

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 17296-65-4530 State Number 28034

| | EQUIP | MENT INSPECTED | | | |
|---|--|---|--------------------------------|------------------|--|
| State Number: 28034 | Type of Unit: Passeng | ger | Floor to Floor: 1 to 2 | | |
| Capacity: 2100 | Manuf: CANTON | <i>3</i> | Speed: 100 | | |
| Landings: 2 | Installed: 12/15/2011 | | Rope Size: | | |
| Volts: 208 | Complied: | | Entrances: 2 | | |
| OWNER | 1 | OCCUPANT | | | |
| AVERY COUNTY JAIL ANNEX | | AVERY COUNTY JAIL ANNEX | | | |
| PO BOX 640 | | 300 SHULTZ CIRCLE NEWLAND, NC, 28657 | | | |
| NEWLAND, NC, 28657 | | | | | |
| | INSPEC1 | ΓΙΟΝ INFORMATION | | | |
| Inspection Date 10/23/2017 | Type Inspection Routine | Certificate Status Re-issued | Inspector 65 - Kelley | County AVERY | |
| | | VIOLATIONS | | | |
|) accessible to the general p | eys on premises. Keys shall be kept on to public. | | | Ž | |
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| Items must be corrected by: 12/22/2017 | | | Elevator Name: # 1 | | |
| Notify the Elevator Bureau in writing complainace with current codes. | g on Corrected Violations Form when t | he following corrections have b | een made in order to bring you | r equipment into | |
| Violations pointed out to: Joe Triver | tte 828-387-0072 | | Inspector | | |
| | o make changes to the invoice mailing a | | | | |
| THIS IS NOT AN INVOICE A | n invoice will be mailed to: | AVERY COUNTY JAIL ANN PO BOX 640 NEWLAND, NC, 28657 | EX | | |