3-29-13	CUT OFF BOLTS

Final 3-1-13

* 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 667

D 3-31-13

Elevator Report of Inspection

Elevator 4000402

Date March 01, 2013

Location

Building Name: USC MEDICAL SCHOOL

Address: 1555 HARDEN 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: March 01, 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: 0150 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 #: 4000402
 Date: 03/01/2013

RETURN THIS FORM TO:
 S.C. DEPARTMENT OF LABOR, LICENSING
 & REGULATION
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 Fax: (803) 896-7650

Date Form Due: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MEDICAL SCHOOL

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 55 LOG
Periodic Testing (Hydraulic) Category 1	3-27-13	ADD CALL
Collection of Oil Leakage	3-27-13	ADD OIL LOG
Install protective cover over car light	3-27-13	BOLTS ARE COVERED
Install or repair 24 hour 2-way comm. In car	3-27-13	FIX DOOR Fax 4-1-13

* 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 647

D 3-31-13

Elevator Report of Inspection

Elevator 4000947

Date March 01, 2013

Location

Building Name: USC MEDICAL SCHOOL

Address: 1555 HARDEN STREET

COLUMBIA 29208

Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Lessee/Management Firm

Firm Name: USC

Address: 743 GREEN STREET

COLUMBIA 29208

SC

Contract: y Company: oracle

Elevator Details

Next Inspection Due Date: March 01, 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: _____

02 Freight

0125

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 4000947 Date March 01, 2013

Violations

8.6.5.14 Periodic Testing Hydraulic 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 _____
In Car [A17.1 2.14.7.4] Install protective cover over car light _____
In Car [A17.1 2.14.7.1.3] Provide stand by emergency lighting in car emergency light and alarm

Inspection Result

Inspection Result: Violations Found Please correct violations and submit Abatement form by: March 31, 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: March 01, 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 #: 4000947
 Date: 03/01/2013

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

Date Form Due: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC MEDICAL SCHOOL

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-29-13	ADD CAT 1
Collection of Oil Leakage	3-29-13	ADD OIL LOG
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-29-13	ADD FS LOG
Install protective cover over car light	3-29-13	BULBS ARE PLASTIC COVERED
Provide stand-by emergency lighting in car	3-29-13	LOW VOLTAGE Elev 44-13

* 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

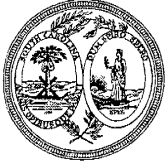
Title: _____

Date: _____

SCLLR/LIC 0010



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www.llr.state.sc.us

B 158
 D 3-31-13

Elevator Report of Inspection

Elevator 4001408

Date March 01, 2013

Location

Building Name: COLONIAL LIFE ARENA
 Address: 801 LINCOLN STREET
COLUMBIA 29208

Owner

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

Lessee/Management Firm

Firm Name: GLOBAL SPECTRUM
 Address: 743 GREENE STREET
COLUMBIA 29208
SC

Contract: Y Company: oracle

Elevator Details

Next Inspection Due Date: March 01, 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: 125 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: _____

ABATEMENT FORM

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

Elevator #: 4001408
 Date: 03/01/2013

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: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

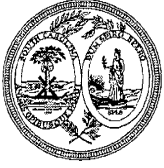
LOCATION: COLONIAL LIFE ARENA

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-28-13	ADD CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-28-13	ADD FS LOG
Collection of Oil Leakage	3-28-13	ADD Oil Log FAY 11-1-13

* 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 158
D 3-31-13

Elevator Report of Inspection

Elevator 4001407

Date March 01, 2013

Location

Building Name: COLONIAL LIFE ARENA
Address: 801 LINCOLN STREET
COLUMBIA 29208

Owner

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

Lessee/Management Firm

Firm Name: GLOBAL SPECTRUM
Address: 743 GREENE STREET
COLUMBIA 29208
SC

Contract: y Company: oracle

Elevator Details

Next Inspection Due Date: March 01, 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: 125 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 28 Rear Door Width: _____ Rear Door Torque: 27

Front Door Close Speed: 4 Front Door Type: _____ Rear Door Close Speed: 3.7 Rear Door Type: _____

