



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**14037-36-5992**  
State Number  
**15311**

#### EQUIPMENT INSPECTED

State Number: <b>15311</b>	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 02/06/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
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#### VIOLATIONS

8.6.1.2.1	Provide a written maintenance program.
8.6.4.7.1	Clean the elevator pit.
8.6.10.1	Update the monthly fire service log.
8.11.2.2.2	Perform the annual no load safety test
8.6.4.9	Clean the elevator car top. Sticky oil residue.
8.6.4.1.1	Take steps to clean the (hoist / compensating) ropes to allow proper visual inspection.

Items must be corrected by: 03/08/2014

Elevator Name: Elevator # 1

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

Violations pointed out to: Curtis 336-538-7776

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