

**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:

FEDERAL REALTY INVESTMENT
ATTN: TOM FUNARI
1117 EMMET 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: _____

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:

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
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:

THE RMR GROUP
ATTN: CHARLES WEBSTER
1950 E PARHAM
HENRICO, VA 23228

Building Location:

DEEP RUN III PARKING GARAGE
9964 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 466-3118

Email: cwebster@marwahainvestments.co

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
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:

UNIVERSITY PARK IL INVESTORS LLC
ATTN: Jimmy Hines
9801 Harmony Woods Way
Henrico, VA 23229

Building Location:

UNIVERSITY PARK SR. LIVING - BLD 1A
9801 HARMONY WOODS WAY
HENRICO, VA 23229

Phone: (352) 279-8822

Email: jhines@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: _____

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:

UNIVERSITY PARK IL INVESTORS LLC
ATTN: Jimmy Hines
9801 Harmony Woods Way
Henrico, VA 23229

Building Location:

UNIVERSITY PARK SR. LIVING - BLD 1A
9801 HARMONY WOODS WAY
HENRICO, VA 23229

Phone: (352) 279-8822

Email: jhines@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: _____

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:

UNIVERSITY PARK IL INVESTORS LLC
ATTN: Jimmy Hines
9801 Harmony Woods Way
Henrico, VA 23229

Building Location:

UNIVERSITY PARK SR. LIVING - BLD 1A
9801 HARMONY WOODS WAY
HENRICO, VA 23229

Phone: (352) 279-8822

Email: jhines@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: _____

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:

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: (833) 604-5140

Email: aviamgr@greystar.com**Elevator Location ID:** ELVLOC-2016-01764**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:** RENTAL OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 1, Category 5**

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:

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: (833) 604-5140

Email: aviamgr@greystar.com**Elevator Location ID:** ELVLOC-2016-01764**Code in Effect:** 2010**Equipment Sequence:** 2**Key Location:** RENTAL OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for August:** **Periodic, Category 5, 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:

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
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:

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: _____

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:** 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:

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
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:

SIERRA
ATTN: SHAWN NICKELSON
3536 PUMP RD
HENRICO, VA 23233

Building Location:

SIERRA
3536 PUMP RD
HENRICO, VA 23233

Phone: (804) 364-6191

Email: sierra_str0120_mgr@tjx.com

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: _____

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:

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

**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:

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: _____

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:

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

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:

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
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:

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

**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:

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: _____

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:

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: _____

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:

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: _____

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:

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
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:

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: _____

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:

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: 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
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:

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: 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: _____

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: 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

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:

Innsbrook Apartments I LLC
ATTN: KIRSTEN VALENTINE
4500 METROPOLIS DR
GLEN ALLEN, VA 23060

Building Location:

Metropolis Apartments
4501 RICHMOND PARK LN
GLEN ALLEN, VA 23060

Phone: (804) 256-5000

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

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:

Innsbrook Apartments I LLC
ATTN: KIRSTEN VALENTINE
4500 METROPOLIS DR
GLEN ALLEN, VA 23060

Building Location:

Metropolis Apartments
4501 RICHMOND PARK LN
GLEN ALLEN, VA 23060

Phone: (804) 256-5000

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

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:

Middleburg Management
ATTN: Michael Brand
1230 Brook Bend Rd
Glen Allen, VA 23060

Building Location:

9002 BROOK ROAD OWNER LLC (The
Brook)
1230 BROOK BEND RD
GLEN ALLEN, VA 23060

Phone: (804) 510-4616

Email: mbrand@livemiddleburg.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

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:

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

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:

Extra Space Storage

ATTN: Chris Nagy

3800 Arco Corporate Drive, Suite 525

Charlotte, NC 28273

Building Location:

Extra Space Storage

1210 BENTLEY ST

HENRICO, VA 23227

Phone: (574) 261-8726

Email: cnagy@extraspace.com

Elevator Location ID: ELVLOC-2024-000054**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for August:** **Periodic, Category 1****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: _____

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:

EXTRA SPACE PROPERTIES 131 LLC
ATTN: EXTRA SPACE PROPERTIES 131 LLC
PO BOX 71870
SALT LAKE CITY, UT 84171

Building Location:

EXTRA SPACE
5202 W BROAD ST
HENRICO, VA 23230

Phone:

Email:

Elevator Location ID: ELVLOC-2025-000012

Code in Effect: ASME A17.1 - 2016

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

**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:

EXTRA SPACE PROPERTIES 131 LLC
ATTN: EXTRA SPACE PROPERTIES 131 LLC
PO BOX 71870
SALT LAKE CITY, UT 84171

Building Location:

EXTRA SPACE
5202 W BROAD ST
HENRICO, VA 23230

Phone:

Email:

Elevator Location ID: ELVLOC-2025-000012

Code in Effect: ASME A17.1 - 2016

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
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:

THE TJX COMPANIES, INC
ATTN: ANDREW SABADOS
3538 PUMP RD
HENRICO, VA 23233

Building Location:

HOMESENSE
3538 PUMP RD
HENRICO, VA 23233

Phone: (804) 360-4860

Email: hgs_str0045mgr@tjx.com

Elevator Location ID: ELVLOC-2025-000017

Code in Effect: ASME A17.1 - 2013

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