



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
575434

EQUIPMENT INSPECTED

State Number: 19632 Type of Unit: Passenger Landings: 2 Manuf: THYSSEN KRUPP
Capacity: 4500 Installed: 03/28/2001 Complied: 04/11/2001 Speed: 140
Volts: 460 Floor to Floor: 1 to 2 Entrances: 1 Rope Size:
Owner: ALAMANCE EXTENDED CARE INC, 1815 EDGEWOOD AVE, BURLINGTON, NC, 27215
Occupant: EDGEWOOD PLACE, 1815 EDGEWOOD AVE, BURLINGTON, NC, 27215

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County Name	County Code
10/29/2008	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.

No violations found

Violations pointed out to: office

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 EXTENDED CARE INC, 1815 EDGEWOOD AVE, BURLINGTON, NC,
27215

Occupant: EDGEWOOD PLACE, 1815 EDGEWOOD AVE, BURLINGTON, NC, 27215

Invoice Number
575434

State Nbr: 19632
Date: 10/29/2008
Fee: \$175