



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**17019-73-3460**  
State Number  
**15311**

EQUIPMENT INSPECTED

State Number: <b>15311</b>	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	OCCUPANT	
ALAMANCE REGIONAL MEDICAL CENTER	ALAMANCE REGIONAL MEDICAL CTR # 1	
PO BOX 202	1230 HUFFMAN MILL RD	
BURLINGTON, NC, 27216	BURLINGTON, NC, 27215	

INSPECTION INFORMATION

Inspection Date 01/19/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE
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1

VIOLATIONS

- 8.6 Repair leaks on machines in equipment room
- 8.6 Replace burned out lights in machine room
- 8.6 Replace drive belt on door operator
- 8.6 Place car door restrictor in proper working order
- 8.6 Remove duct tape from ropes on elevator. Use proper wire to secure ends of ropes
- 8.6 Clean elevator cartop
- 8.6 Clean elevator pit
- 8.6 Perform category 5 testing
- 8.6 Put pit lights in proper working order

Items must be corrected by: 03/19/2017

Elevator Name: Elevator # 1

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: Curtis

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