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
**17023-73-5335**
State Number
**15615**

## EQUIPMENT INSPECTED

State Number: **15615**
Capacity: 4500
Landings: 3
Volts: 480

Type of Unit: Passenger
Manuf: OTIS
Installed: 06/16/1995
Complied: 06/16/1995

Floor to Floor: 1 to 3
Speed: 125
Rope Size:
Entrances: 1

OWNER
ALAMANCE REGIONAL MEDICAL CTR
1230 HUFFMAN MILL ROAD
BURLINGTON, NC, 27216

OCCUPANT
MEDICAL ARTS CENTER
HUFFMAN MILL RD
BURLINGTON, NC, 27217

## INSPECTION INFORMATION

| Inspection Date | Type Inspection | Certificate Status | Inspector | County |
|---|---|---|---|---|
| 01/23/2017 | Routine | Re-issued | 73 - James | ALAMANCE |

1

## VIOLATIONS

| | |
|---|---|
| 8.11.3.2.1 | Provide the annual relief valve and system pressure test. |
| 8.6.4.13.1[l] | Properly maintain door restrictors, where required. |
| 8.6 | Tighten loose handrail inside elevator cab |

Items must be corrected by: 03/23/2017

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 _____

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 CTR
1230 HUFFMAN MILL ROAD
BURLINGTON, NC, 27216