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
**13032-36-1971**
State Number
**15311**

## EQUIPMENT INSPECTED

| | | |
|---|---|---|
| State Number: **15311** | Type of Unit: Passenger | Floor to Floor: LL to 3 |
| Capacity: 3500 | Manuf: KONE | Speed: 350 |
| Landings: 4 | Installed: 05/11/1995 | Rope Size: 5/8 |
| Volts: 480 | Complied: 05/16/1995 | Entrances: 1 |

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

OCCUPANT
ALAMANCE REGIONAL MEDICAL CTR
1230 HUFFMAN MILL RD
BURLINGTON, NC, 27215

## INSPECTION INFORMATION

| Inspection Date | Type Inspection | Certificate Status | Inspector | County |
|---|---|---|---|---|
| 02/01/2013 | Alteration | Issued | 36 - Kirkman | ALAMANCE |

1

## VIOLATIONS

The baby snatcher is proper working order this date 2-1-2012

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: kone a

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