

**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:**

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

**Building Location:**

INNSLAKE CENTER  
4355 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00004

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for July:** Periodic

**Code in Effect:** 1993

**Key Location:** KEYBOX AT FRT. DOOR

**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.us

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**Building Location:**

INNSLAKE CENTER  
4355 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00004**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1993**Key Location:** KEYBOX AT FRT. DOOR**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:**

PREMIER INVESTMENT  
ATTN: KIMA LEDESMA  
7910 WOODMONT AVE - SUITE 1405  
BETHESDA, MD 20814

**Building Location:**

CITIZENS ONE MORTGAGE  
10561 TELEGRAPH RD  
GLEN ALLEN, VA 23059

Phone: (240) 630-4000 Ext. 44

Email: kledesma@premierinvestment.com

**Elevator Location ID:** ELVLOC-2001-00005**Code in Effect:** 1993/ 2010**Equipment Sequence:** 1**Key Location:** RECPT. DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

PREMIER INVESTMENT  
ATTN: KIMA LEDESMA  
7910 WOODMONT AVE - SUITE 1405  
BETHESDA, MD 20814

**Building Location:**

CITIZENS ONE MORTGAGE  
10561 TELEGRAPH RD  
GLEN ALLEN, VA 23059

Phone: (240) 630-4000 Ext. 44

Email: kledesma@premierinvestment.com

**Elevator Location ID:** ELVLOC-2001-00005**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1993/ 2010**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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BERNSTEIN PROPERTIES  
ATTN: Melissa Austin  
5206 MARKEL RD SUITE 306  
RICHMOND, VA 23230

**Building Location:**

5211 BUILDING  
5211 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 288-1232

Email: melissa.austin@bernstein-enterpris

**Elevator Location ID:** ELVLOC-2001-00204**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** 1ST\FL LOBBY**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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:**

NEWLINK MANAGEMENT GROUP

ATTN: TRACY ALLEN

6806 PARAGON PLACE - SUITE 120

RICHMOND, VA 23230

**Building Location:**

BROOKFIELD COMMONS

6600 W BROAD ST

HENRICO, VA 23230

Phone: (804) 381-3935

Email: tracy.allen@newlinkmg.com

**Elevator Location ID:** ELVLOC-2001-00218**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for July:** Periodic**Code in Effect:** 2010**Key Location:** LOCKBOX@RM.8425**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:**

NEWLINK MANAGEMENT GROUP  
ATTN: TRACY ALLEN  
6806 PARAGON PLACE - SUITE 120  
RICHMOND, VA 23230

**Building Location:**

BROOKFIELD COMMONS  
6600 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 381-3935

Email: tracy.allen@newlinkmg.com

**Elevator Location ID:** ELVLOC-2001-00218**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1971/2010**Key Location:** LOCKBOX@RM.8425**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:**

NEWLINK MANAGEMENT GROUP  
ATTN: TRACY ALLEN  
6806 PARAGON PLACE - SUITE 120  
RICHMOND, VA 23230

**Building Location:**

BROOKFIELD COMMONS  
6600 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 381-3935

Email: tracy.allen@newlinkmg.com

**Elevator Location ID:** ELVLOC-2001-00218**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1971/2010**Key Location:** LOCKBOX@RM.8425**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:**

TRELIAM LLC  
ATTN: JESSICA MOORE  
6010 W Broad ST, Suite 103  
RICHMOND, VA 23230

**Building Location:**

HAMPTON EQUITY LLC  
6010 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 306-1863

Email: j.moore@whoarva.com

**Elevator Location ID:** ELVLOC-2001-00220**Code in Effect:** 1971**Equipment Sequence:** 1**Key Location:** RECPT. DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

COMMONWEALTH COMMERCIAL  
ATTN: MICHAEL MOOLHUYZEN  
4198 COX RD, SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

THE MEDICAL SOCIETY OF VA  
2924 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 228-4926

Email: mmoolhuyzen@commonwealthcom

**Elevator Location ID:** ELVLOC-2001-00224

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** 3R/D FL. / RECPT DSK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