Elevator Report of Inspection

Elevator 4001407

Date March 01, 2013

Violations

8.6.5.14 Periodic Testing Hydraulic 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	
Machine Room [A17.1 8.6.1] Clean grease and oil from bedplate and mach	
Machine Room [A17.3 3.4.6] All light bulbs and tubes shall be guarded to c	
In Car [A17.1 2.14.7.4] Install protective cover over car light	
Electrical [NEC 410 12] All fixtures missing covers shall have covers installe	top of hoistway
8.6.1.6.7 Signs and Data Plates	emergency fire exit sign at top floor

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 31, 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: March 01, 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: gWegQqERLON
 OR

Elevator #: 4001407
 Date: 03/01/2013

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: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: COLONIAL LIFE ARENA

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-27-13	ADD CAT 1
Collection of Oil Leakage	3-27-13	ADD OIL LOG
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-27-13	ADD ESL'S
Clean grease and oil from bedplate and machine room floor	3-27-13	CLEAN OIL FROM FLOOR
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-27-13	BULBS ARE PLACED IN CODE FAY H-1-13

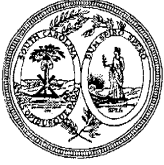
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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 158

D-3-31-13

Elevator Report of Inspection

Elevator 4001418

Date March 01, 2013

Location

Building Name: COLONIAL LIFE ARENA

Address: 801 LINCOLN STREET

COLUMBIA 29208

Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Lessee/Management Firm

Firm Name: GLOBAL SPECTRUM

Address: 801 LINCOLN STREET

COLUMBIA 29208

SC

Contract: y Company: oracle

Elevator Details

Next Inspection Due Date: March 01, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

02 Freight 0100 _____

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: gWeqQQERLON
 OR

Elevator #: 4001418
 Date: 03/01/2013

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: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: COLONIAL LIFE ARENA

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	3-29-13	ADD FS LOG
Periodic Testing (Hydraulic) Category 1	3-27-13	ADD CAT 1
Collection of Oil Leakage	3-27-13	ADD O.L LOG
Pits shall be kept dry and clean	3-27-13	CLEAN PIT
New Facilities shall be free from recognized hazards		90 DAY

* 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

Exit 4-1-73



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-84

D 3-31-13

Elevator Report of Inspection

Elevator 4000701 Date March 01, 2013

Location

Building Name: USC CAROLINA COLISEUM *FREIGHT*
Address: BLOSSOM AND ASSEMBLY
COLUMBIA 29208

Owner

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

Lesse/Management Firm

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

Contract: Y Company: oracle

Elevator Details

Next Inspection Due Date: March 01, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 01 Passenger Speed: 0150 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 22 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 4000701

Date March 01, 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
8.6.5.5.2 Collection of Oil Leakage	
Machine Room [A17.1 8.6.1] Clean grease and oil from bedplate and mach	
Electrical [NEC 410 12] All fixtures missing covers shall have covers installed	in machine room
Machine Room [A17.3 3.4.6] All light bulbs and tubes shall be guarded to c	
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 31, 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: March 01, 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: gWVeqOQERLON
 OR

Elevator #: 4000701
 Date: 03/01/2013

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: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

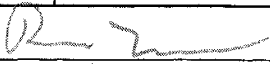
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - CAROLINA COLISEUM

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 FS LY
Periodic Test (Traction) Category 1	3-27-13	ADD CAT 1
Collection of Oil Leakage	3-27-13	MOB OIL
Clean grease and oil from bedplate and machine room floor	3-27-13	CLEAN BED PLATE
All fixtures missing covers shall have covers installed or replace the fixture	3-27-13	BOLTS ARE COVERED EAT 4-1-13

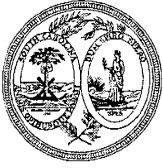
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



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

B 84

W 3-31-13

Elevator Report of Inspection

Elevator 4000700

Date March 01, 2013

Location

Building Name: USC CAROLINA COLISEUM

Address: BLOSSOM AND ASSEMBLY

COLUMBIA 29208

Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: y Company: oracle

Elevator Details

Next Inspection Due Date: March 01, 2014 Certificate Posted: Yes Elevator Status: Active

