



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
14073-36-0338
State Number
25587

EQUIPMENT INSPECTED

State Number: 25587	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 4500	Manuf: TKE	Speed: 110
Landings: 2	Installed: 03/26/2008	Rope Size: 0
Volts: 480	Complied: 03/26/2008	Entrances: 2

OWNER

MEBANE MEDICAL PARK MOB
3940 ARROW HEAD BVLD
MEBANE, NC, 27302

OCCUPANT

MEBANE MEDICAL PARK MOB
3940 ARROW HEAD BVLD
MEBANE, NC, 27302

INSPECTION INFORMATION

Inspection Date 03/14/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
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1

VIOLATIONS

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: GREGORY FATTAL 919-568-8001

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:

MEBANE MEDICAL PARK MOB
3940 ARROW HEAD BVLD
MEBANE, NC, 27302