COMMONWEALTH COMMERCIAL  
ATTN: MICHAEL MOOLHUYZEN  
4198 COX RD, SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

THE MEDICAL SOCIETY OF VA  
2924 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 228-4926

Email: mmoolhuyzen@commonwealthcom

**Elevator Location ID:** ELVLOC-2001-00224

**Code in Effect:** 1978

**Equipment Sequence:** 2

**Key Location:** 3R/D FL. / RECPT DSK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

MOTEL 6  
ATTN: SARAH BRUMFIELD  
7831 SHRADER RD  
HENRICO, VA 23228

**Building Location:**

MOTEL 6  
7831 SHRADER RD  
HENRICO, VA 23294

Phone: (804) 273-6100

Email: m63232bo@6franchise.com

**Elevator Location ID:** ELVLOC-2001-00237

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** SEE MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

DR. JOHN G. CAMETAS MD  
ATTN: STEFAN CAMETAS  
PO BOX 6851  
Richmond, VA 23230

**Building Location:**

PEMBROOKE MEDICAL BUILDING  
2305 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 977-6550

Email: katharinegottlieb@gmail.com

**Elevator Location ID:** ELVLOC-2001-00239**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** 1ST. FL. 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:**

G H HOLDINGS LLC  
ATTN: ERIC HURLOCKER  
4908 MONUMENT AVE SUITE 200  
RICHMOND, VA 23230

**Building Location:**

GREENE HURLOCKER BUILDING  
4908 MONUMENT AVE  
HENRICO, VA 23230

Phone: (804) 864-1100

Email: ehurlocker@greenehurlocker.com

**Elevator Location ID:** ELVLOC-2001-00252**Code in Effect:** 1965**Equipment Sequence:** 1**Key Location:** 2/ND FL. RECPT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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:**

MONUMENT HGTS BAPTIST CHURCH  
ATTN: JONATHAN HOLSTE  
5716 MONUMENT AVE  
RICHMOND, VA 23226

**Building Location:**

MONUMENT HGTS BAPTIST CHURCH  
5716 MONUMENT AVE  
HENRICO, VA 23226

Phone: (804) 285-3256

Email: jholste@monumentheights.org

**Elevator Location ID:** ELVLOC-2001-00255**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1971**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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

PARAGON I  
6800 PARAGON PL  
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00280**Code in Effect:****Equipment Sequence:** 1**Key Location:** ROOM 226**Elevator Type:** Electric Elevator**Alarm Status:** Alarmed**Inspections for July:** 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: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

PARAGON I  
6800 PARAGON PL  
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00280**Code in Effect:****Equipment Sequence:** 2**Key Location:** ROOM 226**Elevator Type:** Electric Elevator**Alarm Status:** Alarmed**Inspections for July:** 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  
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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:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

PARAGON I  
6800 PARAGON PL  
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00280**Code in Effect:****Equipment Sequence:** 3**Key Location:** ROOM 226**Elevator Type:** Electric Elevator**Alarm Status:** Alarmed**Inspections for July:** 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: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

PARAGON I  
6800 PARAGON PL  
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00280**Code in Effect:****Equipment Sequence:** 4**Key Location:** ROOM 226**Elevator Type:** Electric Elevator**Alarm Status:** Alarmed**Inspections for July:** **Category 1, Periodic, 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: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

PARAGON II  
6802 PARAGON PL  
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00281**Code in Effect:** 1987**Equipment Sequence:** 1**Key Location:** RM.205**Elevator Type:** Electric Elevator**Alarm Status:** Alarmed**Inspections for July:** **Category 1, Category 5, 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:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

PARAGON II  
6802 PARAGON PL  
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00281

**Code in Effect:** 1987

**Equipment Sequence:** 2

**Key Location:** RM.205

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for July:** **Category 1, Periodic, 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: \_\_\_\_\_

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Henrico, VA 23273-0775

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

PARAGON II  
6802 PARAGON PL  
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00281**Code in Effect:** 1987**Equipment Sequence:** 3**Key Location:** RM.205**Elevator Type:** Electric Elevator**Alarm Status:** Alarmed**Inspections for July:** 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: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COMMONWEALTH COMMERCIAL  
ATTN: MICHAEL MOOLHUYZEN  
4198 COX RD  
GLEN ALLEN, VA 23060

