

## 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 9202-7-517
State Number 16387

5

|   | ΕÇ                              | UIPMENT INSPECTED   |                                  |                |  |
|---|---------------------------------|---|----------------------------------|----------------|--|
| State Number: 16387   | Type of Unit: Pa                | ssenger   | Floor to Floor: 1 to 2           |                |  |
| Capacity: 2000  | Manuf: KONE                     |   | Speed: 80                        |                |  |
| Landings: 2   | Installed: 11/13/1              | 996   | Rope Size:                       |                |  |
| Volts: 208  | Complied: 11/26                 | /1996   | Entrances: 1                     |                |  |
| OWNER   |                                 | OCCUPANT  |                                  |                |  |
| ASHE COUNTY SERVICESFOR AGING   |                                 | ASHE COUN   | ASHE COUNTY SERVICES             |                |  |
| 410 MCCONNELL ST  |                                 | CHATTY ROB RD   |                                  |                |  |
| WEST JEFFERSON, NC, 28640   |                                 | WEST JEFFERSON, NC, 28640   |                                  |                |  |
|   | INSF                            | PECTION INFORMATION   |                                  |                |  |
| Inspection Date<br>07/21/2009   | Type Inspection<br>Routine      | Certificate Status<br>Re-issued                                       | Inspector<br>7 - Hoffman         | County<br>ASHE |  |
|   |                                 | VIOLATIONS  |                                  |                |  |
| n/a No violations for   | ound                            |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
|   |                                 |   |                                  |                |  |
| totify the Elevator Bureau in writing complainace with current codes. | on Corrected Violations Form wh | nen the following corrections have be                                 | en made in order to bring your e | quipment into  |  |
| Violations pointed out to: ASHE CO. SERVICES 336-246-2461             |                                 |   | Inspector                        |                |  |
| To n  |                                 | ing address please call: 919-733-0372                                 |                                  |                |  |
| THIS IS NOT AN  | nvoice will be mailed to:       | ASHE COUNTY SERVICESFO<br>410 MCCONNELL ST<br>WEST JEFFERSON NC 28640 | OR AGING                         |                |  |