



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
9131-4-4774
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 | OCCUPANT | |
| AVERY HEALTHCARE SYSTEM | SLOOP MEDICAL OFFICE | |
| P.O. BOX 767 | 436 HOSPITAL DRIVE | |
| LINVILLE, NC, 28646 | LINVILLE, NC, 28646 | |

INSPECTION INFORMATION

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

6

VIOLATIONS

n/a No violations found

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 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