**Building Location:**

1518 WILLOW LAWN  
1518 WILLOW LAWN DR  
HENRICO, VA 23230-3419

Phone: (804) 228-4926

Email: mmoolhuyzen@commonwealthcom

**Elevator Location ID:** ELVLOC-2001-00301**Code in Effect:** 1955**Equipment Sequence:** 1**Key Location:** 3RD.FL.FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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:**

PEAK PROPERTY MANAGEMENT  
ATTN: PEAK PROPERTY MANAGEMENT  
PO BOX 11285  
RICHMOND, VA 23230

**Building Location:**

1512 WILLOW LAWN  
1512 WILLOW LAWN DR  
HENRICO, VA 23230-3117

Phone: (804) 372-3272

Email: Support@peakcommercialmanage

**Elevator Location ID:** ELVLOC-2001-00302**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1965**Key Location:** 3RD.FL.**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:**

1516 WILLOW LAWN LLC  
ATTN: Ryan Boyer  
4900 Augusta Ave. Ste 101  
Richmond, VA 23230

**Building Location:**

1516 WILLOW LAWN LLC  
1516 WILLOW LAWN DR  
HENRICO, VA 23230-3412

Phone: (804) 372-3272

Email: support@peakcommercialmanage

**Elevator Location ID:** ELVLOC-2001-00303

**Code in Effect:** 1955

**Equipment Sequence:** 1

**Key Location:** 1ST.FL.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

CRENSHAW REALTY  
ATTN: HATCHER CRENSHAW  
1910 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

MARYLAND BUILDING  
1510 WILLOW LAWN DR  
HENRICO, VA 23230-3429

Phone: (804) 288-3189

Email: hatcher3@comcast.net

**Elevator Location ID:** ELVLOC-2001-00304  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 1960  
**Key Location:** LOBBY 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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CRENSHAW REALTY  
ATTN: HATCHER CRENSHAW  
1910 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

VIRGINIA PLAZA  
1508 WILLOW LAWN DR  
HENRICO, VA 23230-3421

Phone: (804) 288-3189

Email: hatcher3@comcast.net

**Elevator Location ID:** ELVLOC-2001-00305  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:**  
**Key Location:** LOBBY 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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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CRENSHAW REALTY  
ATTN: HATCHER CRENSHAW  
1910 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

CATALYST BUILDING  
1506 WILLOW LAWN DR  
HENRICO, VA 23230-3413

Phone: (804) 288-3189

Email: hatcher3@comcast.net

**Elevator Location ID:** ELVLOC-2001-00306**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1960**Key Location:** LOBBY 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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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CRENSHAW REALTY  
ATTN: HATCHER CRENSHAW  
1910 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

EXECUTIVE OFFICE BUILDING  
1904 BYRD AVE  
HENRICO, VA 23230-3004

Phone: (804) 288-3189

Email: hatcher3@comcast.net

**Elevator Location ID:** ELVLOC-2001-00351  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Periodic, Category 1**

**Code in Effect:** 1960  
**Key Location:** LOBBY 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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CRENSHAW REALTY  
ATTN: HATCHER CRENSHAW  
1910 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

BYRD BUILDING  
1910 BYRD AVE  
HENRICO, VA 23230-3034

Phone: (804) 288-3189

Email: hatcher3@comcast.net

**Elevator Location ID:** ELVLOC-2001-00352**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1960**Key Location:** LOCK BOX \ 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:**

KINGS CREST LLC.  
ATTN: Michael Duncan  
404 Berwickshire Dr  
Richmond, VA 23221

**Building Location:**

PARHAM/64 OFFICE BUILDING  
2807 N PARHAM RD  
HENRICO, VA 23294

Phone: (571) 332-1261

Email: duncanmd8@gmail.com

**Elevator Location ID:** ELVLOC-2001-00360  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 1993  
**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: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

