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
**575688**

---

EQUIPMENT INSPECTED

---

| | | | |
|---|---|---|---|
| State Number: 15588 | Type of Unit: Passenger | Landings: 2 | Manuf: THYSSEN KRUPP |
| Capacity: 4500 | Installed: 03/07/1995 | Complied: 02/21/2002 | Speed: 100 |
| Volts: 480 | Floor to Floor: 1 to 2 | Entrances: 1 | Rope Size: |

Owner: KERNODLE CLINIC, 1234 HUFFMAN MILL RD, BURLINGTON, NC, 27215
Occupant: KERNODLE CLINIC #2 LC, 1234 HUFFMAN MILL RD, BURLINGTON, NC, 27215

---

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: 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: KERNODLE CLINIC, 1234 HUFFMAN MILL RD, BURLINGTON, NC, 27215
Occupant: KERNODLE CLINIC #2 LC, 1234 HUFFMAN MILL RD, BURLINGTON, NC, 27215

Invoice Number
575688
State Nbr: 15588
Date: 03/16/2009
Fee: $175

---