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
11053-36-0338
State Number
24073

EQUIPMENT INSPECTED

State Number: **24073**
Capacity: 2000
Landings: 2
Volts: 480

Type of Unit: Passenger
Manuf: OTIS
Installed: 07/05/2006
Complied: 06/05/2006

Floor to Floor: 1 to 2
Speed: 100
Rope Size: 0
Entrances: 1

OWNER
DR KHAN
2904 CROUSE LANE
BURLINGTON, NC, 27215

OCCUPANT
ALLIANCE MEDICAL ASSOCIATES COMPLEX
2904 CROUSE LANE
BURLINGTON, NC, 27215

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
02/22/2011	Routine	Re-issued	36 - Kirkman	ALAMANCE

1

VIOLATIONS

NONE FOUND AT TIME OF INSPECTION

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into complainace with current codes.

Violations pointed out to: DR. KHAN 336-538-2494 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:
DR KHAN
2904 CROUSE LANE
BURLINGTON, NC, 27215