

## 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 575001

		EQUIPME	NT INSPECTED			
State Number: 15587 Type of Unit: Passenger Capacity: 4500 Installed: 03/07/1995 Volts: 480 Floor to Floor: 1 to 2 Owner: KERNODLE CLINIC, 1234 HUFFMAN MILL RD, Occupant: KERNODLE CLINIC #3 RC, 1234 HUFFMAN M		995 o 2 MILL RD, BURLI		Manuf: THYSSEN KRUPP Speed: 100 Rope Size:		
			N INFORMATION			
Inspection Date 04/04/2008	Type Inspection Routine	Certificate Sta Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code 1	
			IONS FOUND			
Notify the Elevator Bu			m when the following correction	ons have been made in	order to bring you	
n/a No vio	olations found					
Violations pointed out to: CHRIS				Inspector		
		II	NVOICE			
No other invoice will be issue If not paid within 30 days from date of invoice, your of			cate becomes invalid.	Invoice	e Number	
Return this stub with payment to: NC Department of Labor, Bud 1101 Mail Service Center, Raleigh, NC 27699-1101			nd Purchasing Division,	575 State Nbr:	5001 15587 04/04/2008	
Owner: KERNODLE CLINIC, 1234 HUFFMAN MILL RD, BURLIN Occupant: KERNODLE CLINIC #3 RC, 1234 HUFFMAN MILL RD, I				Fee:		