



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](http://www.nclabor.com/elevator.htm)

Invoice Number  
**575553**

### EQUIPMENT INSPECTED

State Number: 15317      Type of Unit: Passenger      Landings: 3      Manuf: KONE  
Capacity: 3500      Installed: 05/17/1995      Complied: 09/11/2003      Speed: 150  
Volts: 480      Floor to Floor: 1 to 3      Entrances: 1      Rope Size:  
Owner: ALAMANCE HEALTH SERVICE, 730 HERMITAGE RD, BURLINGTON, NC, 27215  
Occupant: ALAMANCE REGIONAL MEDICAL CTR, 1230 HUFFMAN MILL ROAD, 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: 15317  
Date: 01/08/2009  
Fee: \$175