

## 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 14363-17-169 State Number 10310

|  |  | EQUIPMENT INSPECTED                                     |  |                              |      |  |
|--|--|---|--|------------------------------|------|--|
| State Number: 10310<br>Capacity: 2500<br>Landings: 3             | Type of Unit:<br>Manuf: ASHF<br>Installed: 11/0                          | EVILLE  | Floor to Floor: G to 2 Speed: 100 Rope Size: |                              |      |  |
| Volts: 208   | Complied: 11   | /01/1982  | Entrances:                                   | Entrances: 1                 |      |  |
| OWNER  |  | OCCUPANT  |  |                              |      |  |
| 30 CHOCTAW OFFICE BLDG   |  | 30 CHOCTAW  |  |                              |      |  |
| 30 CHOCTAW ST<br>ASHEVILLE, NC, 28801                            |  | 30 CHOCTAW ST<br>ASHEVILLE, NC, 28801                   |  |                              |      |  |
| ASHE VILLE, NC, 20001  |  | ASHEVILLE, N  |  |                              |      |  |
|  |  | NSPECTION INFORMATION                                   |  |                              |      |  |
| Inspection Date 12/29/2014                                       | Type Inspection Routine  | Certificate Status<br>Re-issued                         | Inspector<br>17 - White                      | County<br>BUNCOMBE           | 11 . |  |
|  |  | VIOLATIONS  |  |                              |      |  |
| note no violati<br>note report lef                               | ons. t in machine room.  |   |  |                              |      |  |
|  |  |   |  |                              |      |  |
|  |  |   |  |                              |      |  |
|  |  |   |  |                              |      |  |
|  |  |   |  |                              |      |  |
|  |  |   |  |                              |      |  |
| Items must be corrected by: 12/29/2014                           |  |   | Elevator Name: #1                            |                              |      |  |
| Notify the Elevator Bureau in wr complainace with current codes. | iting on Corrected Violations Form                                       | when the following corrections                          | s have been made in order                    | r to bring your equipment ir | ıto  |  |
| Violations pointed out to: n/a                                   |  |   | 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:  | 30 CHOCTAW OFFIC<br>30 CHOCTAW ST<br>ASHEVILLE, NC, 288 |  |                              |      |  |