

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LAUREL HILL GLOBAL METHODIST CHURCH  
ATTN: BARBARA WENDELL  
1919 NEW MARKET RD  
HENRICO, VA 23231

**Building Location:**

LAUREL HILL GLOBAL METHODIST CHURCH  
1919 NEW MARKET RD  
HENRICO, VA 23231

Phone: (804) 795-2772

Email: laurelhillchurch.varina@gmail.com

**Elevator Location ID:** ELVLOC-2001-00012**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** CHURCH OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic

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 Representation 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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE STEWARD SCHOOL  
ATTN: CHAD MONTGOMERY  
11600 GAYTON RD  
HENRICO, VA 23233

**Building Location:**

THE STEWARD SCHOOL  
11600 GAYTON RD  
HENRICO, VA 23238-3423

Phone: (804) 740-3394

Email: chad.montgomery@stewardschool.

**Elevator Location ID:** ELVLOC-2001-00015

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** **Category 1, Periodic**

**Code in Effect:**

**Key Location:** MAINT SHOP

**Alarm Status:** Not Alarmed

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Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

THE STEWARD SCHOOL  
ATTN: CHAD MONTGOMERY  
11600 GAYTON RD  
HENRICO, VA 23233

**Building Location:**

THE STEWARD SCHOOL  
11600 GAYTON RD  
HENRICO, VA 23238-3423

Phone: (804) 740-3394

Email: chad.montgomery@stewardschool.

**Elevator Location ID:** ELVLOC-2001-00015**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:****Key Location:** MAINT SHOP**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

DEEP RUN HIGH SCHOOL  
4801 TWIN HICKORY RD  
GLEN ALLEN, VA 23059

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00016

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** **Periodic**

**Code in Effect:**

**Key Location:** RECPT. DESK

**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

HERMITAGE HIGH SCHOOL  
8301 HUNGARY SPRING RD  
HENRICO, VA 23228

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00100

**Code in Effect:** 1965/2000/2010

**Equipment Sequence:** 1

**Key Location:** FRONT OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

HERMITAGE HIGH SCHOOL  
8301 HUNGARY SPRING RD  
HENRICO, VA 23228

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00100**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** ASME A17.1 - 2016**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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

SHORT PUMP ELEMENTARY SCHOOL  
3425 PUMP RD  
HENRICO, VA 23233

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00112**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

SHORT PUMP MIDDLE SCHOOL  
4701 POUNCEY TRACT RD  
GLEN ALLEN, VA 23059

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00113**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** SCHOOL OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

LAKESIDE ELEMENTARY SCHOOL  
6700 CEDAR CROFT ST  
HENRICO, VA 23228

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00114

**Code in Effect:** 1987

**Equipment Sequence:** 1

**Key Location:** SCHOOL OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

MT. VERNON MIDDLE SCHOOL  
7850 CAROUSEL LN  
HENRICO, VA 23294

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00116**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** CHURCH OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

L. DOUGLAS WILDER MIDDLE SCHOOL  
6900 WILKINSON RD  
HENRICO, VA 23227

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00122**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

ECHO LAKE ELEMENTARY SCHOOL  
5200 FRANCISTOWN RD  
GLEN ALLEN, VA 23060

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00123**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 1993**Key Location:** SCHOOL OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

VIRGINIA RANDOLPH SCHOOL  
2206 MOUNTAIN RD  
GLEN ALLEN, VA 23060

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00124**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

VIRGINIA RANDOLPH SCHOOL  
2206 MOUNTAIN RD  
GLEN ALLEN, VA 23060

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00124

**Equipment Sequence:** 2

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** Periodic

**Code in Effect:** ASME A17.1 - 2016

**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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

POCOHANTAS MIDDLE SCHOOL  
12000 THREE CHOPT RD  
HENRICO, VA 23233

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00125**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** FRONT OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

MOODY MIDDLE SCHOOL  
7800 WOODMAN RD  
HENRICO, VA 23228

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00126

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Roped Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION CORPORATE DISBURSEMENTS  
ATTN: BLAKE BISHOP  
PO BOX 25459  
RICHMOND, VA 23260-5459

**Building Location:**

VIRGINIA POWER COMPANY  
7500 W BROAD ST  
HENRICO, VA 23294-3608

Phone: (804) 205-6005

Email: blake.bishop@dom.com

**Elevator Location ID:** ELVLOC-2001-00209

**Code in Effect:** 2007

**Equipment Sequence:** 1

**Key Location:** MAINTENANCE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic, Category 1**

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GENWORTH FINANCIAL - BLDG. 2  
ATTN: MARK TEREYLA  
6610 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

GENWORTH FINANCIAL BLDG. 1  
6604 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00210**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 2004/2005**Key Location:** RM.100 MAINT.OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GENWORTH FINANCIAL - BLDG. 2  
ATTN: MARK TEREYLA  
6610 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

GENWORTH FINANCIAL BLDG. 1  
6604 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00210**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 2004/2005**Key Location:** RM.100 MAINT.OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GENWORTH FINANCIAL - BLDG. 2  
ATTN: MARK TEREYLA  
6610 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

GENWORTH FINANCIAL - BLDG. 2  
6610 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00215**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for August:** **Periodic****Code in Effect:** 1974**Key Location:** GUARD DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GENWORTH FINANCIAL - BLDG. 2  
ATTN: MARK TEREYLA  
6610 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

GENWORTH FINANCIAL - BLDG. 2  
6610 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00215**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for August:** **Periodic****Code in Effect:** 1974**Key Location:** GUARD DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GENWORTH FINANCIAL - BLDG. 2  
ATTN: MARK TEREYLA  
6610 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

GENWORTH FINANCIAL - BLDG. 2  
6610 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00215**Equipment Sequence:** 3**Elevator Type:** Electric Elevator**Inspections for August:** **Periodic****Code in Effect:** 1974**Key Location:** GUARD DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GENWORTH FINANCIAL - BLDG. 2  
ATTN: MARK TEREYLA  
6610 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

GENWORTH FINANCIAL - BLDG. 2  
6610 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00215

**Code in Effect:** 1974

**Equipment Sequence:** 4

**Key Location:** GUARD DESK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GENWORTH FINANCIAL - BLDG. 2  
ATTN: MARK TEREYLA  
6610 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

GENWORTH FINANCIAL PARKING BLD 2  
6610 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00216**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1974**Key Location:** GUARD DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ALLEGIANCE HOSPITALITY LLC  
ATTN: EMILY STONEBRAKER  
6227 W BROAD ST STE 300  
RICHMOND, VA 23230

**Building Location:**

CANDELWOOD SUITES  
2100 DICKENS RD  
HENRICO, VA 23230

Phone: (804) 324-3900

Email: gm.cwdickens@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00221

**Code in Effect:** 1978/2010

**Equipment Sequence:** 1

**Key Location:** LOBBY DESK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ALLEGIANCE HOSPITALITY LLC  
ATTN: EMILY STONEBRAKER  
6227 W BROAD ST STE 300  
RICHMOND, VA 23230

**Building Location:**

CANDELWOOD SUITES  
2100 DICKENS RD  
HENRICO, VA 23230

Phone: (804) 324-3900

Email: gm.cwdickens@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00221**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for August:** Periodic**Code in Effect:** 1978/2010**Key Location:** LOBBY DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ALLEGIANCE HOSPITALITY LLC  
ATTN: EMILY STONEBRAKER  
6227 W BROAD ST STE 300  
RICHMOND, VA 23230

**Building Location:**

CANDELWOOD SUITES  
2100 DICKENS RD  
HENRICO, VA 23230

Phone: (804) 324-3900

Email: gm.cwdickens@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00221**Equipment Sequence:** 3**Elevator Type:** Electric Elevator**Inspections for August:** **Periodic****Code in Effect:** 1978/2010**Key Location:** LOBBY DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: CARRINGTON PARRISH  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

VISTAS I  
5516 FALMOUTH ST  
HENRICO, VA 23230

Phone: (603) 988-5108

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00245**Code in Effect:** 1971**Equipment Sequence:** 1**Key Location:** KEYBOX @ MACH.RM.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: CARRINGTON PARRISH  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

VISTAS II  
5516 FALMOUTH ST  
HENRICO, VA 23230

Phone: (603) 988-5108

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00270**Code in Effect:** 1984**Equipment Sequence:** 1**Key Location:** STE. 200**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FEDERAL REALTY INVESTMENT  
ATTN: TOM FUNARI  
1117 EMMET ST N  
CHARLOTTESVILLE, VA 22903-4837

**Building Location:**

SIMPLY SAFE  
1601 WILLOW LAWN DR  
HENRICO, VA 23230

Phone: (434) 227-5173

Email: tfunari@federalrealty.com

**Elevator Location ID:** ELVLOC-2001-00309**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 1993**Key Location:** MAINT. DEPT.**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FEDERAL REALTY INVESTMENT  
ATTN: TOM FUNARI  
1117 EMMET ST N  
CHARLOTTESVILLE, VA 22903-4837

**Building Location:**

SIMPLY SAFE  
1601 WILLOW LAWN DR  
HENRICO, VA 23230

Phone: (434) 227-5173

Email: tfunari@federalrealty.com

**Elevator Location ID:** ELVLOC-2001-00309**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 1993**Key Location:** MAINT. DEPT.**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PORTER STREET HOLDINGS LLC  
ATTN: IAN REISTER  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

TUCKAHOE MEDICAL CENTER  
8921 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 697-3456

Email: [ian.riester@thalhimer.com](mailto:ian.riester@thalhimer.com)**Elevator Location ID:** ELVLOC-2001-00371**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 1981**Key Location:** ROOM 300**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PORTER STREET HOLDINGS LLC  
ATTN: IAN REISTER  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

