



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
17325-73-5938
State Number
21287

EQUIPMENT INSPECTED

State Number: 21287	Type of Unit: Passenger	Floor to Floor: 1 to 3
Capacity: 4500	Manuf: THYSSEN KRUPP	Speed: 150
Landings: 2	Installed: 06/10/2003	Rope Size: 0
Volts: 480	Complied: 06/12/2003	Entrances: 2
OWNER	OCCUPANT	
ALAMANCE EXTENDED CARE INC	THE VILLAGE OF BROOKWOOD	
1860 BROOKWOOD AVENUE	1842 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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VIOLATIONS

8.6.4.7	Clean the pit and the pit equipment.
8.6.4.13.1(i)	Place the door restrictor in proper working order.
8.6	Designate main fire recall floor correctly on car operating station and on door frame
8.6	Replace worn door operator belt
8.6	Properly secure car operating station
8.6	Empty oil 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