County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360

Elevator Inspection and Test Report Form

Owner / Agent **Building Location :**

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

Phone: _____ Email: _____

Elevator Location ID: ELVLOC-_____-_____ **Code in Effect:** _____
Equipment Sequence: _____ **Key Location:** _____
Elevator Type: _____ **Alarm Status:** _____
Inspections for (month due): _____

I have reviewed and understand the requirements of The Building Official's Third-Pary 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.gov