TUCKAHOE MEDICAL CENTER  
8921 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 697-3456

Email: [ian.riester@thalhimer.com](mailto:ian.riester@thalhimer.com)

**Elevator Location ID:** ELVLOC-2001-00371

**Code in Effect:** 1981

**Equipment Sequence:** 2

**Key Location:** ROOM 300

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Derby Berdan  
ATTN: Debby Berdan  
PO BOX 31800  
HENRICO, VA 23294

**Building Location:**

TUCKAHOE MANAGEMENT LLC  
8919 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 223-8449

Email: dberdan@taxva.com

**Elevator Location ID:** ELVLOC-2001-00373

**Code in Effect:** 1986

**Equipment Sequence:** 1

**Key Location:** 2ND\FL LOCKBOX 52219

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic**

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PARHAM MANAGEMENT LLC  
ATTN: JENNY HUNDLEY  
1703 N PARHAM RD SUITE 100  
HENRICO, VA 23229

**Building Location:**

PARHAM MANAGEMENT LLC  
1703 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 740-9200

Email: jhundley@kbjwgroup.com

**Elevator Location ID:** ELVLOC-2001-00377**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1971**Key Location:** MAINT. OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

U-HAUL COMPANY OF RICHMOND  
ATTN: STACY DONATI  
3133 E PARHAM RD  
HENRICO, VA 23228

**Building Location:**

U-HAUL  
3133 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 342-4296

Email: stacy\_donati@uhaul.com

**Elevator Location ID:** ELVLOC-2001-00390

**Code in Effect:** 1974

**Equipment Sequence:** 1

**Key Location:** MAINTENANCE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Commons RVA  
ATTN: Joe Miller  
2101 MAYWILL ST  
RICHMOND, VA 23230

**Building Location:**

Commons RVA  
2101 MAYWILL ST  
HENRICO, VA 23230

Phone: (804) 833-7935

Email:

**Elevator Location ID:** ELVLOC-2001-00404

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** FRONT SECURITY DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BANK STREET ADVISORS  
ATTN: L. GONZALEZ  
10120J WEST BROAD ST  
GLEN ALLEN, VA 23060

**Building Location:**

BANK STREET ADVISORS  
5511 STAPLES MILL RD  
HENRICO, VA 23228

Phone: (804) 262-1585

Email: lgonzalez@bankstreetadvisors.com

**Elevator Location ID:** ELVLOC-2001-00408

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** FIRE BOX-1/ST.FL

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Poor Boys LLC  
ATTN: Jeanette Turner  
1901 DABNEY RD  
RICHMOND, VA 23230

**Building Location:**

VALLEY STAR CREDIT UNION  
1801 DABNEY RD  
HENRICO, VA 23230

Phone: (276) 632-1679

Email: [accounting@gusti-rva.com](mailto:accounting@gusti-rva.com)

**Elevator Location ID:** ELVLOC-2001-00414

**Code in Effect:** 1996

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

TCRE, LLC  
ATTN: OTLEY PROPERTIES  
PO BOX 17901  
RICHMOND, VA 23226

**Building Location:**

LIBBIE SQUARE OFFICE BLDG  
1807 LIBBIE AVE  
HENRICO, VA 23226

Phone: (804) 562-7373

Email: haley@ottleyproperties.com

**Elevator Location ID:** ELVLOC-2001-00553

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** KEY BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHERATON RICHMOND AIRPORT  
ATTN: Ayman Ghaly  
5501 EUBANK RD  
SANDSTON, VA 23150

**Building Location:**

SHERATON RICHMOND AIRPORT  
5501 EUBANK RD  
SANDSTON, VA 23150

Phone: (804) 226-6400

Email: ayman.ghaly@sheratonrichmondair

**Elevator Location ID:** ELVLOC-2001-00617

**Code in Effect:** 1987

**Equipment Sequence:** 1

**Key Location:** LOBBY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHERATON RICHMOND AIRPORT  
ATTN: Ayman Ghaly  
5501 EUBANK RD  
SANDSTON, VA 23150

**Building Location:**

SHERATON RICHMOND AIRPORT  
5501 EUBANK RD  
SANDSTON, VA 23150

Phone: (804) 226-6400

Email: ayman.ghaly@sheratonrichmondair

**Elevator Location ID:** ELVLOC-2001-00617**Code in Effect:** 1987**Equipment Sequence:** 2**Key Location:** LOBBY**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHERATON RICHMOND AIRPORT  
ATTN: Ayman Ghaly  
5501 EUBANK RD  
SANDSTON, VA 23150

**Building Location:**

SHERATON RICHMOND AIRPORT  
5501 EUBANK RD  
SANDSTON, VA 23150

Phone: (804) 226-6400

Email: ayman.ghaly@sheratonrichmondair

**Elevator Location ID:** ELVLOC-2001-00617

**Code in Effect:** 1987

**Equipment Sequence:** 3

**Key Location:** LOBBY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GRAND LODGE AF & AM OF VA  
ATTN: Edward Ernouf  
4115 NINE MILE RD  
RICHMOND, VA 23223

**Building Location:**

GRAND LODGE ADMIN BLDG  
4115 NINE MILE RD  
HENRICO, VA 23223

Phone: (804) 222-3110 Ext. 224

Email: officemanager@grandlodgeofvirgini

**Elevator Location ID:** ELVLOC-2001-00626**Code in Effect:** 1955**Equipment Sequence:** 1**Key Location:** SERVICE DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MASONIC HOME OF VIRGINIA  
ATTN: MICHAEL BUTLER  
500 MASONIC LA.  
RICHMOND, VA 23223

**Building Location:**

MASONIC HOME OF VIRGINIA  
500 MASONIC LN  
HENRICO, VA 23223

Phone: (804) 237-6730

Email: mbutlerjr@mahova.com

**Elevator Location ID:** ELVLOC-2001-00628**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 1960**Key Location:** KEYBOX @ ELEV.**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FOUR POINTS RICHMOND AIRPORT  
ATTN: PAUL SANDHU  
4700 S LABURNUM AV  
HENRICO, VA 23231

**Building Location:**

WYNDHAM GARDEN HOTEL @ RIC  
4700 S LABURNUM AVE  
HENRICO, VA 23231

Phone: (804) 640-4528

Email: paul@smi-hotelgroup.com

**Elevator Location ID:** ELVLOC-2001-00660**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1981**Key Location:** J.ARTIS \ FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FOUR POINTS RICHMOND AIRPORT  
ATTN: PAUL SANDHU  
4700 S LABURNUM AV  
HENRICO, VA 23231

**Building Location:**

WYNDHAM GARDEN HOTEL @ RIC  
4700 S LABURNUM AVE  
HENRICO, VA 23231

Phone: (804) 640-4528

Email: paul@smi-hotelgroup.com

**Elevator Location ID:** ELVLOC-2001-00660**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** /1981/2010**Key Location:** J.ARTIS \ FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FOUR POINTS RICHMOND AIRPORT  
ATTN: PAUL SANDHU  
4700 S LABURNUM AV  
HENRICO, VA 23231

**Building Location:**

WYNDHAM GARDEN HOTEL @ RIC  
4700 S LABURNUM AVE  
HENRICO, VA 23231

Phone: (804) 640-4528

Email: paul@smi-hotelgroup.com

**Elevator Location ID:** ELVLOC-2001-00660

**Equipment Sequence:** 3

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** Periodic

**Code in Effect:** 1981

**Key Location:** J.ARTIS \ FRONT DESK

**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: CARRINGTON PARRISH  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

COMMONWEALTH BUILDING  
7301 FOREST AVE  
HENRICO, VA 23226

Phone: (603) 988-5108

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00703**Code in Effect:** 1987**Equipment Sequence:** 1**Key Location:** ROOM 305**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: CARRINGTON PARRISH  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

COMMONWEALTH BUILDING  
7301 FOREST AVE  
HENRICO, VA 23226

Phone: (603) 988-5108

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00703**Code in Effect:** 1987**Equipment Sequence:** 2**Key Location:** ROOM 305**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LINGERFELT OFFICE PROPERTIES LLC  
ATTN: CATHERINE LINGERFELT  
4198 COX RD SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

GLEN FOREST BUILDING  
7130 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 433-1804

Email: phogan@commonwealthcommerca

**Elevator Location ID:** ELVLOC-2001-00738

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic, Category 1**

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LINGERFELT OFFICE PROPERTIES LLC  
ATTN: CATHERINE LINGERFELT  
4198 COX RD SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

GLEN FOREST BUILDING  
7130 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 433-1804

Email: phogan@commonwealthcommercial.com

**Elevator Location ID:** ELVLOC-2001-00738**Code in Effect:** 1981**Equipment Sequence:** 2**Key Location:** BREAK GLASS BOX**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
Richmond, VA 23225

**Building Location:**

U S FINANCIAL GROUP  
7202 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00741**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1981**Key Location:** M.R. DOOR BOX**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
Richmond, VA 23225

**Building Location:**

U S FINANCIAL GROUP  
7202 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00741

**Code in Effect:** 1981

**Equipment Sequence:** 2

**Key Location:** M.R. DOOR BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
Richmond, VA 23225

**Building Location:**

SIEMENS BUILDING  
7204 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00745**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1981**Key Location:** BOX ON MACH.RM.DR**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
Richmond, VA 23225

**Building Location:**

SIEMENS BUILDING  
7204 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00745**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1981**Key Location:** BOX ON MACH.RM.DR**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

