



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

Invoice Number
573517

EQUIPMENT INSPECTED

State Number: 15316 Type of Unit: Passenger Landings: 3 Manuf: KONE
Capacity: 4500 Installed: 04/14/1994 Complied: 05/18/1995 Speed: 125
Volts: 480 Floor to Floor: 2 to 4 Entrances: 1 Rope Size:
Owner: ALAMANCE HEALTH SERVICES, 730 HERMITAGE RD, BURLINGTON, NC, 27215
Occupant: ALAMANCE REGIONAL MEDICAL CTR, 1230 HUFFMAN MILL RD, BURLINGTON, NC, 27215

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County Name	County Code
12/12/2008	Alteration	Issued	31 - Wagner	ALAMANCE	1

VIOLATIONS FOUND

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: Graig with Kone

Inspector _____

INVOICE

No other invoice will be issued.

If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division,
1101 Mail Service Center, Raleigh, NC 27699-1101

Owner: ALAMANCE HEALTH SERVICES, 730 HERMITAGE RD, BURLINGTON, NC, 27215
Occupant: ALAMANCE REGIONAL MEDICAL CTR, 1230 HUFFMAN MILL RD, BURLINGTON, NC, 27215

Invoice Number
573517

State Nbr: 15316
Date: 12/12/2008
Fee: \$200