

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 593398

Fee:

\$175

		EQUIPMENT INS	PECTED		
State Number: 18278 Capacity: 3000 Volts: 480 Owner: AVERY HEALT	Type of Unit: Installed: 11/0 Floor to Floor: CHCARE SYSTEM, P.O.B	08/1999 1 to 2	Landings: 2 Complied: 11/08/19 Entrances: 1	999	Manuf: OTIS Speed: 125 Rope Size: 0
	EMORIAL HOSPITAL, 43				
		INSPECTION INFO	RMATION		
Inspection Date 06/11/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 4 - Henegar	County Name AVERY	County Code
		VIOLATIONS F	OUND		
•	reau in writing on Correcto	ipment into compliance v	vith current codes.	ons have been made	in order to bring you
/a No vi	olations found				
iolations pointed out to:	Dennis Henson # 828-737	-7588		Inspector	
		INVOICE	3		
No other invoice will be issued. If not paid within 30 days from date of invoice, your certificate becomes			omes invalid.	Invo	oice Number
Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 101 Mail Service Center, Raleigh, NC 27699-1101					593398

Owner: AVERY HEALTHCARE SYSTEM, P.O.BOX 767, LINVILLE, NC, 28646

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