

INVOICE

An invoice will be mailed to:

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 13098-17-5859 State Number 10679

			EQUIPMENT INSPECTED			
State Number: 10679		Type of Unit: Passenger		Floor to Floor: 1 to 6		
Capacity: 2500		· ·	Manuf: ASHEVILLE		Speed: 150	
Landings: 6		Installed: 03/01/1984		Rope Size:		
Volts: 208		Complied: 03/01/1984		Entrances:	1	
OWNER		OCCUPANT				
AMBICA LLC			HOLIDAY INN ASHEVI	LLE		
PO BOX 2470 CANDLER, NC, 28705			435 SMOKEY PARK HW			
		ASHEVILLE, NC, 28806				
		П	NSPECTION INFORMATION			
Inspection Date 04/08/2013		Type Inspection Routine	Certificate Status Re-issued	Inspector 17 - White	County BUNCOMBE	11 A
			VIOLATIONS			
8.6.4	Cover car inter	ior lights.				
nec	Identify pit sto	switch in red with lettering.				
ncbc	Provide a macl	ne room sign.				
8.6.4	Adjust car to ra	to rails				
8.6.4 Adjust door gaps						
8.6.4	Keep restrictor	from striking hoistway facsia.				
Items n	must be corrected by:	05/08/2013		Elevator	Name: #1	
complainac	e with current codes.	riting on Corrected Violations Forn	n when the following corrections	s have been made in order	r to bring your equipment i	nto
Violations pointed out to: Jackie 828-665-2161				Inspector		
		To make changes to the invoice r				-
THI	IS IS NOT AN		AMBICA LLC			

AMBICA LLC

PO BOX 2470 CANDLER, NC, 28705