



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**11137-52-1012**  
State Number  
**18280**

EQUIPMENT INSPECTED

State Number: <b>18280</b>	Type of Unit: Passenger	Floor to Floor: B to 2
Capacity: 4500	Manuf: OTIS	Speed: 125
Landings: 3	Installed: 11/04/1999	Rope Size: 0
Volts: 480	Complied: 11/04/1999	Entrances: 1
OWNER	OCCUPANT	
AVERY HEALTHCARE SYSTEM	CANNON MEMORIAL HOSPITAL	
P.O.BOX 767	434 HOSPITAL DRIVE	
LINVILLE, NC, 28646	LINVILLE, NC, 28646	

INSPECTION INFORMATION

Inspection Date 05/17/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 52 - Sosebee	County AVERY
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6

VIOLATIONS

5.1.21.1	Put the in car alarm bell in working order.
2.14.7.1.3	Put the in car emergency light in working order.
8.6.10.1	Provide a monthly log of the results of the Phase I and Phase II activations.

Items must be corrected by: 06/16/2011

Elevator Name: # 1

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.

Violations pointed out to: Dennis Henson 828-737-7588

Inspector \_\_\_\_\_

THIS IS NOT AN  
INVOICE

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to:  
AVERY HEALTHCARE SYSTEM  
P.O.BOX 767  
LINVILLE, NC, 28646