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

Type of Unit: 02 Freight Speed: 0075 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 #: 4000700
 Date: 03/01/2013

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: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - CAROLINA COLISEUM

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 FS LOG
Periodic Testing (Hydraulic) Category 1	3-28-13	ADD CAT 1
Collection of Oil Leakage	3-28-13	ADD OIL LOG
All fixtures missing covers shall have covers installed or replace the fixture	3-28-13	Bulbs ARE COL-1
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-28-13	Bulbs ARE COL-55 Form 44-1-13

* 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

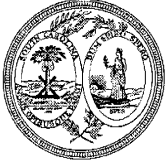
Title: _____

Date: _____

SCLLR/LIC 0010



S.C. Department of Labor, Licensing and Regulation



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

B 84A
D 3-31-13

Elevator Report of Inspection

Elevator 4001114

Date March 01, 2013

Location

Building Name: USC ATHLETIC PRACTICE FCLTY

Address: 600 ASSEMBLY 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

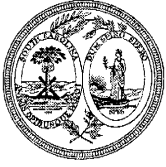
Next Inspection Due Date: March 01, 2014 Certificate Posted: Yes Elevator Status: Active

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

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



S.C. Department of Labor, Licensing and Regulation

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

B-74
0-3-29-13

Elevator Report of Inspection

Elevator 4000715

Date February 27, 2013

Location

Building Name: USC LIEBER COLLEGE

Address: SUMTER STREET

COLUMBIA 29208

Owner

Owner Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Lessee/Management Firm

Firm Name: USC

Address: 743 GREENE STREET

COLUMBIA 29208

SC

Contract: y Company: 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: 0100 Capacity: _____ # of Floors: _____ # of Openings: _____

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

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

ABATEMENT FORM

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

Elevator #: 4000715
 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 - LIEBER COLLEGE.

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-18-13	ADD CAT 1
Collection of Oil Leakage	3-18-13	ADD O.I. Log
Install or repair car door restrictions	3-18-13	REPLACE DOOR
Install protective cover over car light	3-18-13	OK
Complete phase II fireservice to conform to code	3-18-13	GOOD
		FAX 4-1-13

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

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

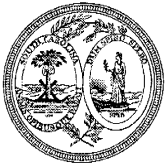
Title: _____

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-102
 D 3-29-13

Elevator Report of Inspection

Elevator 4000761

Date February 27, 2013

Location

Building Name: USC LONGSTREET THEATRE

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: 0125 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 21 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 4000761 Date February 27, 2013

Violations

<u>8.6.5.14 Periodic Testing Hydraulic Category 1</u>	<u>perform test and tag controller</u>
<u>Machine Room [A17.1 8.6.10.1] Fire service phase 1 & 2 monthly test log to</u>	
<u>8.6.5.5.2 Collection of Oil Leakage</u>	
<u>In Car [A17.1 2.27.3.1] Complete phase I fireservice to conform to code</u>	
<u>Hoistway [A17.1 2.11.11.10] Repair or replace hoistway door sight guards</u>	
<u>In Car [A17.1 2.12.5] Install or repair car door restrictions</u>	
<u>Hoistway [A17.1 2.1.1.1.1] Firestop all holes in hoistway</u>	
<u>Cartop [A17.1 2.14.1.6] Repair car top</u>	<u>sprinkler pipe is exceeding safe overhead clearance</u>
<u>Cartop [A17.1 2.14.1.6] Repair car top</u>	<u>suggest cartop safety railing</u>

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 #: 4000761
 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 - LONGSTREET THEATRE

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Testing (Hydraulic) Category 1	3-26-13	NAD CAT 1
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-26-13	NAD KSL 101
Collection of Oil Leakage	3-26-13	NAD OIL LOG
Complete phase I fireservice to conform to code	3-27-13	Phase I IS Assembly mod.
Repair or replace hoistway door sight guards	3-29-13	REPAIR DOOR EAT 4-1-13