8006 DISCOVERY DR. LLC  
ATTN: Ryan Boyer  
4900 Augusta Ave. Ste 101  
Richmond, VA 23230

**Building Location:**

8006 DISCOVERY DR. LLC  
8006 DISCOVERY DR  
HENRICO, VA 23229

Phone: (804) 372-3272

Email: support@peakcommercialmanage

**Elevator Location ID:** ELVLOC-2001-00773

**Code in Effect:** 1978 / 1996

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic, Category 1

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

8006 DISCOVERY DR. LLC  
ATTN: Ryan Boyer  
4900 Augusta Ave. Ste 101  
Richmond, VA 23230

**Building Location:**

8006 DISCOVERY DR. LLC  
8006 DISCOVERY DR  
HENRICO, VA 23229

Phone: (804) 372-3272

Email: support@peakcommercialmanage

**Elevator Location ID:** ELVLOC-2001-00773

**Code in Effect:** 1978 / 1996

**Equipment Sequence:** 2

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CCPB LLC  
ATTN: JOSEPH SMITH  
3131 PIEDMONT RD SUITE 100  
ATLANTA, GA 30305

**Building Location:**

CAPITAL CITY PHYSICIANS BUILDING  
8002 DISCOVERY DR  
HENRICO, VA 23229

Phone: (404) 266-0900

Email: jsmith@baumanco.com

**Elevator Location ID:** ELVLOC-2001-00774

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** KEY BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CCPB LLC  
ATTN: JOSEPH SMITH  
3131 PIEDMONT RD SUITE 100  
ATLANTA, GA 30305

**Building Location:**

CAPITAL CITY PHYSICIANS BUILDING  
8002 DISCOVERY DR  
HENRICO, VA 23229

Phone: (404) 266-0900

Email: jsmith@baumanco.com

**Elevator Location ID:** ELVLOC-2001-00774**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 1971**Key Location:** KEY BOX**Alarm Status:** Not Alarmed

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 Representation 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](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

EQUITABLE REAL ESTATE PARTNERS  
ATTN: Chris Napoli  
P.O. BOX 70037  
RICHMOND, VA 23229

**Building Location:**

KOGER BUILDING  
8001 FRANKLIN FARMS DR  
HENRICO, VA 23229

Phone: (804) 658-3168

Email: [cnapoli@equitablerealestate.com](mailto:cnapoli@equitablerealestate.com)

**Elevator Location ID:** ELVLOC-2001-00775

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

M & H REALTY FOUR LLC.  
ATTN: AARON BARR  
1500 FOREST AVE STE 100  
HENRICO, VA 23229

**Building Location:**

RANDOLPH BUILDING  
1500 FOREST AVE  
HENRICO, VA 23229

Phone: (804) 282-0999

Email: [abarr@marksandharrison.com](mailto:abarr@marksandharrison.com)

**Elevator Location ID:** ELVLOC-2001-00776

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** KEY BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

EQUITABLE REAL ESTATE PARTNERS  
ATTN: Chris Napoli  
P.O. BOX 70037  
RICHMOND, VA 23229

**Building Location:**

NELSON BUILDING  
1503 SANTA ROSA RD  
HENRICO, VA 23229

Phone: (804) 658-3168

Email: [cnapoli@equitable realestate.com](mailto:cnapoli@equitable realestate.com)

**Elevator Location ID:** ELVLOC-2001-00777

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS KEYBOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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**County of Henrico, Virginia**

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

EQUITABLE REAL ESTATE PARTNERS  
ATTN: Chris Napoli  
P.O. BOX 70037  
RICHMOND, VA 23229

**Building Location:**

ALMOND BUILDING  
1610 FOREST AVE  
HENRICO, VA 23229

Phone: (804) 658-3168

Email: [cnapoli@equitable realestate.com](mailto:cnapoli@equitable realestate.com)

**Elevator Location ID:** ELVLOC-2001-00778

**Code in Effect:** 1971 / 2010

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COMMONWEALTH CATHOLIC CHARITIES  
ATTN: Pam Hobson  
1601 ROLLING HILLS DR  
HENRICO, VA 23229

**Building Location:**

COMMONWEALTH CATHOLIC CHARITIES  
1601 ROLLING HILLS DR  
HENRICO, VA 23229

Phone: (804) 823-9338

Email: pam.hobson@cclofva.org

**Elevator Location ID:** ELVLOC-2001-00779

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

UDIG  
ATTN: KELLY HOOVER  
8000 FRANKLIN FARMS DR  
HENRICO, VA 23229

**Building Location:**

UDIG  
8000 FRANKLIN FARMS DR  
HENRICO, VA 23229

Phone: (804) 527-0005

Email: kelly.hoover@udig.com

**Elevator Location ID:** ELVLOC-2001-00780

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INC.  
ATTN: DAWN ROSATO  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

TYLER BUILDING  
1603 SANTA ROSA RD  
HENRICO, VA 23229

Phone: (804) 420-3242

Email: dawn.rosato@colliers.com

**Elevator Location ID:** ELVLOC-2001-00781

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** Periodic

**Code in Effect:** 1971

**Key Location:** BREAKGLASS BOX

**Alarm Status:** Not Alarmed

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

EQUITABLE REALESTATE PARTNERS  
ATTN: Chris Napoli  
P.O. BOX 70037  
RICHMOND, VA 23229

**Building Location:**

LEE BUILDING  
8004 FRANKLIN FARMS DR  
HENRICO, VA 23229

Phone: (804) 658-3168

Email: [cnapoli@equitablerealestate.com](mailto:cnapoli@equitablerealestate.com)**Elevator Location ID:** ELVLOC-2001-00782**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1971 / 2010**Key Location:** BREAK GLASS KEYBOX**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE RICHMOND GROUP USA  
ATTN: LAURA BURNER  
8003 FRANKLIN FARMS DR SUITE 200  
RICHMOND, VA 23229

**Building Location:**

SPOTSWOOD BUILDING  
8003 FRANKLIN FARMS DR  
HENRICO, VA 23229

Phone: (804) 404-2835

Email: LAURAB@RICHGROUPUSA.COM

**Elevator Location ID:** ELVLOC-2001-00784**Code in Effect:** 1971**Equipment Sequence:** 1**Key Location:** BREAK GLASS BOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INC.  
ATTN: DAWN ROSATO  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

JEFFERSON BUILDING  
8100 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 420-3242

Email: dawn.rosato@colliers.com

**Elevator Location ID:** ELVLOC-2001-00785**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1978**Key Location:** BREAK GLASS BOX**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

EQUITABLE REAL ESTATE PARTNERS  
ATTN: Chris Napoli  
P.O. BOX 70037  
RICHMOND, VA 23229

**Building Location:**

RATCLIFFE BUILDING  
1602 ROLLING HILLS DR  
HENRICO, VA 23229

Phone: (804) 658-3168

Email: [cnapoli@equitable realestate.com](mailto:cnapoli@equitable realestate.com)**Elevator Location ID:** ELVLOC-2001-00786**Code in Effect:** 1971**Equipment Sequence:** 1**Key Location:** BREAK GLASS BOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: CARRINGTON PARRISH  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

DALE BUILDING LLC.  
1504 SANTA ROSA RD  
HENRICO, VA 23229

Phone: (603) 988-5108

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00787**Code in Effect:** 1978**Equipment Sequence:** 1**Key Location:** BREAK GLASS BOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

EQUITABLE REAL ESTATE PARTNERS  
ATTN: Chris Napoli  
P.O. BOX 70037  
RICHMOND, VA 23229

**Building Location:**

WYTHE BUILDING  
1604 SANTA ROSA RD  
HENRICO, VA 23229

Phone: (804) 658-3168

Email: [cnapoli@equitable realestate.com](mailto:cnapoli@equitable realestate.com)

**Elevator Location ID:** ELVLOC-2001-00788

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

EQUITABLE REAL ESTATE PARTNERS  
ATTN: Chris Napoli  
P.O. BOX 70037  
RICHMOND, VA 23229

**Building Location:**

CULPEPPER BUILDING  
1606 SANTA ROSA RD  
HENRICO, VA 23229

Phone: (804) 658-3168

Email: [cnapoli@equitable realestate.com](mailto:cnapoli@equitable realestate.com)

**Elevator Location ID:** ELVLOC-2001-00789

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ALL SAINTS EPISCOPAL CHURCH  
ATTN: WINSTON HAZELGROVE  
8787 RIVER ROAD  
HENRICO, VA 23229

**Building Location:**

ALL SAINTS EPISCOPAL CHURCH  
8787 RIVER RD  
HENRICO, VA 23229

Phone: (804) 288-7811

Email: whazlegrove@allsaintsrichmond.or

**Elevator Location ID:** ELVLOC-2001-00796**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLEGIATE SCHOOL  
ATTN: CARROLL CAMPBELL  
103 N MOORELAND RD  
HENRICO, VA 23229

**Building Location:**

COLLEGIATE LOWER SCHOOL - 103 N  
MORELAND RD  
201 N MOORELAND RD  
HENRICO, VA 23229

Phone: (804) 741-9733

Email: carroll\_campbell@collegiate-va.org

**Elevator Location ID:** ELVLOC-2001-00828**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1990**Key Location:** MAINT OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

OLEY CHILDREN LTD PARTNERSHIP  
ATTN: DR. OLEY  
9030 THREE CHOPT RD SUITE A  
HENRICO, VA 23229

**Building Location:**

DR. OLEY`S OFFICE  
9030 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 282-7011

Email: christina@drgoley.com

**Elevator Location ID:** ELVLOC-2001-00831**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** SUITE A**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLEGIATE SCHOOL  
ATTN: CARROLL CAMPBELL  
103 N MOORELAND RD  
HENRICO, VA 23229

