



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  
**12153-52-3131**  
State Number  
**18919**

EQUIPMENT INSPECTED

State Number: <b>18919</b>	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 3000	Manuf: OTIS	Speed: 125
Landings: 3	Installed: 04/26/2000	Rope Size: 0
Volts: 480	Complied: 04/26/2000	Entrances: 1
OWNER	OCCUPANT	
AVERY HEALTHCARE SYSTEM	SLOOP MEDICAL OFFICE	
P.O. BOX 767	436 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
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6

VIOLATIONS

8.6.5.16.5	Perform the 5 year full load overspeed valve test.
8.6.1.7.2	Provide proper metal tag on the controller for all tests.

Items must be corrected by: 07/01/2012

Elevator Name: # 2

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