* 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>Install or repair car door restrictions</p> <p>Firestop all holes in hoistway</p> <p>Repair car top</p> <p>Repair car top</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

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

B 207

D 3-31-13

Elevator Report of Inspection

Elevator 4000844

Date March 01, 2013

Location

Building Name: USC THE ROOST DORM
Address: MARION AND HEYWARD
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: March 01, 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: 0150 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 4000844

Date March 01, 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

8.6.5.5.2 Collection of Oil Leakage

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

In Car [A17.1 2.12.5] Install or repair car door restrictions

In Car [A17.1 2.27.3.1] Complete phase I fireservice to conform to code

8.6.4.7 Cleaning of Hoistways and Pits clean and pant fascia

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 31, 2013

Inspector oracle
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: March 01, 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 #: 4000844
 Date: 03/01/2013

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: 03/31/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 03/01/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: THE ROOST DORM

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 LOG
Periodic Testing (Hydraulic) Category 1	3-25-13	ADD CAT 1
Collection of Oil Leakage	3-25-13	ADD OIL LOG
Pits shall be kept dry and clean	3-25-13	PITS DRY
Install or repair car door restrictions	3-25-13	FIX DOOR GAL 4-1-0

* 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

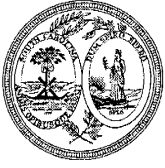
Title: _____

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

D-3-30-13

Elevator Report of Inspection

Elevator 4001587

Date February 28, 2013

Location

Building Name: USC SCHOOL OF MEDICINE

Address: 6311 GARNERS FERRY RD
COLUMBIA 29209

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 28, 2013 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: 150 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 #: 4001587
 Date: 03/01/2013

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

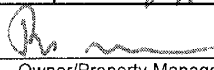
Date Form Due: 03/30/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/28/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC
 ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208
 LOCATION: USC SCHOOL OF MEDICINE

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	3-29-13	NOO FS Log
Periodic Testing (Hydraulic) Category 1	3-29-13	NOO CAT 1
Collection of Oil Leakage	NOO 3-28-13	NOO Oil Log
Door Speed and Torque	3-28-13	NOO SPD & TORQUE
Machine Room	3-28-13	MR. LEADY
		NOO 3-30-13

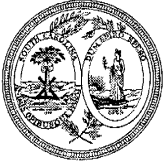
* NOTE: If additional space is needed, please complete the description on a separate sheet of paper and attach same to this form.

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

D-3-30-13

Elevator Report of Inspection

Elevator 4000733

Date February 28, 2013

Location

Building Name: USC MEDICAL SCHOOL

Address: SUMTER HIGHWAY
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 28, 2013 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: 0150 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: _____

ABATEMENT FORM

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

Elevator #: 4000733
 Date: 03/01/2013

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: 03/30/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/28/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MEDICAL SCHOOL

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 GS
Periodic Testing (Hydraulic) Category 1	3-29-13	ADD CAT 1
Collection of Oil Leakage	3-29-13	ADD O.I. Log
Car Emergency Systems	3-29-13	Tag D.C. EAC 3-30-13

* 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

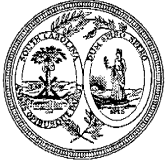
Title: _____

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

D-3-30-13

Elevator Report of Inspection

Elevator 4000730

Date February 28, 2013

Location

Building Name: USC MEDICAL SCHOOL

Address: SUMTER HIGHWAY

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 28, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

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

Front Door Close Speed: 3 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 #: 4000730
 Date: 03/01/2013

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: 03/30/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/28/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MEDICAL SCHOOL

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Periodic Test (Traction) Category 1	3-27-13	AAA CAT 1
Periodic Test (Traction) Category 5	3-22-13	AAA CAT 2
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-22-13	400 5 65
Install or repair 24 hour 2-way comm. In car	3-22-13	24 hr phone Fax 3-30-13

* 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

D-3-30-13

Elevator Report of Inspection

Elevator 4000729

Date February 28, 2013

Location

Building Name: USC MEDICAL SCHOOL

Address: SUMTER HIGHWAY
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 28, 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: 0125 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 27 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 4000729