**Building Location:**

COLLEGIATE - NORTH SCIENCE  
103 N MOORELAND RD  
HENRICO, VA 23229

Phone: (804) 741-9733

Email: carroll\_campbell@collegiate-va.org

**Elevator Location ID:** ELVLOC-2001-00833**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** MAINT. DEPT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLEGIATE SCHOOL  
ATTN: CARROLL CAMPBELL  
103 N MOORELAND RD  
HENRICO, VA 23229

**Building Location:**

COLLEGIATE - SOUTH SCIENCE - 103 N  
MOORELAND RD  
201 N MOORELAND RD  
HENRICO, VA 23229

Phone: (804) 741-9733

Email: carroll\_campbell@collegiate-va.org

**Elevator Location ID:** ELVLOC-2001-00836**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** SEE MAINT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BEHAVIORAL HEALTH SERVICES OF VA.  
ATTN: DEMARIO ADKINS  
1701 E. PARHAM RD  
HENRICO, VA 23228

**Building Location:**

BEHAVIORAL HEALTH SERVICES OF VA.  
1701 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 261-4163

Email: demario.adkins@bhsva.net

**Elevator Location ID:** ELVLOC-2001-00850**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 1971/2009/2010**Key Location:** 2ND.FL.\ FINANCE DPT**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA CROSSINGS  
ATTN: SCOTT SEARS  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

**Building Location:**

MONROE BUILDING  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 727-1400

Email: SCOTT.SEARS@VACROSSINGS.CO

**Elevator Location ID:** ELVLOC-2001-00863**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** ENGINEERING**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA CROSSINGS  
ATTN: SCOTT SEARS  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

**Building Location:**

MONROE BUILDING  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 727-1400

Email: SCOTT.SEARS@VACROSSINGS.CO

**Elevator Location ID:** ELVLOC-2001-00863**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** ENGINEERING**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA CROSSINGS  
ATTN: SCOTT SEARS  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

**Building Location:**

JEFFERSON BUILDING  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 727-1400

Email: SCOTT.SEARS@VACROSSINGS.CO

**Elevator Location ID:** ELVLOC-2001-00864**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** ENGINEERING**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic, Category 1

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA CROSSINGS  
ATTN: SCOTT SEARS  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

**Building Location:**

JEFFERSON BUILDING  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 727-1400

Email: SCOTT.SEARS@VACROSSINGS.CO

**Elevator Location ID:** ELVLOC-2001-00864**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** ENGINEERING**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA CROSSINGS  
ATTN: SCOTT SEARS  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

**Building Location:**

JEFFERSON BUILDING  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 727-1400

Email: SCOTT.SEARS@VACROSSINGS.CO

**Elevator Location ID:** ELVLOC-2001-00864

**Equipment Sequence:** 3

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** **Periodic, Category 1**

**Code in Effect:**

**Key Location:** ENGINEERING

**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA CROSSINGS  
ATTN: SCOTT SEARS  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

**Building Location:**

MADISON BUILDING  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 727-1400

Email: SCOTT.SEARS@VACROSSINGS.CO

**Elevator Location ID:** ELVLOC-2001-00865**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** ENGINEERING**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA CROSSINGS  
ATTN: SCOTT SEARS  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

**Building Location:**

MADISON BUILDING  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 727-1400

Email: SCOTT.SEARS@VACROSSINGS.CO

**Elevator Location ID:** ELVLOC-2001-00865**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** ENGINEERING**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Category 1, Periodic**

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Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA CROSSINGS  
ATTN: SCOTT SEARS  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

**Building Location:**

MADISON BUILDING  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 727-1400

Email: SCOTT.SEARS@VACROSSINGS.CO

**Elevator Location ID:** ELVLOC-2001-00865**Code in Effect:** 1993**Equipment Sequence:** 3**Key Location:** ENGINEERING**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Category 1, Periodic**

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Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

STAPLES MILL ROAD BAPTIST  
ATTN: STACEY REXRODE  
10101 STAPLES MILL RD  
GLEN ALLEN, VA 23060

**Building Location:**

STAPLES MILL ROAD BAPTIST  
10101 STAPLES MILL RD  
GLEN ALLEN, VA 23060

Phone: (804) 672-6811

Email: srexrode@smrbc.org

**Elevator Location ID:** ELVLOC-2001-00877

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** CHURCH OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BETH SHALOM GARDENS  
ATTN: BRYAN KIRBY  
1600 JOHN ROLFE PKWY  
HENRICO, VA 23229

**Building Location:**

BETH SHALOM GARDENS  
2001 LAUDERDALE DR  
HENRICO, VA 23238-3940

Phone: (804) 750-2183

Email: bkirby@shalomgardens.com

**Elevator Location ID:** ELVLOC-2001-00887**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** RECPT.DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BETH SHALOM GARDENS  
ATTN: BRYAN KIRBY  
1600 JOHN ROLFE PKWY  
HENRICO, VA 23229

**Building Location:**

BETH SHALOM GARDENS  
2001 LAUDERDALE DR  
HENRICO, VA 23238-3940

Phone: (804) 750-2183

Email: bkirby@shalomgardens.com

**Elevator Location ID:** ELVLOC-2001-00887**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** RECPT.DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BETH SHALOM GARDENS  
ATTN: BRYAN KIRBY  
1600 JOHN ROLFE PKWY  
HENRICO, VA 23229

**Building Location:**

BETH SHALOM GARDENS  
2001 LAUDERDALE DR  
HENRICO, VA 23238-3940

Phone: (804) 750-2183

Email: bkirby@shalomgardens.com

**Elevator Location ID:** ELVLOC-2001-00887

**Equipment Sequence:** 3

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** Periodic

**Code in Effect:** 1993

**Key Location:** RECPT.DESK

**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTDALE REAL ESTATE MGT.  
ATTN: Karen Mitchell  
11551 Nuckols Road  
Suite O  
Glen Allen, VA 23059

**Building Location:**

EASTSHORE OFFICE BLDG. I  
100 EASTSHORE DR  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

**Elevator Location ID:** ELVLOC-2001-00892**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTDALE REAL ESTATE MGT.  
ATTN: Karen Mitchell  
11551 Nuckols Road  
Suite O  
Glen Allen, VA 23059

**Building Location:**

EASTSHORE OFFICE BLDG. I  
100 EASTSHORE DR  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

**Elevator Location ID:** ELVLOC-2001-00892**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SNH INDEPENDENCE PARK LLC  
ATTN: WENDY WALTON-SMITH  
9900 INDEPENDENCE PARK DR SUITE 120  
HENRICO, VA 23233

**Building Location:**

LIBERTY PLAZA II  
10800 NUCKOLS RD  
GLEN ALLEN, VA 23060

Phone: (804) 452-7718

Email: waltonsmith@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00893**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** SECURITY DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SNH INDEPENDENCE PARK LLC  
ATTN: WENDY WALTON-SMITH  
9900 INDEPENDENCE PARK DR SUITE 120  
HENRICO, VA 23233

**Building Location:**

LIBERTY PLAZA II  
10800 NUCKOLS RD  
GLEN ALLEN, VA 23060

Phone: (804) 452-7718

Email: waltonsmith@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00893**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** SECURITY DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTDALE ASSET MGT.  
ATTN: Karen Mitchell  
11551 Nuckols Road  
Suite O  
Glen Allen, VA 23059

**Building Location:**

EASTSHORE OFFICE BLDG. III  
140 EASTSHORE DR  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

**Elevator Location ID:** ELVLOC-2001-00894

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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ATTN: Karen Mitchell  
11551 Nuckols Road  
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**Building Location:**

EASTSHORE OFFICE BLDG. III  
140 EASTSHORE DR  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

**Elevator Location ID:** ELVLOC-2001-00894

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MORNINGSIDE ASSISTED LIVING  
ATTN: Stephanie Quick  
3000 Skipwith Rd  
Henrico, VA 23294

**Building Location:**

MORNINGSIDE ASSISTED LIVING  
3000 SKIPWITH RD  
HENRICO, VA 23294

Phone: (617) 796-8173

Email: squick@5ssl.com

**Elevator Location ID:** ELVLOC-2001-00896**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Category 1, Periodic****Code in Effect:** 1993**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLFLEET PROPERTIES LLC  
ATTN: JAMES LARNER  
1305 GARTH GATE LN.  
Charlottesville, VA 22901

**Building Location:**

WELLFLEET PROPERTIES  
12201 GAYTON RD  
HENRICO, VA 23238-8203

Phone: (434) 825-0321

Email: james@larner.com

**Elevator Location ID:** ELVLOC-2001-00914

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** KEYBOX @ MACH.ROOM

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THALHIMERS  
ATTN: Samantha Huckstep  
P.O. Box 5160  
Glen Allen, VA 23058

**Building Location:**

MAGELLAN  
4300 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 697-3467

Email: samantha.huckstep@thalhimer.co

**Elevator Location ID:** ELVLOC-2001-00921

**Code in Effect:** 1987/2013

**Equipment Sequence:** 1

**Key Location:** MAINT. = JIM OLIVER

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THALHIMERS  
ATTN: Samantha Huckstep  
P.O. Box 5160  
Glen Allen, VA 23058

**Building Location:**

MAGELLAN  
4300 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 697-3467

Email: samantha.huckstep@thalhimer.co

**Elevator Location ID:** ELVLOC-2001-00921

**Code in Effect:** 1987 2013

**Equipment Sequence:** 2

**Key Location:** MAINT. = JIM OLIVER

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THALHIMERS  
ATTN: Samantha Huckstep  
P.O. Box 5160  
Glen Allen, VA 23058

