



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
919-707-7927

Report Number
11033-36-4730
State Number
15315

EQUIPMENT INSPECTED

| | | |
|----------------------------------|-------------------------------|-------------------------|
| State Number: 15315 | Type of Unit: Passenger | Floor to Floor: LL to 3 |
| Capacity: 4500 | Manuf: KONE | Speed: 350 |
| Landings: 4 | Installed: 04/14/1995 | Rope Size: 5/8 |
| Volts: 480 | Complied: 07/11/1995 | Entrances: 1 |
| OWNER | OCCUPANT | |
| ALAMANCE REGIONAL MEDICAL CENTER | ALAMANCE REGIONAL MEDICAL CTR | |
| PO BOX 202 | 1230 HUFFMAN MILL RD | |
| BURLINGTON, NC, 27216 | BURLINGTON, NC, 27215 | |

INSPECTION INFORMATION

| | | | | |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|
| Inspection Date 02/02/2011 | Type Inspection Routine | Certificate Status Re-issued | Inspector 36 - Kirkman | County ALAMANCE |
|-------------------------------|----------------------------|---------------------------------|---------------------------|--------------------|

1

VIOLATIONS

NONE 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.

Violations pointed out to: Don Scott 336-538-7776

Inspector _____

THIS IS NOT AN
INVOICE

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to:

ALAMANCE REGIONAL MEDICAL CENTER
PO BOX 202
BURLINGTON, NC, 27216