KINGS CREST LLC.  
ATTN: Michael Duncan  
404 Berwickshire Dr  
Richmond, VA 23221

**Building Location:**

PARHAM/64 OFFICE BUILDING  
2807 N PARHAM RD  
HENRICO, VA 23294

Phone: (571) 332-1261

Email: duncanmd8@gmail.com

**Elevator Location ID:** ELVLOC-2001-00360  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Periodic, Category 1**

**Code in Effect:** 1993  
**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: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

NORTH PARHAM REALTY  
ATTN: DAVID GALPERN  
PO BOX 7331  
RICHMOND, VA 23221

**Building Location:**

ST. PAUL OFFICE BUILDING  
2819 N PARHAM RD  
HENRICO, VA 23294

Phone: (804) 803-1362

Email: drgalpern@gmail.com

**Elevator Location ID:** ELVLOC-2001-00364**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1971**Key Location:** MAIL ROOM**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:**

RICHMOND ASSN. OF REALTORS  
ATTN: DOUG PULLAN  
8975 THREE CHOPT RD  
HENRICO, VA 23229

**Building Location:**

RICHMOND ASSN. OF REALTORS  
8975 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 422-5000

Email: dpullan@rarealtors.com

**Elevator Location ID:** ELVLOC-2001-00372  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Periodic, Category 1**

**Code in Effect:** 1971/2012  
**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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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



**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 COMMUNITY BANK  
ATTN: SHELIA CROOKS  
2702 N. PARHAM RD.  
HENRICO, VA 23294

**Building Location:**

FIRST COMMUNITY BANK  
2702 N PARHAM RD  
HENRICO, VA 23294

Phone: (304) 323-6470

Email: secrooks@fcbinc.com

**Elevator Location ID:** ELVLOC-2001-00378  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 1971  
**Key Location:** BANK LOBBY  
**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:**

CATHOLIC DIOCESE OF RICHMOND  
ATTN: J.L. MURPHY  
7800 CAROUSEL LN  
HENRICO, VA 23228

**Building Location:**

CATHOLIC DIOCESE OF RICHMOND  
7800 CAROUSEL LN  
HENRICO, VA 23294

Phone: (804) 622-5102

Email: jlmurphy@richmonddiocese.org

**Elevator Location ID:** ELVLOC-2001-00380**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Category 1, Periodic****Code in Effect:** 1987**Key Location:** BRK. 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:**

CONNECTS F.C.U.

ATTN: Chloe Luebbert

7700 Shrader Rd

Henrico, VA 23228

**Building Location:**

CONNECTS FEDERAL CREDIT UNION

7700 SHRADER RD

HENRICO, VA 23228

Phone: (804) 756-5000

Email: cluebbert@connectsfcu.org

**Elevator Location ID:** ELVLOC-2001-00382**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1990**Key Location:** 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:**

MIDTOWN RICHMOND LLC  
ATTN: CARRINGTON PARRISH  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

ONE HOLLAND PLACE  
2235 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (603) 988-5108

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00410

**Code in Effect:** 1984

**Equipment Sequence:** 1

**Key Location:** SECURITY DESK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

MIDTOWN RICHMOND LLC  
ATTN: CARRINGTON PARRISH  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

ONE HOLLAND PLACE  
2235 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (603) 988-5108

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00410

**Code in Effect:** 1984

**Equipment Sequence:** 2

**Key Location:** SECURITY DESK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

2120 STAPLES MILL PARTNERS LLC  
ATTN: EMMA GHAZAOUI  
PO BOX 5160  
Glen Allen, VA 23058

**Building Location:**

STAPLES MILL PROFESSIONAL BUILDING  
2120 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 344-7164

Email: emma.ghazaoui@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00412

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** 2ND \ FL.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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:**

ENTERPRISE CENTER PARTNERS  
ATTN: H. PETTUS LECOMPTE  
5310 MARKEL RD SUITE 203  
RICHMOND, VA 23230

**Building Location:**

ENTERPRISE CENTER  
5310 MARKEL RD  
HENRICO, VA 23230

Phone: (804) 839-7936

Email: [hpettuslecompte@gmail.com](mailto:hpettuslecompte@gmail.com)

