

## 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 13032-36-3559 State Number 15312

1

	E-	QUIPMENT INSPECTED		
State Number: 15312	Type of Unit: Pas	ssenger	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		OCCUPANT	•	
ALAMANCE REGIONAL MEDICAL CENTER			E REGIONAL MEDICAL CT	R
PO BOX 202		1230 HUFFMAN MILL RD		
BURLINGTON, NC, 27216		BURLINGTO	ON, NC, 27215	
	INS	SPECTION INFORMATION		
Inspection Date 02/01/2013	Type Inspection Alteration	Certificate Status Issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
omplainace with current codes.  Violations pointed out to: kone	iting on Corrected Violations Form w	· ·	Inspector	ing your equipment int
	To make changes to the invoice mai			
THIS IS NOT AN INVOICE	An invoice will be mailed to:	ALAMANCE REGIONA PO BOX 202 BURLINGTON, NC, 27:	AL MEDICAL CENTER	