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
15155-60-3355
State Number
18278

EQUIPMENT INSPECTED

State Number: **18278**
Capacity: 3000
Landings: 2
Volts: 480

Type of Unit: Passenger
Manuf: OTIS
Installed: 11/08/1999
Complied: 11/08/1999

Floor to Floor: 1 to 2
Speed: 125
Rope Size: 0
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	Type Inspection	Certificate Status	Inspector	County
06/04/2015	Routine	Re-issued	60 - Kircher	AVERY

6

VIOLATIONS

n/a No violations found

Elevator Name: # 3

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 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