

INVOICE

An invoice will be mailed to:

## 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 17354-73-2129 State Number 15312

	EQUI	PMENT INSPECTED			
State Number: 15312 Type of Unit: Passenger		ger	Floor to Floor: LL to 3		
Capacity: 3500	Manuf: KONE		Speed: 350		
Landings: 4	Installed: 05/11/1995		Rope Size: 5/8		
/olts: 480	Complied: 05/16/1995	5	Entrances: 1		
OWNER		OCCUPANT			
ALAMANCE REGIONAL MEDICAL CENTER		ALAMANCE REC	ALAMANCE REGIONAL MEDICAL CTR # 2		
1240 HUFFMAN MILL RD		1240 HUFFMAN MILL RD			
URLINGTON, NC, 27216		BURLINGTON, NC, 27215			
	INSPEC	TION INFORMATION			
Inspection Date 12/20/2017	Type Inspection Compliance	Certificate Status Issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
Elevator Name: ELEVATOR #	2				
otify the Elevator Bureau in writin	g on Corrected Violations Form when	the following corrections ha	ve been made in order to br	ing your equipment into	
iolations pointed out to: Eric TKE	E	Inspector			
Т	o make changes to the invoice mailing	address please call: 919-733	i-0372		
THIS IS NOT AN	ALAMANCE REGIONAL MEDICAL CENTER				

1240 HUFFMAN MILL RD BURLINGTON, NC, 27216