



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
14038-36-1740
State Number
15317

EQUIPMENT INSPECTED

State Number: 15317	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 3500	Manuf: KONE	Speed: 150
Landings: 3	Installed: 05/17/1995	Rope Size:
Volts: 480	Complied: 09/11/2003	Entrances: 1
OWNER	OCCUPANT	
ALAMANCE REGIONAL MEDICAL CTR	ALAMANCE REGIONAL MEDICAL CTR	
PO BOX 202	1230 HUFFMAN MILL ROAD	
BURLINGTON, NC, 27216	BURLINGTON, NC, 27215	

INSPECTION INFORMATION

Inspection Date 02/07/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
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VIOLATIONS

- 8.6.10.1 Update the monthly fire service log.
- 8.11.2.2.2 Perform the annual no load safety test
- 8.6.1.2.1 Provide a written maintenance program.
- 8.6.4.7.4 Remove the oil from the pit floor.
- 8.6.5.5.2 Oil leakage collected from the cylinder packing gland shall not exceed 20 L (5 gal) before removal. The container shall be covered and shall not be permitted to overflow.

Items must be corrected by: 03/09/2014

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 CTR
PO BOX 202
BURLINGTON, NC, 27216