

complainace with current codes.

THIS IS NOT AN

INVOICE

Violations pointed out to: TOM RAY 252 482 2133

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 14010-54-394 State Number 4865

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	EQUIPM	MENT INSPECTED		
State Number: 4865	Type of Unit: Freight		Floor to Floor: 1 to 2	
Capacity: 10000	Manuf: OTIS		Speed: 60	
andings: 2	Installed: 04/16/1963		Rope Size:	
olts: 560	Complied: 04/19/1990		Entrances: 2	
OWNER		OCCUPANT		
AVOCA INC		AVOCA INC.		
PO BOX 129		841 AVOCA FARM ROA	D	
MERRY HILL, NC, 27957		MERRY HILL, NC, 27957		
	INSPECTI	ION INFORMATION		
Inspection Date 01/10/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 54 - Green	County BERTIE
		TOLATIONS		
.6.5.5.1 Where valves and cylinde	ers use packing glands or seals, they sha	Ill be examined and maintained	to prevent excessive loss of flu	uid.
Items must be corrected by: 01/20	0/2014			

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AVOCA INC

PO BOX 129

MERRY HILL, NC, 27957

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into

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

An invoice will be mailed to:

Inspector ___