



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
575552

EQUIPMENT INSPECTED

State Number: 15318 Type of Unit: Passenger Landings: 3 Manuf: KONE
Capacity: 3500 Installed: 05/17/1995 Complied: 09/09/2003 Speed: 150
Volts: 480 Floor to Floor: 1 to 3 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 01/08/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code 1
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Violation Abatement Date: 02/07/2009

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.

8.6.5.5.1 Where valves and cylinders use packing glands or seals, they shall be examined and maintained to prevent excessive loss of fluid.

Violations pointed out to: DON SCOTT

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: 15318
Date: 01/08/2009
Fee: \$175