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
13331-36-491
State Number
21290

EQUIPMENT INSPECTED

State Number: **21290**	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 2500	Manuf: THYSSEN KRUPP	Speed: 160
Landings: 3	Installed: 06/24/2003	Rope Size: 0
Volts: 480	Complied: 06/24/2003	Entrances: 1

OWNER
ALAMANCE EXTENDED CARE INC
1860 BROOKWOOD AVENUE
BURLINGTON, NC, 27215

OCCUPANT
VILLAGE @ BROOKWOOD HEALTH
1881 T EDGEWOOD AVE.
BURLINGTON, NC, 27215

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
11/27/2013	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: Carey 336-570-8400 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 EXTENDED CARE INC
1860 BROOKWOOD AVENUE
BURLINGTON, NC, 27215