



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
16025-36-4871
State Number
21290

EQUIPMENT INSPECTED

State Number: 21290	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 2500	Manuf: THYSSEN KRUPP	Speed: 160
Landings: 3	Installed: 06/24/2003	Rope Size: 0
Volts: 480	Complied: 06/24/2003	Entrances: 1
OWNER	OCCUPANT	
ALAMANCE EXTENDED CARE INC	VILLAGE @ BROOKWOOD HEALTH	
1860 BROOKWOOD AVENUE	1880 BROOKWOOD AVENUE	
BURLINGTON, NC, 27215	BURLINGTON, NC, 27215	

INSPECTION INFORMATION

Inspection Date 01/25/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
-------------------------------	----------------------------	---------------------------------	---------------------------	--------------------

1

VIOLATIONS

2.27.1.1.2 Put the in car emergency telephone in proper working order. (phone volume is to low)

Items must be corrected by: 02/24/2016

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: Carey 336-570-8400

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 EXTENDED CARE INC
1860 BROOKWOOD AVENUE
BURLINGTON, NC, 27215