**Elevator Location ID:** ELVLOC-2001-00426

**Code in Effect:** 1960

**Equipment Sequence:** 1

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

BERNSTEIN PROPERTIES  
ATTN: Melissa Austin  
5206 Markel Rd Suite 306  
Richmond, VA 23230

**Building Location:**

THE CONTINENTAL BUILDING  
5206 MARKEL RD  
HENRICO, VA 23230

Phone: (804) 288-1232

Email: melissa@bernstein-enterprises.co

**Elevator Location ID:** ELVLOC-2001-00427**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1960**Key Location:** 3RD.FL. BERNSTIEN PR**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:**

ENTERCOM  
ATTN: STEPHANIE GROGAN  
PO BOX 122001  
LITHIA SPRINGS, GA 30122

**Building Location:**

ENTERCOM RICHMOND  
3245 BASIE RD  
HENRICO, VA 23228

Phone: (804) 474-0010

Email: stephanie.grogan@audacy.com

**Elevator Location ID:** ELVLOC-2001-00481

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

RADFORD AVE LLC - C/O CRENSHAW REALTY  
ATTN: E. HATCHER CRENSHAW III  
1910 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

UNISTAFF BUILDING  
4914 RADFORD AVE  
HENRICO, VA 23230

Phone: (804) 288-3189

Email: hatcher3@comcast.net

**Elevator Location ID:** ELVLOC-2001-00502

**Code in Effect:** 1955

**Equipment Sequence:** 1

**Key Location:** KEY BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

RADFORD AVE LLC - C/O CRENSHAW REALTY  
ATTN: E. HATCHER CRENSHAW III  
1910 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

UNISTAFF BUILDING  
4914 RADFORD AVE  
HENRICO, VA 23230

Phone: (804) 288-3189

Email: hatcher3@comcast.net

**Elevator Location ID:** ELVLOC-2001-00502**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1955**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: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LIM PROPERTIES  
ATTN: H. PETTIS LECOMPTE  
5310 MARKEL RD SUITE 203  
RICHMOND, VA 23230

**Building Location:**

THE GLEN BUILDING  
4914 FITZHUGH AVE  
HENRICO, VA 23230

Phone: (804) 288-8500

Email: hplecompte@aol.com

**Elevator Location ID:** ELVLOC-2001-00526**Code in Effect:** 1965**Equipment Sequence:** 1**Key Location:** 2ND. FL.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

HOB SIGMON REALTY  
ATTN: LINDA WARDEN  
3108 N PARHAM RD SUITE 604 C  
HENRICO, VA 23294

**Building Location:**

SAGER CENTER  
4906 FITZHUGH AVE  
HENRICO, VA 23230

Phone: (804) 346-9400

Email: rodsagerlaw@aol

**Elevator Location ID:** ELVLOC-2001-00527**Code in Effect:** 1965**Equipment Sequence:** 1**Key Location:** KEY BOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

MAILHANDLERS UNION LOCAL 305  
ATTN: LaFon Robinson  
4907 FITZHUGH AVE - SUITE 100  
RICHMOND, VA 23230

**Building Location:**

MAILHANDLERS UNION LOCAL 305  
4907 FITZHUGH AVE  
HENRICO, VA 23230

Phone: (804) 358-4664

Email: LaFon.Robinson@L305.org

**Elevator Location ID:** ELVLOC-2001-00528

**Code in Effect:** 1960

**Equipment Sequence:** 1

**Key Location:** OFFICE 1ST.FL

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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  
ATTN: TRACI PARSLEY  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

BLUE CHIP PROPERTIES, LLC  
5000 MONUMENT AVE  
HENRICO, VA 23230

Phone: (804) 237-8681

Email: [traci.parsley@colliers.com](mailto:traci.parsley@colliers.com)

**Elevator Location ID:** ELVLOC-2001-00535

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for July:** Periodic

**Code in Effect:** 1981

**Key Location:** 2ND.FL. RECPT.

**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:**

COLLIERS  
ATTN: TRACI PARSLEY  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

