NCDOL NCDOL

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 17023-73-018
State Number 15318

1

	EQ	UIPMENT INSPECTED			
State Number: 15318	Type of Unit: Passenger		Floor to Floor: 1 to 3		
Capacity: 3500	Manuf: KONE	Manuf: KONE		Speed: 150	
Landings: 3	Installed: 05/17/1995		Rope Size:		
Volts: 480	Complied: 09/09/2003		Entrances: 1		
OWNER		OCCUPANT			
ALAMANCE REGIONAL MEDICAL CENTER		ALAMANCE REGIONAL MEDICAL CTR			
PO BOX 202		1230 HUFFMAN MILL RD			
BURLINGTON, NC, 27216		BURLINGTON, NC, 27215			
	INSP	ECTION INFORMATION			
Inspection Date 01/23/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			

Items must be corrected by: 03/23/2017

Clean elevator pit

8.6

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: Curtis Inspector _____

To make changes to the invoice mailing address please call: 919-733-0372

THIS IS NOT AN INVOICE

ALAMANCE REGIONAL MEDICAL CENTER

An invoice will be mailed to: PO BOX 202

BURLINGTON, NC, 27216