



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  
**17325-73-3356**  
State Number  
**19632**

EQUIPMENT INSPECTED

State Number: <b>19632</b>	Type of Unit: Passenger	Floor to Floor: 1 to 2
Capacity: 4500	Manuf: THYSSEN KRUPP	Speed: 140
Landings: 2	Installed: 03/28/2001	Rope Size:
Volts: 460	Complied: 04/11/2001	Entrances: 1
OWNER	OCCUPANT	
ALAMANCE EXTENDED CARE INC	EDGEWOOD PLACE	
1860 BROOKWOOD AVENUE	1820 BROOKWOOD AVENUE	
BURLINGTON, NC, 27215	BURLINGTON, NC, 27215	

INSPECTION INFORMATION

Inspection Date 11/21/2017	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE
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1

VIOLATIONS

8.6.4.7	Clean the pit and the pit equipment.
2.7.3.1	Provide clear access to the elevator machine room.
8.6.4.8	Clean the machine room and the machine room equipment.
8.6	Replace jack packing
8.6	Empty oil catch bucket in pit

Items must be corrected by: 01/20/2018

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: Cary Hinely 336 570 8320

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