Date February 28, 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
8.6.5.5.2 Collection of Oil Leakage	
In Car [A17.1 2.27.1.1.2] Install or repair 24 hour 2 way comm. In car	
8.6.1.6.7 Signs and Data Plates	m.r. door sign
Machine Room [A17.1 2.29.1] Properly number all disconnects, machines, c	suggest cartop guard rail
8.6.4.9 Car Tops	

Inspection Result

Inspection Result: Violations Found

Please correct violations and submit Abatement form by: March 30, 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 28, 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 #: 4000729
 Date: 03/01/2013

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: 03/30/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/28/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

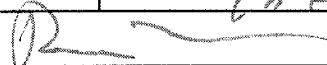
OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MEDICAL SCHOOL

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 65
Periodic Testing (Hydraulic) Category 1	3-28-13	ADD CAT 1
Collection of Oil Leakage	3-28-13	ADD O.L
Install or repair 24 hour 2-way comm. In car	3-29-13	Photo ok
Signs and Data Plates	3-24-13	NOT COBE Fix 3-30-13

* 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
Properly number all disconnects, machines, controllers, car crossheads, and car panels	3-30-13	ALL OK
Car Tops	7 0	

Ent 3-30-13

* 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: _____



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

D 3-30-13

Elevator Report of Inspection

Elevator 4000732

Date February 28, 2013

Location

Building Name: USC MEDICAL SCHOOL

Address: SUMTER HIGHWAY

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 28, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

Front Door Width: _____ Front Door Torque: 26 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 #: 4000732
 Date: 03/01/2013

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: 03/30/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/28/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MEDICAL SCHOOL

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	3-12-13	HAD FIRE LOG
Periodic Testing (Hydraulic) Category 1	3-12-13	NOW CAT 1
Collection of Oil Leakage	3-12-13	NOW OIL LOG
Repair car top light	3-12-13	FIX CAR LIGHT
Signs and Data Plates	3-12-13	FIRE PHONE V&T Code ADD SIGN Fix 3-4-13

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

Signature: Row [Signature]
 Owner/Property Manager

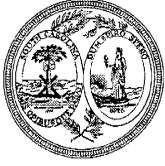
Title: _____

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

D 3-30-13

Elevator Report of Inspection

Elevator 4000731

Date February 28, 2013

Location

Building Name: USC MEDICAL SCHOOL

Address: SUMTER HIGHWAY

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 28, 2014 Certificate Posted: Yes Elevator Status: Active

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

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

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

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

ABATEMENT FORM

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

Elevator #: 4000731
 Date: 03/01/2013

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: 03/30/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/28/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MEDICAL SCHOOL

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	3-12-13	ADD F.S. Log
Periodic Test (Traction) Category 1	3-12-13	ADD CAT 1
Periodic Test (Traction) Category 5	3-12-13	ADD CAT 5
Car Tops	3-12-13	NOT CODE
New Facilities shall be free from recognized hazards		Fix 4-1-13

* 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

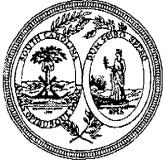
Title: _____

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

D.3-30-13

Elevator Report of Inspection

Elevator 4000734 Date February 28, 2013

Location

Building Name: USC MEDICAL SCHOOL
Address: SUMTER HIGHWAY
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 28, 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: 0150 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: _____

ABATEMENT FORM

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

Elevator #: 4000734
 Date: 03/01/2013

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

Date Form Due: 03/30/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/28/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MEDICAL SCHOOL

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	3-12-13	ADD FS LOG
Periodic Testing (Hydraulic) Category 1	3-12-13	ADD CAT 1
Collection of Oil Leakage	3-12-13	ADD O.L LOG
Packing Glands and Seals	3-26-13	CHANGE PACKINGS
Install or repair 24 hour 2-way comm. in car	3-12-13	FIX RA.
<p>FIN 4-1-13</p>		

