



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**15097-36-0720**  
State Number  
**25587**

EQUIPMENT INSPECTED

State Number: <b>25587</b>	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 04/07/2015	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
-------------------------------	----------------------------	---------------------------------	---------------------------	--------------------

1

VIOLATIONS

none found

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