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
14038-36-2210
State Number
15318

EQUIPMENT INSPECTED

State Number: **15318**
Capacity: 3500
Landings: 3
Volts: 480

Type of Unit: Passenger
Manuf: KONE
Installed: 05/17/1995
Complied: 09/09/2003

Floor to Floor: 1 to 3
Speed: 150
Rope Size:
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	Type Inspection	Certificate Status	Inspector	County
02/07/2014	Routine	Re-issued	36 - Kirkman	ALAMANCE

1

VIOLATIONS

8.11.2.2.2 Perform the annual no load safety test

8.6.10.1 Update the monthly fire service log.

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 complainace 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