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
15251-36-203
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
ALAMANCE REGIONAL MEDICAL CENTER
PO BOX 202
BURLINGTON, NC, 27216

OCCUPANT
ALAMANCE REGIONAL MEDICAL CTR # 2
1230 HUFFMAN MILL RD
BURLINGTON, NC, 27215

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
09/08/2015	Compliance	Prev Issued	36 - Kirkman	ALAMANCE

1

VIOLATIONS

8.6.4.1.1	Take steps to clean the (hoist / compensating) ropes to allow proper visual inspection.
2.2.1	PROPERLY SECURE ALL COMPONENTS IN CONTROLLER
2.2.4	TAKE STEPS TO PLACE EXHAUST FAN IN PROPER WORKING ORDER

Items must be corrected by: 10/08/2015

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 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