**Building Location:**

MAGELLAN  
4300 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 697-3467

Email: samantha.huckstep@thalhimer.co

**Elevator Location ID:** ELVLOC-2001-00921

**Code in Effect:** 1987/2013

**Equipment Sequence:** 3

**Key Location:** MAINT. = JIM OLIVER

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REALTY  
ATTN: NARMINA NESIMOVA  
2027 LAUDERDALE DR.  
HENRICO, VA 23238

**Building Location:**

MAPLE WOODS APARTMENTS  
2027 LAUDERDALE DR  
HENRICO, VA 23238-3940

Phone: (804) 741-4691

Email: nnesimova@thecapitalrealty.com

**Elevator Location ID:** ELVLOC-2001-00925**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 1978 / 2010**Key Location:** OFFICE=CALL MAINT.**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REALTY  
ATTN: NARMINA NESIMOVA  
2027 LAUDERDALE DR.  
HENRICO, VA 23238

**Building Location:**

MAPLE WOODS APARTMENTS  
2027 LAUDERDALE DR  
HENRICO, VA 23238-3940

Phone: (804) 741-4691

Email: nnesimova@thecapitalrealty.com

**Elevator Location ID:** ELVLOC-2001-00925

**Equipment Sequence:** 2

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** Periodic

**Code in Effect:** 1978/2010

**Key Location:** OFFICE=CALL MAINT.

**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BETH SHALOM HOME  
ATTN: BRYAN KIRBY  
1600 JOHN ROLFE PKWY  
HENRICO, VA 23233

**Building Location:**

BETH SHALOM HOME  
1600 JOHN ROLFE PKWY  
HENRICO, VA 23238-8110

Phone: (804) 750-2183

Email: bkirby@shalomgardens.com

**Elevator Location ID:** ELVLOC-2001-00927

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** Periodic

**Code in Effect:** 1987

**Key Location:** RECEPT. DESK

**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BETH SHALOM HOME  
ATTN: BRYAN KIRBY  
1600 JOHN ROLFE PKWY  
HENRICO, VA 23233

**Building Location:**

BETH SHALOM HOME  
1600 JOHN ROLFE PKWY  
HENRICO, VA 23238-8110

Phone: (804) 750-2183

Email: bkirby@shalomgardens.com

**Elevator Location ID:** ELVLOC-2001-00927**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1987**Key Location:** RECEPT. DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: KAYLA BLAIR  
4991 Lake Brook Dr Suite G90  
Glen allen, VA 23060

**Building Location:**

NORTH PARK  
4701 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00929

**Code in Effect:** 1987/2010

**Equipment Sequence:** 1

**Key Location:** KNOX BOX - FRONT DR.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: KAYLA BLAIR  
4991 Lake Brook Dr Suite G90  
Glen allen, VA 23060

**Building Location:**

NORTH PARK  
4701 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00929**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1987/2010**Key Location:** KNOX BOX - FRONT DR.**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COMMONWEALTH COMMERCIAL  
ATTN: CHUCK RICHARDSON  
4198 COX ROAD SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

CENTER PARK V  
4405 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 433-1836

Email: crichardson@commonwealthcomm

**Elevator Location ID:** ELVLOC-2001-00931

**Code in Effect:** 1984

**Equipment Sequence:** 1

**Key Location:** KEYBOX ADJ. TO DOOR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: LISA HARRIS  
4991 Lake Brook Dr  
Suite G90  
Glen Allen, VA 23060

**Building Location:**

4101 BUILDING  
4101 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00932**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 1984**Key Location:** KEYBOX ON MACH.RM.DR**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: LISA HARRIS  
4991 Lake Brook Dr  
Suite G90  
Glen Allen, VA 23060

**Building Location:**

4101 BUILDING  
4101 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00932

**Code in Effect:** 1984

**Equipment Sequence:** 2

**Key Location:** KEYBOX ON MACH.RM.DR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAMBRIDGE HEALTHCARE MGT.  
ATTN: Megan Mansour  
1608 RT 88 STE 301  
BRICK, NJ 08724

**Building Location:**

CANTERBURY REHABILITATION  
1776 CAMBRIDGE DR  
HENRICO, VA 23238-3203

Phone: (732) 965-1948

Email: apcanterbury@mhspl.com

**Elevator Location ID:** ELVLOC-2001-00940**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 1965**Key Location:** 1ST\FL HALL KEYBOX**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAMBRIDGE HEALTHCARE MGT.  
ATTN: Megan Mansour  
1608 RT 88 STE 301  
BRICK, NJ 08724

**Building Location:**

CANTERBURY REHABILITATION  
1776 CAMBRIDGE DR  
HENRICO, VA 23238-3203

Phone: (732) 965-1948

Email: apcanterbury@mhspl.com

**Elevator Location ID:** ELVLOC-2001-00940**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Category 1, Periodic****Code in Effect:** 1965/2013**Key Location:** 1ST\FL HALL KEYBOX**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BLUERIDGE SENIOR LIVING  
ATTN: JENNIE HADEN  
12411 Gayton Rd.  
Richmond, VA 23238

**Building Location:**

BLUERIDGE SENIOR LIVING  
12411 GAYTON RD  
HENRICO, VA 23238-2272

Phone: (804) 741-9494

Email: jhaden@blueridge.com

**Elevator Location ID:** ELVLOC-2001-00942**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 1987**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BLUERIDGE SENIOR LIVING  
ATTN: JENNIE HADEN  
12411 Gayton Rd.  
Richmond, VA 23238

**Building Location:**

BLUERIDGE SENIOR LIVING  
12411 GAYTON RD  
HENRICO, VA 23238-2272

Phone: (804) 741-9494

Email: jhaden@blueridge.com

**Elevator Location ID:** ELVLOC-2001-00942**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Category 1, Periodic****Code in Effect:** 1987**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL - CAPITAL ONE  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

KNOLLS I  
4881 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00944**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** GUARD DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL - CAPITAL ONE  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

KNOLLS I  
4881 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00944**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993/2010**Key Location:** GUARD DESK**Alarm Status:** Not Alarmed

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL - CAPITAL ONE  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

KNOLLS I  
4881 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00944**Code in Effect:** 1993**Equipment Sequence:** 3**Key Location:** GUARD DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: TERESA KITCHTA  
300 E FRANKLIN ST  
RICHMOND, VA 23219

**Building Location:**

HAMPTON INN  
10800 W BROAD ST  
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: [teresa.kitcha3@hilton.com](mailto:teresa.kitcha3@hilton.com)**Elevator Location ID:** ELVLOC-2001-00946**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: TERESA KITCHTA  
300 E FRANKLIN ST  
RICHMOND, VA 23219

**Building Location:**

HAMPTON INN  
10800 W BROAD ST  
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: [teresa.kitcha3@hilton.com](mailto:teresa.kitcha3@hilton.com)**Elevator Location ID:** ELVLOC-2001-00946**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Category 1, Periodic****Code in Effect:** 1993**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Innsbrook LLC  
ATTN: CATHERINE LINGERFELT  
4198 COX RD SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

G E BUILDING  
4880 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 433-1804

Email: phogan@commonwealthcommercia

**Elevator Location ID:** ELVLOC-2001-00948

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** SECURITY DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 1

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 2

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 4

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 5

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Equipment Sequence:** 6

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** Periodic

**Code in Effect:** 1990

**Key Location:** SECURITY

**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Equipment Sequence:** 7

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** Periodic

**Code in Effect:** 1990

**Key Location:** SECURITY

**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952**Equipment Sequence:** 8**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1990**Key Location:** SECURITY**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952**Equipment Sequence:** 9**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 1990**Key Location:** SECURITY**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952**Equipment Sequence:** 11**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1990**Key Location:** SECURITY**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WELLS FARGO  
ATTN: Daryl Eubank  
4340 Innslake Dr  
Glen Allen, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: daryl.eubank@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952**Equipment Sequence:** 12**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1990**Key Location:** SECURITY**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION CLUB  
ATTN: DAN RIKER  
6000 DOMINION CLUB DR  
GLEN ALLEN, VA 23060

**Building Location:**

DOMINION CLUB  
6000 DOMINION CLUB DR  
GLEN ALLEN, VA 23059

Phone: (804) 360-1200

Email: driker@heritagegolfgroup.com

**Elevator Location ID:** ELVLOC-2001-00955**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 1984**Key Location:** UNDER RECPT.DESK**Alarm Status:** Not Alarmed

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 Representation 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

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION CLUB  
ATTN: DAN RIKER  
6000 DOMINION CLUB DR  
GLEN ALLEN, VA 23060

**Building Location:**

DOMINION CLUB  
6000 DOMINION CLUB DR  
GLEN ALLEN, VA 23059

Phone: (804) 360-1200

Email: driker@heritagegolfgroup.com

**Elevator Location ID:** ELVLOC-2001-00955

**Code in Effect:** 1984

**Equipment Sequence:** 2

**Key Location:** UNDER RECPT.DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION ENERGY  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

KNOLLS III  
4851 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00963**Code in Effect:** 1993/2013**Equipment Sequence:** 1**Key Location:** ENG. OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION ENERGY  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

KNOLLS III  
4851 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00963

**Code in Effect:** 1993/2013

**Equipment Sequence:** 2

**Key Location:** ENG. OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION ENERGY  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

KNOLLS III  
4851 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00963**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993/2013**Key Location:** ENG. OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION ENERGY  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

KNOLLS III  
4851 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00963

**Code in Effect:** 1993

**Equipment Sequence:** 4

**Key Location:** ENG. OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RESIDENCE INN BY MARRIOTT  
ATTN: Luke Roberts  
3940 Westerre Pkwy  
Henrico, VA 23233

**Building Location:**

RESIDENCE INN BY MARRIOTT  
3940 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 285-8200

