



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  
**9131-4-426**  
State Number  
**18277**

EQUIPMENT INSPECTED

|                            |                          |                        |
|----------------------------|--------------------------|------------------------|
| State Number: <b>18277</b> | Type of Unit: Passenger  | Floor to Floor: 1 to 2 |
| Capacity: 3000             | Manuf: OTIS              | Speed: 125             |
| Landings: 2                | Installed: 11/08/1999    | Rope Size: 0           |
| Volts: 480                 | Complied: 08/14/2003     | Entrances: 1           |
| OWNER                      | OCCUPANT                 |                        |
| AVERY HEALTHCARE SYSTEM    | CANNON MEMORIAL HOSPITAL |                        |
| P.O.BOX 767                | 434 HOSPITAL DRIVE       |                        |
| LINVILLE, NC, 28646        | LINVILLE, NC, 28646      |                        |

INSPECTION INFORMATION

|                               |                            |                                 |                          |                 |
|-------------------------------|----------------------------|---------------------------------|--------------------------|-----------------|
| Inspection Date<br>05/11/2009 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>4 - Henegar | County<br>AVERY |
|-------------------------------|----------------------------|---------------------------------|--------------------------|-----------------|

6

VIOLATIONS

n/a No violations found

Elevator Name: # 4

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 Henson # 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