



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**17194-75-3957**  
State Number  
**10537**

### EQUIPMENT INSPECTED

|                            |                         |                        |
|----------------------------|-------------------------|------------------------|
| State Number: <b>10537</b> | Type of Unit: Passenger | Floor to Floor: 1 to 2 |
| Capacity: 2100             | Manuf: GENERAL          | Speed: 100             |
| Landings: 2                | Installed: 06/15/1983   | Rope Size:             |
| Volts: 208                 | Complied: 07/05/1983    | Entrances: 1           |
| OWNER                      | OCCUPANT                |                        |
| ASHEVILLE CITY SCHOOLS     | LUCY HERRING ADMIN BLDG |                        |
| PO BOX 7347                | 85 MOUNTAIN STREET      |                        |
| ASHEVILLE, NC, 28802       | ASHEVILLE, NC, 28801    |                        |

### INSPECTION INFORMATION

|                               |                            |                                 |                           |                    |      |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|------|
| Inspection Date<br>07/13/2017 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>75 - Edwards | County<br>BUNCOMBE | 11 A |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|------|

### VIOLATIONS

- 8.6.10.2 Access Keys. Keys required for access, operation, inspection, maintenance, repair, and emergency access shall be made available only to personnel in the assigned security level.(on premises)
- 8.6.10.1 Perform a monthly firefighters Phase 1 and 2 test with the key switches and a minimum one floor run. Document test results with availability to inspector.

Items must be corrected by: 08/12/2017

Elevator Name: ELEVATOR # 1

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: Amy Townsend 828-350-7000

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:

ASHEVILLE CITY SCHOOLS  
PO BOX 7347  
ASHEVILLE, NC, 28802