

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 **575689**

		EQUIPMENT INS	PECTED		
ate Number: 15586 Type of Unit: Passenger apacity: 2500 Installed: 03/07/1995 olts: 480 Floor to Floor: 1 to 2 wner: KERNODLE CLINIC, 1234 HUFFMAN MILL RD, 1 ccupant: KERNODLE CLINIC #1, 1234 HUFFMAN MILL		Complic Entranc LL RD, BURLINGTO!	ed: 02/21/2002 es: 1 N, NC, 27215	Manuf: THYSSEN KRUPP Speed: 100 Rope Size:	
		INSPECTION INFO			
Inspection Date 03/16/2009	Type Inspection Routine		Inspector 36 - Kirkman		County Code
		VIOLATIONS F	DUND		
Notify the Elevator Bu	reau in writing on Corrected equip	Violations Form when ment into compliance v		ons have been made in o	order to bring you
iolations pointed out to:		Inspector			
		INVOICE			
If not paid with Return this stub with pay.		nasing Division,	575 State Nbr: Date:	e Number 6689 15586 03/16/2009	

Occupant: KERNODLE CLINIC #1, 1234 HUFFMAN MILL RD, BURLINGTON, NC, 27215