

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 593397

EQUIPMENT INSPECTED					
State Number: 18277	Type of Unit:	Passenger Landings: 2			Manuf: OTIS
Capacity: 3000	Installed: 11/08/1999 Floor to Floor: 1 to 2		Complied: 08/14/2003 Entrances: 1		Speed: 125 Rope Size: 0
Volts: 480					
Owner: AVERY HEAL?	THCARE SYSTEM, P.O.E	BOX767, LINVILLE, NC,	28646		
Occupant: CANNON M	EMORIAL HOSPITAL, 4	34 HOSPITAL DRIVE, LI	NVILLE, NC, 28646		
		INSPECTION INFOR	MATION		
Inspection Date 06/11/2008	Type Inspection Routine	Re-issued	Inspector 4 - Henegar	County Name AVERY	County Code
Violation Abatement		VIOLATIONS FOUN	D		
Notify the Elevator Bureau equipment into complianc	u in writing on Corrected Ve with current codes.	Violations Form when the f	ollowing corrections	have been made in o	order to bring your
8.11.3.1.5	Take steps to plug in sump pump plug.				
8.11.3.1.5	Take steps to repair pit lighting.				
Violations pointed out to:		Inspector			
		INVOICE			
	No other invoice a				

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

Owner: AVERY HEALTHCARE SYSTEM, P.O.BOX767, LINVILLE, NC, 28646

Occupant: CANNON MEMORIAL HOSPITAL, 434 HOSPITAL DRIVE, LINVILLE, NC, 28646

Invoice Number 593397

State Nbr: 18277 Date: 06/11/2008 Fee: \$175