CORPORATE OFFICE CENTER  
5004 MONUMENT AVE  
HENRICO, VA 23230

Phone: (804) 237-8681

Email: traci.parsley@colliers.com

**Elevator Location ID:** ELVLOC-2001-00536**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1981**Key Location:** J.PEARSON \ 5012**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  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS  
ATTN: TRACI PARSLEY  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

Tuckahoe Holdings  
5008 MONUMENT AVE  
HENRICO, VA 23230

Phone: (804) 237-8681

Email: traci.parsley@colliers.com

**Elevator Location ID:** ELVLOC-2001-00537

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** C.CARTER \ MGR.OFF.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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.us

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS  
ATTN: TRACI PARSLEY  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

MOSBY HOUSE  
5012 MONUMENT AVE  
HENRICO, VA 23230

Phone: (804) 237-8681

Email: traci.parsley@colliers.com

**Elevator Location ID:** ELVLOC-2001-00538**Code in Effect:** 1981**Equipment Sequence:** 1**Key Location:** J.PEARSON 5012**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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  
ATTN: TRACI PARSLEY  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

DUNN HOUSE  
5014 MONUMENT AVE  
HENRICO, VA 23230

Phone: (804) 237-8681

Email: traci.parsley@colliers.com

**Elevator Location ID:** ELVLOC-2001-00539

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** J.PEARSON \ 5012

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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

ATTN: TRACI PARSLEY

PO Box 13470

RICHMOND, VA 23225

**Building Location:**

COLLINS HOUSE

5016 MONUMENT AVE

HENRICO, VA 23230

Phone: (804) 237-8681

Email: traci.parsley@colliers.com

**Elevator Location ID:** ELVLOC-2001-00540**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1981**Key Location:** J.PEARSON 5012**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  
ATTN: TRACI PARSLEY  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

CECIL HOUSE  
5018 MONUMENT AVE  
HENRICO, VA 23230

Phone: (804) 237-8681

Email: traci.parsley@colliers.com

**Elevator Location ID:** ELVLOC-2001-00541**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1981**Key Location:** J.PEARSON 5012**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:**

COLLIERS  
ATTN: TRACI PARSLEY  
PO Box 13470  
RICHMOND, VA 23225

**Building Location:**

ZOOM INVESTMENTS  
5020 MONUMENT AVE  
HENRICO, VA 23230

Phone: (804) 237-8681

Email: traci.parsley@colliers.com

**Elevator Location ID:** ELVLOC-2001-00542**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1981**Key Location:** MR.ZWERDLING**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:**

GLENBURNIE REHAB/NURSING CENTER  
ATTN: BETHANY QUAYLE  
1901 LIBBIE AVE  
RICHMOND, VA 23226

**Building Location:**

GLENBURNIE REHAB/NURSING CENTER  
1901 LIBBIE AVE  
HENRICO, VA 23226

Phone: (804) 281-3500

Email: bquayle@glenburniehc.com

**Elevator Location ID:** ELVLOC-2001-00552**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1965**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: \_\_\_\_\_

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

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PETER L. FRANCISCO CO.  
ATTN: PETER L. FRANCISCO  
7517 N PINEHILL DR  
HENRICO, VA 23228

**Building Location:**

LAWRENCE BANK BUILDING  
6924 LAKESIDE AVE  
HENRICO, VA 23228

Phone: (804) 262-6593

Email: peter.francisco@verizon.net

**Elevator Location ID:** ELVLOC-2001-00601

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for July:** Periodic

**Code in Effect:** 1960

**Key Location:** BSMT.STAIRS LOCK 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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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FRANCO'S CUSTOM TAILOR SHOP  
ATTN: KEVIN REARDON  
5321 LAKESIDE AVE  
HENRICO, VA 23228

