

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 14038-36-0343 State Number 15614

		EQUIPMENT INSPECTED			
State Number: 15614 Capacity: 4500 Landings: 3	Type of Unit: Manuf: OTIS Installed: 06/		Floor to Floor: 1 to 3 Speed: 125 Rope Size:		
Volts: 480	Complied: 10/25/2000		Entrances: 1		
OWNER			OCCUPANT		
ALAMANCE REGIONAL	MEDICAL CTR		MEDICAL ARTS CENTER 1236 HUFFMAN MILL RD BURLINGTON, NC, 27217		
1230 HUFFMAN MILL RO					
BURLINGTON, NC, 27216	5				
	n	NSPECTION INFORMATION			
Inspection Date 02/07/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
8.6.10.1	Update the monthly fire service log.				
	- r				
Items must be corrected b	y: 03/09/2014				
otify the Elevator Bureau in omplainace with current code	writing on Corrected Violations Formes.	n when the following corrections	have been made in order to br	ing your equipment into	
violations pointed out to: Cu	rtis 336-538-7776		Inspector		
	To make changes to the invoice r				
THIS IS NOT AN	ALAMANCE REGIONAL MEDICAL CTR				
INVOICE	An invoice will be mailed to: 1230 HUFFMAN MILL ROAD				

BURLINGTON, NC, 27216