

## 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 16025-36-0164 State Number 21287

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	I	EQUIPMENT INSPECTED			
State Number: 21287	Type of Unit: Pas	senger	Floor to Floor: 1 to 3		
Capacity: 4500	Manuf: THYSSE	N KRUPP	Speed: 150		
Landings: 2	Installed: 06/10/2003		Rope Size: 0		
Volts: 480	Complied: 06/12/2003		Entrances: 2		
OWNER		OCCUPANT			
ALAMANCE EXTENDED O	ALAMANCE EXTENDED CARE INC		THE VILLAGE OF BROOKWOOD		
1860 BROOKWOOD AVENUE		1842 BROOKWOOD AVENUE			
BURLINGTON, NC, 27215		BURLINGTON, NC, 27215			
	IN	SPECTION INFORMATION			
Inspection Date 01/25/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
None found					
otify the Elevator Bureau in womplainace with current codes	writing on Corrected Violations Form	when the following corrections	have been made in order to bri	ng your equipment into	
Violations pointed out to: Carey 336-570-8400					
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	ALAMANCE EXTENDED CARE INC An invoice will be mailed to: 1860 BROOKWOOD AVENUE BURLINGTON NC 27215				