

## 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 **13331-36-0464** State Number **19632** 

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	E	EQUIPMENT INSPECTED			
State Number: 19632	Type of Unit: Passenger		Floor to Floor: 1 to 2		
Capacity: 4500	Manuf: THYSSEN KRUPP		Speed: 140		
Landings: 2	Installed: 03/28/2001		Rope Size:		
Volts: 460	Complied: 04/11/2001		Entrances: 1		
OWNER			OCCUPANT		
ALAMANCE EXTENDED CARE INC			EDGEWOOD PLACE		
1860 BROOKWOOD AVENUE			1815 EDGEWOOD AVE		
BURLINGTON, NC, 27215			BURLINGTON, NC, 27215		
	INS	SPECTION INFORMATIO	N		
Inspection Date 11/27/2013	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
none found					
Notify the Elevator Bureau in woomplainace with current codes.	rriting on Corrected Violations Form v	when the following correcti	ons have been made in order to brit	ng your equipment into	
violations pointed out to: Carey					
	To make changes to the invoice ma				
THIS IS NOT AN INVOICE An invoice will be mailed to:  ALAMANCE EXTENDED CARE 1860 BROOKWOOD AVENUE BURLINGTON, NC, 27215			D AVENUE		