Email: Luke.Roberts@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00976**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** MAINT. DEPT.**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RESIDENCE INN BY MARRIOTT  
ATTN: Luke Roberts  
3940 Westerre Pkwy  
Henrico, VA 23233

**Building Location:**

RESIDENCE INN BY MARRIOTT  
3940 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 285-8200

Email: Luke.Roberts@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00976**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 1993**Key Location:** MAINT. DEPT.**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COURTYARD BY MARRIOTT - NW  
ATTN: Julia McCoy  
11541 Nuckols Rd., Suite D  
Glen Allen, VA 23059

**Building Location:**

COURTYARD BY MARRIOTT - NW  
3950 WESTERRE PKWY  
HENRICO, VA 23233

Phone:

Email: [jmccoy@kalyanhospitality.com](mailto:jmccoy@kalyanhospitality.com)**Elevator Location ID:** ELVLOC-2001-00977**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 1993**Key Location:** MAINT DEPT**Alarm Status:** Not Alarmed

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 Representation 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](mailto:ElevatorInspectionReports@henrico.gov)

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COURTYARD BY MARRIOTT - NW  
ATTN: Julia McCoy  
11541 Nuckols Rd., Suite D  
Glen Allen, VA 23059

**Building Location:**

COURTYARD BY MARRIOTT - NW  
3950 WESTERRE PKWY  
HENRICO, VA 23233

Phone:

Email: [jmccoy@kalyanhospitality.com](mailto:jmccoy@kalyanhospitality.com)

**Elevator Location ID:** ELVLOC-2001-00977

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** MAINT DEPT

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
Richmond, VA 23225

**Building Location:**

FRANKLIN COMMONS III  
5640 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00988

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
Richmond, VA 23225

**Building Location:**

FRANKLIN COMMONS III  
5640 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00988**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
Richmond, VA 23225

**Building Location:**

FRANKLIN COMMONS III  
5640 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00988

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
Richmond, VA 23225

**Building Location:**

FRANKLIN COMMONS PARKING DECK  
5600 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00989**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** KEYBOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VA UMC ADMINISTRATION BUILDING  
ATTN: Mike Derricott  
P O BOX 5606  
GLEN ALLEN, VA 23058

**Building Location:**

VA UMC ADMINISTRATION BUILDING  
10330 STAPLES MILL RD  
GLEN ALLEN, VA 23060

Phone: (804) 521-1100

Email: mikederricott@vaumc.org

**Elevator Location ID:** ELVLOC-2002-01015

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** RECPT. DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

NEW BRIDGE SCHOOL  
5915 NINE MILE RD  
HENRICO, VA 23223

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2002-01016**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

RIVERS EDGE ELEMENTARY  
11600 HOLMAN RIDGE RD  
GLEN ALLEN, VA 23059

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2003-01074

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** Periodic

**Code in Effect:** 1993

**Key Location:** OFFICE

**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

STRANGE'S FLORIST INC  
ATTN: WILL GOULDIN  
12111 W BROAD ST  
HENRICO, VA 23233

**Building Location:**

STRANGE'S FLORIST  
12111 W BROAD ST  
HENRICO, VA 23233-7604

Phone: (804) 360-2800

Email: will@stranges.com

**Elevator Location ID:** ELVLOC-2004-01110

**Code in Effect:** 1996

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

HUNGARY CREEK MIDDLE SCHOOL  
4909 FRANCISTOWN RD  
GLEN ALLEN, VA 23060

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2004-01116

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

GREENWOOD ELEMENTARY SCHOOL  
10960 GREENWOOD RD  
GLEN ALLEN, VA 23059

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2004-01117**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 1993**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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 Representation 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



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FIRST CITIZENS BANK  
ATTN: JAMES FIELDS  
11776 W BROAD ST  
HENRICO, VA 23233

**Building Location:**

FIRST CITIZENS BANK  
11776 W BROAD ST  
HENRICO, VA 23233-1005

Phone: (804) 360-8198

Email: colleen.gray@firstcitizens.com

**Elevator Location ID:** ELVLOC-2004-01119

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LP MARTIN AND COMPANY  
ATTN: SUSAN ARCHER  
1007 PEACHTREE BLVD  
RICHMOND, VA 23226

**Building Location:**

JIRANEK ORTHOPEDIC CENTER  
1007 PEACHTREE BLVD  
HENRICO, VA 23226

Phone: (804) 288-1788

Email: susan@archstonecounseling.com

**Elevator Location ID:** ELVLOC-2004-01125

**Code in Effect:** 1996

**Equipment Sequence:** 1

**Key Location:** RECEPTIONIST

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAIRFIELD INN & SUITES  
ATTN: Katia Diaz  
9937 Mayland Dr  
Henrico, VA 23233

**Building Location:**

FAIRFIELD INN & SUITES  
9937 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 545-4200

Email: [katia.diaz@dailyseven.com](mailto:katia.diaz@dailyseven.com)

**Elevator Location ID:** ELVLOC-2004-01145

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** **Periodic**

**Code in Effect:** 1993

**Key Location:** FRONT DESK

**Alarm Status:** Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

COLONIAL TRAIL ELEMENTARY SCHOOL  
12101 LIESFELD FARM DR  
GLEN ALLEN, VA 23059

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2006-01220**Code in Effect:** 1996**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASSOCIA COMMUNITY GROUP  
ATTN: D MCDANIEL  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**

FALL LINE CONDO'S  
4940 ROCKETTS WAY  
HENRICO, VA 23231

Phone: (804) 236-2950

Email: dmcdaniel@communitygroup.com

**Elevator Location ID:** ELVLOC-2006-01222

**Code in Effect:** 2004/2005

**Equipment Sequence:** 1

**Key Location:** CALL MAINT.

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASSOCIA COMMUNITY GROUP  
ATTN: D MCDANIEL  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**

FALL LINE CONDO'S  
4940 ROCKETTS WAY  
HENRICO, VA 23231

Phone: (804) 236-2950

Email: dmcdaniel@communitygroup.com

**Elevator Location ID:** ELVLOC-2006-01222

**Code in Effect:** 2004/2005

**Equipment Sequence:** 2

**Key Location:** CALL MAINT.

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASSOCIA COMMUNITY GROUP  
ATTN: Daniel Davis  
4845 Old Main St.  
Henrico, VA 23231

**Building Location:**

SKY LINE CONDO'S  
4820 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 236-2950

Email: daniel.davis@communitygroup.com

**Elevator Location ID:** ELVLOC-2006-01243

**Code in Effect:** 2004/2005

**Equipment Sequence:** 1

**Key Location:** CALL MAINT.

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASSOCIA COMMUNITY GROUP  
ATTN: Daniel Davis  
4845 Old Main St.  
Henrico, VA 23231

**Building Location:**

SKY LINE CONDO'S  
4820 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 236-2950

Email: daniel.davis@communitygroup.com

**Elevator Location ID:** ELVLOC-2006-01243**Code in Effect:** 2004/2005**Equipment Sequence:** 2**Key Location:** CALL MAINT.**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SCHNABEL REAL ESTATE HOLDINGS LLC  
ATTN: Laura Ibsen  
9800 Jeb Stuart Pkwy  
Glen Allen, VA 23059

**Building Location:**

JEB STUART PLACE  
9800 JEB STUART PKWY  
GLEN ALLEN, VA 23059

Phone:

Email: [libsens@schnabil-eng.com](mailto:libsens@schnabil-eng.com)

**Elevator Location ID:** ELVLOC-2007-01248

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** RECPT. DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation 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](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASSOCIA COMMUNITY GROUP  
ATTN: D MCDANIEL  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**

CEDAR WORKS CONDO'S  
4845 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 236-2950

Email: dmcdaniel@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01250**Code in Effect:** 1999**Equipment Sequence:** 1**Key Location:** KNOX BOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Alarmed**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASSOCIA COMMUNITY GROUP  
ATTN: D MCDANIEL  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**

CEDAR WORKS CONDO'S  
4845 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 236-2950

Email: dmcdaniel@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01250

**Code in Effect:** 1999

**Equipment Sequence:** 2

**Key Location:** KNOX BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASSOCIA COMMUNITY GROUP  
ATTN: D MCDANIEL  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**

CEDAR WORKS CONDO'S  
4845 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 236-2950

Email: dmcdaniel@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01250

**Code in Effect:** 1999

**Equipment Sequence:** 3

**Key Location:** KNOX BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AMERICAN RED CROSS  
ATTN: JAMES CLARKE  
2825 EMERYWOOD PKWY  
HENRICO, VA 23294-3719

**Building Location:**

AMERICAN RED CROSS  
2825 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 807-1071

Email: JAMESCLARKE@REDCROSS.COM

**Elevator Location ID:** ELVLOC-2007-01252**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:** MAINT. DEPT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AMERICAN RED CROSS  
ATTN: JAMES CLARKE  
2825 EMERYWOOD PKWY  
HENRICO, VA 23294-3719

**Building Location:**

AMERICAN RED CROSS  
2825 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 807-1071

Email: JAMESCLARKE@REDCROSS.COM

**Elevator Location ID:** ELVLOC-2007-01252

**Code in Effect:** 2000

**Equipment Sequence:** 2

**Key Location:** MAINT. DEPT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

ELKO MIDDLE SCHOOL  
5901 ELKO RD  
SANDSTON, VA 23150

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2007-01262**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 2000**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

OAK AVENUE CENTER @ HSHS  
15 S OAK AVE  
HENRICO, VA 23075

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2007-01269**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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**County of Henrico, Virginia**

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ROCKETTS WAY LLC  
ATTN: D MCDANIEL  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**

