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
575685

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 REGIONAL MEDICAL CTR, 1230 HUFFMAN MILL ROAD, 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
03/16/2009	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: 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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Occupant: MEDICAL ARTS CENTER, HUFFMAN MILL RD, BURLINGTON, NC, 27217

Invoice Number
575685
State Nbr: 15615
Date: 03/16/2009
Fee: $175
