

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 11034-36-1263 State Number 15614

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	I	EQUIPMENT INSPECTED			
State Number: 15614	Type of Unit: I	Passenger	Floor to Floor: 1 to 3		
Capacity: 4500	Manuf: OTIS		Speed: 125		
Landings: 3	Installed: 06/16/1995		Rope Size:		
Volts: 480	Complied: 10/25/2000		Entrances: 1		
OWNER	•		OCCUPANT		
ALAMANCE REGIONAL MEDICAL CTR			MEDICAL ARTS CENTER		
1230 HUFFMAN MILL ROAD			1236 HUFFMAN MILL RD		
BURLINGTON, NC, 27216	10		BURLINGTON, NC, 27217		
BURLINGTON, NC, 2/210			BURLINGTON, NC, 27217		
	IN	SPECTION INFORMATIO	N		
Inspection Date 02/03/2011	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
NONE FOUND					
otify the Elevator Bureau in vomplainace with current codes	writing on Corrected Violations Form	when the following correction	ons have been made in order to bri	ng your equipment into	
Violations pointed out to: Don Scott 336-538-7776					
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:		ONAL MEDICAL CTR ILL ROAD		