



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
14161-4-3062
State Number
18280

EQUIPMENT INSPECTED

State Number: 18280	Type of Unit: Passenger	Floor to Floor: B to 2
Capacity: 4500	Manuf: OTIS	Speed: 125
Landings: 3	Installed: 11/04/1999	Rope Size: 0
Volts: 480	Complied: 11/04/1999	Entrances: 1

OWNER

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

OCCUPANT

CANNON MEMORIAL HOSPITAL
434 HOSPITAL DRIVE
LINVILLE, NC, 28646

INSPECTION INFORMATION

Inspection Date 06/10/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 4 - Henegar	County AVERY
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6

VIOLATIONS

8.6.4.7.1 Clean the hoistway(s) (pits) of all debris.

Items must be corrected by: 07/10/2014

Elevator Name: # 1 ER

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 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