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
16102-36-3267
State Number
27172

EQUIPMENT INSPECTED

State Number: **27172**
Capacity: 2500
Landings: 3
Volts: 460

Type of Unit: Passenger
Manuf: TKE
Installed: 09/23/2009
Complied: 09/23/2009

Floor to Floor: 1 to 3
Speed: 150
Rope Size:
Entrances: 1

OWNER
HOSPICE & PALLIATIVE CARE CENTER
918 CHAPEL HILL ROAD
BURLINGTON, NC, 27215

OCCUPANT
HOSPICE & PALLIATIVE CARE CENTER
918 CHAPEL HILL ROAD
BURLINGTON, NC, 27215

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
04/11/2016	Routine	Re-issued	36 - Kirkman	ALAMANCE

1

VIOLATIONS

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: SHARON TERRELL 336-532-0100 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:
HOSPICE & PALLIATIVE CARE CENTER
918 CHAPEL HILL ROAD
BURLINGTON, NC, 27215