

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 **575000**

		EQUIPM	MENT INSI	PECTED			
State Number: 15588 Type of Unit: Passeng Capacity: 4500 Installed: 03/07/1995 Volts: 480 Floor to Floor: 1 to 2 Owner: KERNODLE CLINIC, 1234 HUFFMAN MIL Occupant: KERNODLE CLINIC #2 LC, 1234 HUFFMAN		995 to 2 MILL RD, BUR	Complied: 02/21/2002 Entrances: 1 D, BURLINGTON, NC, 27215		Manuf: THYSSEN KRUPP Speed: 100 Rope Size:		
		INSPECTI	ION INFO	RMATION			
Inspection Date 04/04/2008	Type Inspection Routine	Certificate S Re-issue		Inspector 36 - Kirkman	County Name ALAMANCE	County Code	
		VIOLA	ATIONS FO	DUND			
Notify the Elevator Bu	reau in writing on Correct eq			the following correction ith current codes.	ns have been made in	n order to bring your	
n/a No vi	olations found						
Violations pointed out to: CHRIS				Inspector			
			INVOICE				
No other invoice will be issued If not paid within 30 days from date of invoice, your co			ificate beco	mes invalid.	Invoi	ce Number	
Return this stub with payment to: NC Department of Labor, Budget an 1101 Mail Service Center, Raleigh, NC 27699-1101			t and Purch	asing Division,	575000 State Nbr: 15588		
Owner: KERNODLE CLINIC, 1234 HUFFMAN MILL RD, BURLINGTON, NC, 2721 Occupant: KERNODLE CLINIC #2 LC, 1234 HUFFMAN MILL RD, BURLINGTON, N				N, NC, 27215 INGTON, NC, 27215	Date: Fee:	\$175	