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

Signature: 
 Owner/Property Manager

Title: _____

Date: _____

SCLLR/LIC 0010



S.C. Department of Labor, Licensing and Regulation



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

D 3-30-13

Elevator Report of Inspection

Elevator 4000728

Date February 28, 2013

Location

Building Name: USC MEDICAL SCHOOL

Address: SUMTER HIGHWAY
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 28, 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: 0050 Capacity: _____ # of Floors: _____ # of Openings: _____

Front Door Width: _____ Front Door Torque: 24 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 4000728 Date February 28, 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
8.6.5.5.2 Collection of Oil Leakage	
8.6.4.9 Car Tops	remove material
Electrical [NEC 400 8 3] Extension cords shall not run through doorways, w	machine room
In Car [A17.1 2.27.1.1.2] Install or repair 24 hour 2 way comm. In car	
8.6.1.6.7 Signs and Data Plates	m.r. door
Machine Room [A17.3 3.4.6] All light bulbs and tubes shall be guarded to c	
71 51002 New Facilities shall be free from recognized hazards	suggest cartop gaurd rail

Inspection Result

Inspection Result: Violations Found Please correct violations and submit Abatement form by: March 30, 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 28, 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 #: 4000728
 Date: 03/01/2013

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: 03/30/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/28/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:

OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: USC - MEDICAL SCHOOL

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	3-12-13 ADD	ADD FS Log
Periodic Testing (Hydraulic) Category 1	3-12-13	ADD CAT 1
Collection of Oil Leakage	3-12-13 ADD	ADD OIL LOG
Car Tops	3-12-13	REMOVE PARTS
Extension cords shall not run through doorways, windows, or similar openings	3-12-13	RELOCATE CORDS FAT 4-1-13

* 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

41000728

Violation	Date Corrected	Detailed Description* of How Violations Were Corrected
Install or repair 24 hour 2-way comm. In car	3-12-13	Repair PL
Signs and Data Plates	3-12-13	NOT Code D.A ADD SIG.
All light bulbs and tubes shall be guarded to contain broken glass if broken	3-12-13	ADD GUARD.
New Facilities shall be free from recognized hazards	3-12-13	NOT Code

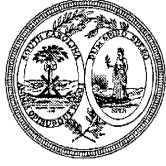
FAF 4-1-13

* 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: _____



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 4000739

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: 21 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 4000739 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
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	
In Car [A17.1 2.14.7.4] Install protective cover over car light	
71 51002 New Facilities shall be free from recognized hazards	travel cable swings into car 1hoistway. needs to be re hung in safe manner.

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 #: 4000739
 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	3-22-13	ADD CAT 5
Fire service phase 1 & 2 monthly test log to be maintained and posted in machine room	3-22-13	ADD FS Log
Install or repair car door restrictions	3-22-13	REPAIR DOOR
Install protective cover over car light	3-22-13	BULBS ARE PLASTIC COATED
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 28
D 3-25-13

Elevator Report of Inspection

Elevator 4000339 Date February 23, 2013

Location

Building Name: LAW ENFORCEMENT SAFETY
Address: 1501 SENATE 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: orecal

Elevator Details

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

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

Type of Unit: 02 Freight Speed: 0045 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.lironline.com/ElevPortal>
 UserID: WrsOP108
 Password: gWeqOQERLON
 OR

Elevator #: 4000339
 Date: 03/23/2013

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

Date Form Due: 03/25/2013

THE ALLEGED VIOLATIONS THAT WERE OBSERVED ON 02/23/2013 DURING AN ELEVATOR INSPECTION WERE CORRECTED ON THE DATES SHOWN BELOW:


OWNER: USC

ADDRESS: 743 GREENE STREET COLUMBIA, SC 29208

LOCATION: LAW ENFORCEMENT SAFETY

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	3-22-13	ADD FS
Periodic Testing (Hydraulic) Category 1	3-22-13	ADD CAT 1
Maintenance records	3-22-13	ADD MAINT. LOG
Install class 'C' fire extinguisher in machine room	3-22-13	ADD FIRE EXTING. EAT 3-31-13

* 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

