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
12102-36-148
State Number
25587

EQUIPMENT INSPECTED

State Number: **25587**	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 4500	Manuf: TKE	Speed: 110
Landings: 2	Installed: 03/26/2008	Rope Size: 0
Volts: 480	Complied: 03/26/2008	Entrances: 2

OWNER
MEBANE MEDICAL PARK MOB
3940 ARROW HEAD BVLD
MEBANE, NC, 27302

OCCUPANT
MEBANE MEDICAL PARK MOB
3940 ARROW HEAD BVLD
MEBANE, NC, 27302

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
04/11/2012	Routine	Re-issued	36 - Kirkman	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 complainace with current codes.

Violations pointed out to: GREGORY FATTAL 919-568-8001 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:
MEBANE MEDICAL PARK MOB
3940 ARROW HEAD BVLD
MEBANE, NC, 27302