

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 18043-73-541 State Number 25587

	E	EQUIPMENT INSPECTED			
State Number: 25587	Type of Unit: P	Type of Unit: Passenger		Floor to Floor: 1 to 2	
Capacity: 4500	Manuf: TKE				
Landings: 2	Installed: 03/26	Installed: 03/26/2008		Speed: 110 Rope Size: 0	
Volts: 480	Complied: 03/2	Complied: 03/26/2008		Entrances: 2	
OWNER	OC	OCCUPANT			
CONE HEALTH	CO	CONE HEALTH MEDICAL CENTER MEBANE			
HEALTH SERVICE DIVISIO	N 394	3940 ARROW HEAD BVLD			
GREENSBORO, NC, 27401	ME	BANE, NC, 27302			
	IN	SPECTION INFORMATION			
Inspection Date 02/12/2018	Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
		VIOLATIONS			
Items must be corrected by: Notify the Elevator Bureau in w	04/13/2018 riting on Corrected Violations Form v	when the following corrections hav	re been made in order to br	ing your equipment into	
omplainace with current codes.	-	•			
iolations pointed out to: Cherr	ie Speagle 3368323290		Inspector		
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	CONE HEALTH HEALTH SERVICE DIVIS GREENSBORO, NC, 2740			