ROCKETTS WAY PARKING  
220 ROCKETTS WAY  
HENRICO, VA 23231

Phone: (804) 236-2950

Email: dmcdaniel@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01270**Code in Effect:** 2006**Equipment Sequence:** 1**Key Location:** MAINT.**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

TUCKAHOE ELEMENTARY SCHOOL  
701 FOREST AVE  
HENRICO, VA 23229

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2007-01275

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SPRINGHILL SUITES BY MARRIOTT  
ATTN: DANYEL MELVIN  
9960 INDEPENDENCE PARK DR  
HENRICO, VA 23233

**Building Location:**

SPRINGHILL SUITES BY MARRIOTT  
9960 INDEPENDENCE PARK DR  
HENRICO, VA 23233

Phone: (804) 217-7075

Email: danyel.melvin@marriott.com

**Elevator Location ID:** ELVLOC-2007-01293**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 2000**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SPRINGHILL SUITES BY MARRIOTT  
ATTN: DANYEL MELVIN  
9960 INDEPENDENCE PARK DR  
HENRICO, VA 23233

**Building Location:**

SPRINGHILL SUITES BY MARRIOTT  
9960 INDEPENDENCE PARK DR  
HENRICO, VA 23233

Phone: (804) 217-7075

Email: danyel.melvin@marriott.com

**Elevator Location ID:** ELVLOC-2007-01293**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 2000**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

7701 FOREST AVE LLC/WELLTOWER INC.  
ATTN: CAROLYN BATEMAN  
29126 NETWORK PL  
CHICAGO, IL 60673-1291

**Building Location:**

BON SECOURS HEART INSTITUTE  
7001 FOREST AVE  
HENRICO, VA 23230-1726

Phone: (856) 809-2659

Email: cbateman@welltower.com

**Elevator Location ID:** ELVLOC-2007-01305**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 2000**Key Location:** MAINT.**Alarm Status:** Not Alarmed

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 Representation 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

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

7701 FOREST AVE LLC/WELLTOWER INC.  
ATTN: CAROLYN BATEMAN  
29126 NETWORK PL  
CHICAGO, IL 60673-1291

**Building Location:**

BON SECOURS HEART INSTITUTE  
7001 FOREST AVE  
HENRICO, VA 23230-1726

Phone: (856) 809-2659

Email: cbateman@welltower.com

**Elevator Location ID:** ELVLOC-2007-01305**Code in Effect:** 2000**Equipment Sequence:** 2**Key Location:** MAINT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTIN REYNOLDS CROSSING  
ATTN: JOHN VIA  
6631 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

WESTIN REYNOLDS CROSSING  
6631 W BROAD ST  
HENRICO, VA 23230-1723

Phone: (804) 282-8444

Email: john.via@westinrichmond.com

**Elevator Location ID:** ELVLOC-2007-01307**Code in Effect:** 2004**Equipment Sequence:** 1**Key Location:** ENGINEERING**Elevator Type:** Electric Elevator**Alarm Status:** Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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P.O. Box 90775  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTIN REYNOLDS CROSSING  
ATTN: JOHN VIA  
6631 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

WESTIN REYNOLDS CROSSING  
6631 W BROAD ST  
HENRICO, VA 23230-1723

Phone: (804) 282-8444

Email: john.via@westinrichmond.com

**Elevator Location ID:** ELVLOC-2007-01307

**Code in Effect:** 2004/2010

**Equipment Sequence:** 2

**Key Location:** ENGINEERING

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTIN REYNOLDS CROSSING  
ATTN: JOHN VIA  
6631 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

WESTIN REYNOLDS CROSSING  
6631 W BROAD ST  
HENRICO, VA 23230-1723

Phone: (804) 282-8444

Email: john.via@westinrichmond.com

**Elevator Location ID:** ELVLOC-2007-01307**Equipment Sequence:** 3**Elevator Type:** Electric Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 2004/2010**Key Location:** ENGINEERING**Alarm Status:** Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COURTYARD BY MARRIOTT  
ATTN: SHAWN COLEMAN - DOWNER  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

COURTYARD BY MARRIOTT  
10077 BROOK RD  
GLEN ALLEN, VA 23059-6506

Phone: (804) 266-6900

Email: dan.appolonio@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01312**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 2000**Key Location:** ENGR. OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COURTYARD BY MARRIOTT  
ATTN: SHAWN COLEMAN - DOWNER  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

COURTYARD BY MARRIOTT  
10077 BROOK RD  
GLEN ALLEN, VA 23059-6506

Phone: (804) 266-6900

Email: dan.appolonio@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01312**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Category 1, Periodic****Code in Effect:** 2000**Key Location:** ENGR. OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAISON CENTER  
ATTN: STEVE DAILEY  
1701 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

FAISON CENTER  
1701 BYRD AVE  
HENRICO, VA 23230

Phone: (804) 612-1947

Email: sdailey@faisoncenter.org

**Elevator Location ID:** ELVLOC-2008-01314

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ROCKETTS WAY LLC  
ATTN: Rachel Atkinson  
One Old Oyster Point Rd, Suite 140  
C/O UPA  
Newport News, VA 23602

**Building Location:**

210 ROCK CONDO'S  
210 ROCKETTS WAY  
HENRICO, VA 23231

Phone: (757) 502-4801

Email: RAtkinson@unitedpropertyassociat

**Elevator Location ID:** ELVLOC-2008-01327**Code in Effect:** 2006**Equipment Sequence:** 1**Key Location:** MGT. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ROCKETTS WAY LLC  
ATTN: Rachel Atkinson  
One Old Oyster Point Rd, Suite 140  
C/O UPA  
Newport News, VA 23602

**Building Location:**

210 ROCK CONDO'S  
210 ROCKETTS WAY  
HENRICO, VA 23231

Phone: (757) 502-4801

Email: RAtkinson@unitedpropertyassociat

**Elevator Location ID:** ELVLOC-2008-01327**Code in Effect:** 2006**Equipment Sequence:** 2**Key Location:** MGT. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AIMBRIDGE HOSPITALITY  
ATTN: LICENSING DEPT  
5851 LEGACY CIRCLE SUITE 400  
PLANO, TX 75024

**Building Location:**

HYATT HOUSE  
11800 W BROAD ST  
HENRICO, VA 23233-1005

Phone: (804) 360-7021

Email: [licensing@aimhosp.com](mailto:licensing@aimhosp.com)**Elevator Location ID:** ELVLOC-2008-01340**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 2000**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AIMBRIDGE HOSPITALITY  
ATTN: LICENSING DEPT  
5851 LEGACY CIRCLE SUITE 400  
PLANO, TX 75024

**Building Location:**

HYATT HOUSE  
11800 W BROAD ST  
HENRICO, VA 23233-1005

Phone: (804) 360-7021

Email: [licensing@aimhosp.com](mailto:licensing@aimhosp.com)**Elevator Location ID:** ELVLOC-2008-01340**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 2000**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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 Representation 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](mailto:ElevatorInspectionReports@henrico.gov)



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PUBLIX SUPERMARKETS  
ATTN: Publix Licensing  
PO Box 32027  
Lakeland, FL 33802-2027

**Building Location:**

PUBLIX SUPERMARKETS #1596  
4591 S LABURNUM AVE  
HENRICO, VA 23231

Phone: (804) 226-1915

Email: Darlene.Riggs@publix.com

**Elevator Location ID:** ELVLOC-2008-01343  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for August:** **Category 1, Periodic**

**Code in Effect:** 2000  
**Key Location:** SERVICE DESK  
**Alarm Status:** Not Alarmed

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

DOUGLAS FREEMAN HIGH SCHOOL  
8701 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2008-01363

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RICHMOND COMMUNITY CHURCH  
ATTN: Stefanie Lytton  
11801 Nuckols Rd.  
Glen Allen, VA 23059

**Building Location:**

RICHMOND COMMUNITY CHURCH  
11801 NUCKOLS RD  
GLEN ALLEN, VA 23059

Phone: (804) 382-8293

Email: stef.lytton@wavechurch.com

**Elevator Location ID:** ELVLOC-2008-01380

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for August:** **Periodic**

**Code in Effect:** 2000

**Key Location:** ADMIN. DESK

**Alarm Status:** Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

GLEN ALLEN HIGH SCHOOL  
10700 STAPLES MILL RD  
GLEN ALLEN, VA 23060

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2009-01422

**Code in Effect:** 2003

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

HOLMAN MIDDLE SCHOOL  
600 CONCOURSE BLVD  
GLEN ALLEN, VA 23059-5779

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2010-01447

**Code in Effect:** 2003

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PARKSIDE ASSISTED LIVING LLC  
ATTN: BRYAN KIRBY  
1550 JOHN ROLFE PKWY  
HENRICO, VA 23238

**Building Location:**

PARKSIDE HEALTH CARE  
1550 JOHN ROLFE PKWY  
HENRICO, VA 23238-8113

Phone: (804) 750-2183

Email: bkirby@shalomgardens.com

**Elevator Location ID:** ELVLOC-2011-01488**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 2004/5**Key Location:** RECPT. DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PARKSIDE ASSISTED LIVING LLC  
ATTN: BRYAN KIRBY  
1550 JOHN ROLFE PKWY  
HENRICO, VA 23238

**Building Location:**

PARKSIDE HEALTH CARE  
1550 JOHN ROLFE PKWY  
HENRICO, VA 23238-8113

Phone: (804) 750-2183

Email: bkirby@shalomgardens.com

**Elevator Location ID:** ELVLOC-2011-01488**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for August:** Periodic**Code in Effect:** 2004/5**Key Location:** RECPT. DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PARKSIDE ASSISTED LIVING LLC  
ATTN: BRYAN KIRBY  
1550 JOHN ROLFE PKWY  
HENRICO, VA 23238

