



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360

Elevator Acceptance Inspection and Test Report Form

Owner / Agent

Name: _____
Street Address: _____
City/ST/Zip: _____
Phone: _____

Building Location:

Location Name: _____
Street Address: _____
City/ST/Zip: _____
Email: _____

Elevator Location ID: _____
Equipment Sequence: _____
Elevator Type: _____
Inspections for (month due): _____

Code In Effect: _____
Key Location: _____
Alarm Status: _____

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representative Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us