



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
15057-36-0932
State Number
15312

EQUIPMENT INSPECTED

State Number: 15312	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	OCCUPANT	
ALAMANCE REGIONAL MEDICAL CENTER	ALAMANCE REGIONAL MEDICAL CTR	
PO BOX 202	1230 HUFFMAN MILL RD	
BURLINGTON, NC, 27216	BURLINGTON, NC, 27215	

INSPECTION INFORMATION

Inspection Date 02/26/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
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VIOLATIONS

8.11.2.3.1	Provide the annual no load test. (SECOND NOTICE)
8.6.4.7.1	Clean the elevator pit. (SECOND NOTICE)
8.6.4.9	Clean the elevator car top.(STICKY OIL RESIDUE) SECOND NOTICE

Items must be corrected by: 03/08/2015

Elevator Name: ELEVATOR # 2

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