

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 15251-36-2290 State Number 15311

1

		EQUIPMENT INSPECTED			
State Number: 15311	Type of Unit: 1	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	OCCUPANT		
ALAMANCE REGIONAL MEDICAL CENTER			ALAMANCE REGIONAL MEDICAL CTR # 1		
PO BOX 202	O BOX 202		1230 HUFFMAN MILL RD		
BURLINGTON, NC, 27216		BURLINGTON,	BURLINGTON, NC, 27215		
		NSPECTION INFORMATION			
Inspection Date 09/08/2015	Type Inspection Compliance	Certificate Status Prev Issued	Inspector 36 - Kirkman		
		VIOLATIONS			
Items must be corrected by: 10/08/2015 Notify the Elevator Bureau in writing on Corrected Violations Form whe complainace with current codes. Violations pointed out to: Curtis 336-538-7776			Elevator Name: Elevator # 1 en the following corrections have been made in order to bring your equipment into Inspector		
		nailing addragg plance call, 010.7			
THIS IS NOT AN INVOICE	To make changes to the invoice real An invoice will be mailed to:	• •	AL MEDICAL CENTER		