



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
919-707-7927

Report Number
12153-52-1285
State Number
18278

EQUIPMENT INSPECTED

State Number: 18278	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 3000	Manuf: OTIS	Speed: 125
Landings: 2	Installed: 11/08/1999	Rope Size: 0
Volts: 480	Complied: 11/08/1999	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 06/01/2012	Type Inspection Routine	Certificate Status Re-issued	Inspector 52 - Sosebee	County AVERY
-------------------------------	----------------------------	---------------------------------	---------------------------	-----------------

6

VIOLATIONS

2.14.7.1.3	Put the in car emergency light in working order.
8.6.1.7.2	Provide proper metal tag to controller for all tests.
8.6.5.16.5	Perform the 5 year full load overspeed valve test.

Items must be corrected by: 07/01/2012

Elevator Name: # 3

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