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
12153-52-3788
State Number
18920

EQUIPMENT INSPECTED

State Number: **18920**
Capacity: 4500
Landings: 3
Volts: 480

Type of Unit: Passenger
Manuf: OTIS
Installed: 02/09/2000
Complied: 04/26/2000

Floor to Floor: 1 to 3
Speed: 125
Rope Size: 0
Entrances: 1

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

OCCUPANT
SLOOP MEDICAL OFFICE
436 HOSPITAL DRIVE
LINVILLE, NC, 28646

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
06/01/2012	Routine	Re-issued	52 - Sosebee	AVERY

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: # 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 complainace 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