

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 12081-36-349 State Number 27172

1

| | E | EQUIPMENT INSPECTED | | | |
|----------------------------------|---|---------------------------------|--------------------------------|-------------------------|--|
| State Number: 27172 | Type of Unit: I | Passenger | Floor to Floor: 1 to 3 | | |
| Capacity: 2500 | Manuf: TKE | | | Speed: 150 | |
| Landings: 3 | Installed: 09/23 | Installed: 09/23/2009 | | Rope Size: | |
| Volts: 460 | Complied: 09/2 | Complied: 09/23/2009 | | Entrances: 1 | |
| OWNER | | OCCUPANT | | | |
| HOSPICE & PALLIATIVE O | CARE CENTER | HOSPICE & PAI | LLIATIVE CARE CENTER | | |
| 918 CHAPEL HILL ROAD | | 918 CHAPEL HILL ROAD | | | |
| BURLINGTON, NC, 27215 | | BURLINGTON, NC, 27215 | | | |
| | IN | SPECTION INFORMATION | | | |
| Inspection Date 03/21/2012 | Type Inspection Routine | Certificate Status Re-issued | Inspector 36 - Kirkman | County ALAMANCE | |
| | | VIOLATIONS | | | |
| | | | | | |
| | | | | | |
| Notify the Elevator Dyrocov in v | uniting on Corrected Violetions Form | when the following corrections | haya baan mada in andar ta bri | na yayın aqılinmant int | |
| omplainace with current codes | vriting on Corrected Violations Form vs. | when the following corrections | nave been made in order to bri | ing your equipment int | |
| * | ARON TERRELL 336-532-0100 | | | | |
| | To make changes to the invoice mailing address please call: 919-733-0372 | | | | |
| THIS IS NOT AN INVOICE | HOSPICE & PALLIATIVE CARE CENTER An invoice will be mailed to: 918 CHAPEL HILL ROAD BURLINGTON, NC, 27215 | | | | |