

## 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 593399

EQUIPMENT INSPECTED					
State Number: 18279 Capacity: 4500	Type of Unit: F Installed: 07/27	-		999	Manuf: OTIS Speed: 125
Volts: 480	Floor to Floor: B to 3		Entrances: 1		Rope Size: 0
Owner: AVERY HEA	ALTHCARE SYSTEM, P.O.BO	OX 767, LINVILLE, NC,	28646		
Occupant: CANNON	MEMORIAL HOSPITAL, 434	4 HOSPITAL DRIVE, LI	NVILLE, NC, 28646		
		INSPECTION INFOR	RMATION		
Inspection Date 06/11/2008	Type Inspection Routine	Re-issued	Inspector 4 - Henegar	County Name AVERY	6
	ent Date: 07/11/2008	VIOLATIONS FOUN			
			_		
8.11.3.1.1	Take steps to adjust bottom door gap on lead car door.				
8.11.3.1.5	Take steps to clean elevator pi	t.			
iolations pointed out to: Dennis Henson # 828-737-7588				Inspector	
		INVOICE			
	NT 41 ' '	11.1 ' 1			

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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State Nbr: 18279 Date: 06/11/2008 Fee: \$175