**Building Location:**

FRANCO'S CUSTOM TAILOR SHOP  
5321 LAKESIDE AVE  
HENRICO, VA 23228

Phone: (804) 264-2994

Email: kevin@francos.com

**Elevator Location ID:** ELVLOC-2001-00604

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

FRANCO'S CUSTOM TAILOR SHOP  
ATTN: KEVIN REARDON  
5321 LAKESIDE AVE  
HENRICO, VA 23228

**Building Location:**

FRANCO'S CUSTOM TAILOR SHOP  
5321 LAKESIDE AVE  
HENRICO, VA 23228

Phone: (804) 264-2994

Email: kevin@francos.com

**Elevator Location ID:** ELVLOC-2001-00604**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1984**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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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FBI FIELD OFFICE  
ATTN: ANDREW POWELL  
1970 E PARHAM RD  
HENRICO, VA 23228

**Building Location:**

FBI FIELD OFFICE  
1970 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 516-7438

Email: andrew.powell@colliers.com

**Elevator Location ID:** ELVLOC-2001-00606

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** J.GWYNN-MAINT. DEPT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for July:** 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:**

FBI FIELD OFFICE  
ATTN: ANDREW POWELL  
1970 E PARHAM RD  
HENRICO, VA 23228

**Building Location:**

FBI FIELD OFFICE  
1970 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 516-7438

Email: andrew.powell@colliers.com

**Elevator Location ID:** ELVLOC-2001-00606**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1993**Key Location:** J.GWYNN-MAINT. DEPT.**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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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FBI FIELD OFFICE  
ATTN: ANDREW POWELL  
1970 E PARHAM RD  
HENRICO, VA 23228

**Building Location:**

FBI FIELD OFFICE  
1970 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 516-7438

Email: andrew.powell@colliers.com

**Elevator Location ID:** ELVLOC-2001-00606**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1993**Key Location:** J.GWYNN-MAINT. DEPT.**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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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

KB HOSPITALITY LLC  
ATTN: PRAKASH PATEL  
6000 AUDUBON DR  
SANDSTON, VA 23150

**Building Location:**

MICROTEL INN & SUITES  
6000 AUDUBON DR  
SANDSTON, VA 23150

Phone: (941) 667-1400

Email: microtelkb@gmail.com

**Elevator Location ID:** ELVLOC-2001-00635**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **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: \_\_\_\_\_

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAITH LANDMARKS CHURCH  
ATTN: JAMES GILBERT / Shelley Gilbert  
8491 CHAMBERLAYNE RD  
RICHMOND, VA 23227

**Building Location:**

FAITH LANDMARKS CHURCH  
8491 CHAMBERLAYNE RD  
HENRICO, VA 23227

Phone: (804) 262-7104

Email: [jagilbert@faithlandmarks.org](mailto:jagilbert@faithlandmarks.org)

**Elevator Location ID:** ELVLOC-2001-00656

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for July:** 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: \_\_\_\_\_

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

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HATCHER MEMORIAL BAPTIST CH  
ATTN: HEATHER MEADOR  
2300 DUMBARTON RD  
HENRICO, VA 23228

**Building Location:**

HATCHER MEMORIAL BAPTIST CH  
2320 DUMBARTON RD  
HENRICO, VA 23228

Phone: (804) 266-9696

Email: office@hatcherchurch.org

**Elevator Location ID:** ELVLOC-2001-00676**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1960/2010**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:**

SHREE HARI HOSPITALITY 1 LLC  
ATTN: JAY PATEL  
5203 WILLIAMSBURG RD  
SANDSTON, VA 23150

**Building Location:**

Dominion Inn  
5203 WILLIAMSBURG RD  
SANDSTON, VA 23150

Phone: (804) 222-6450

Email: rodewayshh@gmail.com

**Elevator Location ID:** ELVLOC-2001-00751

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** LOBBY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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.us

**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:**

COUNTRY CLUB OF VIRGINIA  
ATTN: CRAIG SHARP  
6031 ST ANDREWS LN  
RICHMOND, VA 23226

**Building Location:**

COUNTRY CLUB OF VIRGINIA  
709 S GASKINS RD  
HENRICO, VA 23238

Phone: (804) 287-1448

Email: craig.sharp@theccv.org

**Elevator Location ID:** ELVLOC-2001-00806**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** LOCK BOX - M.R.DOOR**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:**

