N C Department of Labor Elevator Bureau
1101 Mail Service Center, Raleigh, NC 27699-1101

INSPECTION REPORT

IMPORTANT: Always use State Number in
any correspondence relating to your equipment
www.nclabor.com/elevator.htm

Invoice Number
593395

EQUIPMENT INSPECTED

State Number: 18920	Type of Unit: Passenger	Landings: 3	Manuf: OTIS
Capacity: 4500	Installed: 02/09/2000	Complied: 04/26/2000	Speed: 125
Volts: 480	Floor to Floor: 1 to 3	Entrances: 1	Rope Size: 0

Owner: AVERY HEALTHCARE SYSTEM, P.O. BOX 767, LINVILLE, NC, 28646
Occupant: SLOOP MEDICAL OFFICE, 436 HOSPITAL DRIVE, LINVILLE, NC, 28646

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County Name	County Code
06/11/2008	Routine	Re-issued	4 - Henegar	AVERY	6

VIOLATIONS FOUND

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

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n/a No violations found

Violations pointed out to: Dennis Henson # 828-737-7588 Inspector _____

INVOICE

No other invoice will be issued.
If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division,
1101 Mail Service Center, Raleigh, NC 27699-1101

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Occupant: SLOOP MEDICAL OFFICE, 436 HOSPITAL DRIVE, LINVILLE, NC, 28646

Invoice Number
593395
State Nbr: 18920
Date: 06/11/2008
Fee: $175
