



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
575003

EQUIPMENT INSPECTED

State Number: 15615 Type of Unit: Passenger Landings: 3 Manuf: OTIS
Capacity: 4500 Installed: 06/16/1995 Complied: 06/16/1995 Speed: 125
Volts: 480 Floor to Floor: 1 to 3 Entrances: 1 Rope Size:
Owner: ALAMANCE INDEPENDENT PHYSICIANS, PO BOX 209 ATTN: DIANE VAUGHT 336-5, BURLINGTON, NC, 27216
Occupant: MEDICAL ARTS CENTER, HUFFMAN MILL RD, BURLINGTON, NC, 27217

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County Name	County Code
04/04/2008	Routine	Re-issued	36 - Kirkman	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.

n/a No violations found

Violations pointed out to: DIANE V.

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

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State Nbr: 15615
Date: 04/04/2008
Fee: \$175