



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
18324-73-0442
State Number
15314

EQUIPMENT INSPECTED

State Number: 15314	Type of Unit: Passenger	Floor to Floor: LL to 3
Capacity: 4500	Manuf: KONE	Speed: 350
Landings: 4	Installed: 05/11/1995	Rope Size: 5/8
Volts: 480	Complied: 05/11/1995	Entrances: 1
OWNER	OCCUPANT	
ALAMANCE REGIONAL MEDICAL CTR	ALAMANCE REGIONAL MEDICAL CTR # 3	
1240 HUFFMAN MILL RD	1240 HUFFMAN MILL RD	
BURLINGTON, NC, 27216	BURLINGTON, NC, 27215	

INSPECTION INFORMATION

Inspection Date 11/20/2018	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.
8.6.4.19.2 (b)	Provide the annual no load test.
8.6	Replace missing C.O.P. screws

Items must be corrected by: 01/19/2019

Elevator Name: ELEVATOR # 3

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: J Canada

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
1240 HUFFMAN MILL RD
BURLINGTON, NC, 27216