**Building Location:**

PARKSIDE HEALTH CARE  
1550 JOHN ROLFE PKWY  
HENRICO, VA 23238-8113

Phone: (804) 750-2183

Email: bkirby@shalomgardens.com

**Elevator Location ID:** ELVLOC-2011-01488**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic****Code in Effect:** 2004/5**Key Location:** RECPT. DESK**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FEDERAL REALTY INVESTMENT  
ATTN: THOMAS FUNARI  
1117 EMMITT ST N.  
CHARLOTTESVILLE, VA 22903

**Building Location:**

WILLOW LAWN  
1601 WILLOW LAWN DR  
HENRICO, VA 23230

Phone: (434) 277-5173

Email: tfunari@federalrealty.com

**Elevator Location ID:** ELVLOC-2011-01522**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for August:** **Periodic****Code in Effect:** 2005**Key Location:** MAINT.DEPT.**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

KAECHLE ELEMENTARY SCHOOL  
5680 POUNCEY TRACT RD  
GLEN ALLEN, VA 23059-5314

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2012-01595

**Code in Effect:** 2007

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE RMR GROUP  
ATTN: LAURA FREEMAN  
9930 INDEPENDENCE PARK DR STE 200  
HENRICO, VA 23233

**Building Location:**

DEEP RUN III PARKING GARAGE  
9964 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2013-01652**Code in Effect:** 2009**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

UNIVERSITY PARK IL INVESTORS LLC  
ATTN: MIKE SMITH  
9801 HARMONY WOODS WAY  
HENRICO, VA 23233

**Building Location:**

UNIVERSITY PARK SR. LIVING - BLD 1A  
9801 HARMONY WOODS WAY  
HENRICO, VA 23229

Phone: (804) 562-2445

Email: [micsmith@discoveryvillages.com](mailto:micsmith@discoveryvillages.com)

**Elevator Location ID:** ELVLOC-2015-01725

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

UNIVERSITY PARK IL INVESTORS LLC  
ATTN: MIKE SMITH  
9801 HARMONY WOODS WAY  
HENRICO, VA 23233

**Building Location:**

UNIVERSITY PARK SR. LIVING - BLD 1A  
9801 HARMONY WOODS WAY  
HENRICO, VA 23229

Phone: (804) 562-2445

Email: [micsmith@discoveryvillages.com](mailto:micsmith@discoveryvillages.com)**Elevator Location ID:** ELVLOC-2015-01725**Code in Effect:** 2010**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

UNIVERSITY PARK IL INVESTORS LLC  
ATTN: MIKE SMITH  
9801 HARMONY WOODS WAY  
HENRICO, VA 23233

**Building Location:**

UNIVERSITY PARK SR. LIVING - BLD 1A  
9801 HARMONY WOODS WAY  
HENRICO, VA 23229

Phone: (804) 562-2445

Email: [micsmith@discoveryvillages.com](mailto:micsmith@discoveryvillages.com)

**Elevator Location ID:** ELVLOC-2015-01725

**Code in Effect:** 2010

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AVIA APARTMENT HOMES  
ATTN: KAREN CABELL  
5200 AVIA WAY  
HENRICO, VA 23233

**Building Location:**

BROAD HILL APTS - BLDG 11  
4501 AVIA CIR  
HENRICO, VA 23233-7642

Phone: (804) 716-8282

Email: [aviamgr@greystar.com](mailto:aviamgr@greystar.com)**Elevator Location ID:** ELVLOC-2016-01764**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 2010**Key Location:** RENTAL OFFICE**Alarm Status:** Not Alarmed

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 Representation 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](mailto:ElevatorInspectionReports@henrico.gov)

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AVIA APARTMENT HOMES  
ATTN: KAREN CABELL  
5200 AVIA WAY  
HENRICO, VA 23233

**Building Location:**

BROAD HILL APTS - BLDG 11  
4501 AVIA CIR  
HENRICO, VA 23233-7642

Phone: (804) 716-8282

Email: [aviamgr@greystar.com](mailto:aviamgr@greystar.com)**Elevator Location ID:** ELVLOC-2016-01764**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for August:** **Periodic, Category 1****Code in Effect:** 2010**Key Location:** RENTAL OFFICE**Alarm Status:** Not Alarmed

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE SELF STORAGE  
4396 POUNCEY TRACT RD  
HENRICO, VA 23060

Phone: (757) 468-7509

Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2017-01819**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE SELF STORAGE  
4396 POUNCEY TRACT RD  
HENRICO, VA 23060

Phone: (757) 468-7509

Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2017-01819

**Code in Effect:** 2010

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for August:** **Periodic**

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
1001 Boulders Pkwy, STE 400  
N. Chesterfield, VA 23225

**Building Location:**

HAMPTON INN & SUITES  
12341 W BROAD ST  
HENRICO, VA 23233-7605

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2020-02104

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
1001 Boulders Pkwy, STE 400  
N. Chesterfield, VA 23225

**Building Location:**

HAMPTON INN & SUITES  
12341 W BROAD ST  
HENRICO, VA 23233-7605

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2020-02104**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

HOLLADAY ELEMENTARY SCHOOL  
7300 GALAXIE RD  
HENRICO, VA 23228

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2022-000019**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SIERRA  
ATTN: JASON DAVIS  
3536 PUMP RD  
HENRICO, VA 23233

**Building Location:**

SIERRA  
3536 PUMP RD  
HENRICO, VA 23233

Phone: (804) 364-6191

Email:

**Elevator Location ID:** ELVLOC-2022-000032

**Code in Effect:** ASME A17.1 - 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SIERRA  
ATTN: JASON DAVIS  
3536 PUMP RD  
HENRICO, VA 23233

**Building Location:**

SIERRA  
3536 PUMP RD  
HENRICO, VA 23233

Phone: (804) 364-6191

Email:

**Elevator Location ID:** ELVLOC-2022-000032

**Code in Effect:** ASME A17.1 - 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

HIGHLAND SPRINGS HIGH SCHOOL  
200 S AIRPORT DR  
HENRICO, VA 23075

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2022-000052

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic**

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 Representation 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



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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

HIGHLAND SPRINGS HIGH SCHOOL  
200 S AIRPORT DR  
HENRICO, VA 23075

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2022-000052

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C&M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

J.R. TUCKER HIGH SCHOOL  
2910 N PARHAM RD  
HENRICO, VA 23294

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2022-000058**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C&M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

J.R. TUCKER HIGH SCHOOL  
2910 N PARHAM RD  
HENRICO, VA 23294

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2022-000058**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for August:** Periodic

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6000 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000017**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for August:** **Category 1, Periodic**

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 Representation 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

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6000 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000017

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6000 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000017

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Quality Technology  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

Quality Technology  
6008 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000018

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Quality Technology  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

Quality Technology  
6008 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000018**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6010 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000019

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Building Location:**

QUALITY TECHNOLOGY  
6010 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000019

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Category 1, Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6010 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000019

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RACEWAY COMMERCE CENTER PROJECT LLC  
ATTN: Nemo Jerkovic  
5901 RICHMOND HENRICO TPKE  
RICHMOND, VA 23227-3200

**Building Location:**

Amazon  
5901 RICHMOND HENRICO TPKE  
HENRICO, VA 23222

Phone:

Email: njerkovi@amazon.com

**Elevator Location ID:** ELVLOC-2023-000047

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RACEWAY COMMERCE CENTER PROJECT LLC  
ATTN: Nemo Jerkovic  
5901 RICHMOND HENRICO TPKE  
RICHMOND, VA 23227-3200

**Building Location:**

Amazon  
5901 RICHMOND HENRICO TPKE  
HENRICO, VA 23222

Phone:

Email: [njerkovi@amazon.com](mailto:njerkovi@amazon.com)

**Elevator Location ID:** ELVLOC-2023-000047

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Innsbrook Apartments I LLC  
ATTN: KIRSTEN VALENTINE  
4501 METROPOLIS DR  
GLEN ALLEN, VA 23060

**Building Location:**

Metropolis Apartments  
4501 RICHMOND PARK LN  
GLEN ALLEN, VA 23060

Phone: (804) 877-3393

Email: kvalentine@druckerandfalk.com

**Elevator Location ID:** ELVLOC-2023-000062

**Code in Effect:** 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Innsbrook Apartments I LLC  
ATTN: KIRSTEN VALENTINE  
4501 METROPOLIS DR  
GLEN ALLEN, VA 23060

**Building Location:**

Metropolis Apartments  
4501 RICHMOND PARK LN  
GLEN ALLEN, VA 23060

Phone: (804) 877-3393

Email: kvalentine@druckerandfalk.com

**Elevator Location ID:** ELVLOC-2023-000062**Code in Effect:** 2016**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for August:** **Periodic, Category 1**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

9002 BROOK ROAD OWNER LLC  
ATTN: GEORGE ELIAS  
1921 GALLOWS RD STE 700  
Vienna, VA 22182

**Building Location:**

9002 BROOK ROAD OWNER LLC  
1230 BROOK BEND RD  
GLEN ALLEN, VA 23060

Phone: (215) 527-1021

Email: gelias@middleburg.com

**Elevator Location ID:** ELVLOC-2024-000023

**Code in Effect:** ASME A17.1 - 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

UVP HOLDINGS LLC  
ATTN: SHAWN DHINGRA  
4916 Dominion Blvd  
Glen Allen, VA 23060

**Building Location:**

Lightbridge Academy  
4916 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (770) 778-4843

Email: shawn.dhingra@lightbridgeacadem

**Elevator Location ID:** ELVLOC-2024-000044**Code in Effect:** ASME A17.1 - 2016**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for August:** **Periodic**

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 Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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