



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
16259-65-5482
State Number
18919

EQUIPMENT INSPECTED

State Number: 18919	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 3000	Manuf: OTIS	Speed: 125
Landings: 3	Installed: 04/26/2000	Rope Size: 0
Volts: 480	Complied: 04/26/2000	Entrances: 1

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

OCCUPANT
SLOOP MEDICAL OFFICE
436 HOSPITAL DRIVE
LINVILLE, NC, 28646

INSPECTION INFORMATION

Inspection Date 09/15/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 65 - Kelley	County AVERY
-------------------------------	----------------------------	---------------------------------	--------------------------	-----------------

6

VIOLATIONS

2.27.1.1.2 Put the in car emergency telephone in proper working order.

Items must be corrected by: 11/15/2016

Elevator Name: # 2

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/Maintenance 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