VILLAGE SHOPPING CENTER  
ATTN: BETTIE LODGE  
PO BOX 7626  
MERRIFIELD, VA 22116-7626

**Building Location:**

VILLAGE SHOPPING CENTER  
7027 THREE CHOPT RD  
HENRICO, VA 23226-3606

Phone: (804) 288-3083

Email: luke@puccinellimanagement.com

**Elevator Location ID:** ELVLOC-2001-00808**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1971**Key Location:** BOX ON WALL**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:**

REAL PROPERTY MANAGEMENT  
ATTN: RALPH REAHARD  
1100 WELBORNE DR.  
RICHMOND, VA 23229

**Building Location:**

WELBORNE PARK OFFICE BUILDING  
1100 WELBORNE DR  
HENRICO, VA 23229

Phone: (804) 342-5800

Email: [ralph@rpmrichmondmetro.com](mailto:ralph@rpmrichmondmetro.com)

**Elevator Location ID:** ELVLOC-2001-00830

**Code in Effect:** 1960

**Equipment Sequence:** 1

**Key Location:** 3RD FL.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

PARHAM SHOPPING CENTER LLC  
ATTN: EMMA GHAZAOUI  
PO BOX 5160  
Glen Allen, VA 23058

**Building Location:**

PARHAM ONE OFFICE BUILDING  
827 E PARHAM RD  
HENRICO, VA 23227

Phone: (804) 344-7164

Email: emma.ghazaoui@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00852

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** BALL REALTY, 2ND.FL.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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:**

S.B.B. ASSOC.  
ATTN: STEPHEN MARTZ - ENG. DEPT.  
400 WESTHAMPTON STATION  
RICHMOND, VA 23226

**Building Location:**

VIRGINIA EYE INSTITUTE  
400 WESTHAMPTON STATION  
HENRICO, VA 23226

Phone: (804) 287-4205

Email: martzs@vaeye.com

**Elevator Location ID:** ELVLOC-2001-00875

**Code in Effect:** 1984

**Equipment Sequence:** 1

**Key Location:** KEYBOX AT 1ST\FL.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

EASTERN GAS TRANSMISSION AND STORAGE  
ATTN: DEREK KILD00  
10700 Energy Way  
GLEN ALLEN, VA 23060

**Building Location:**

JLL BHE EGT&S INNSBROOK NORTH  
10750 ENERGY WAY  
GLEN ALLEN, VA 23060

Phone: (804) 839-7635

Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00881**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1990**Key Location:** RECEPTION 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:**

EASTERN GAS TRANSMISSION AND STORAGE  
ATTN: DEREK KILD00  
10700 Energy Way  
GLEN ALLEN, VA 23060

**Building Location:**

JLL BHE EGT&S INNSBROOK NORTH  
10750 ENERGY WAY  
GLEN ALLEN, VA 23060

Phone: (804) 839-7635

Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00881**Code in Effect:** 1990**Equipment Sequence:** 2**Key Location:** RECEPTION DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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:**

EASTERN GAS TRANSMISSION AND STORAGE  
ATTN: DEREK KILD00  
10700 Energy Way  
GLEN ALLEN, VA 23060

**Building Location:**

JLL BHE EGT&S INNSBROOK NORTH  
10750 ENERGY WAY  
GLEN ALLEN, VA 23060

Phone: (804) 839-7635

Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00881**Code in Effect:** 1990**Equipment Sequence:** 3**Key Location:** RECEPTION DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

AMERICAN TESTING AND INSPECTION SERV.  
ATTN: JORDE' BLACKWELL  
600 EMERSON RD SUITE 225  
ST. LOUIS, MO 63141

**Building Location:**

BARNES & NOBLE INC. - #2029  
11640 W BROAD ST  
HENRICO, VA 23233

Phone: (314) 334-3102

Email: jblackwell@atis.com

**Elevator Location ID:** ELVLOC-2001-00886**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** SEE MANAGER**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

AMERICAN TESTING AND INSPECTION SERV.  
ATTN: JORDE' BLACKWELL  
600 EMERSON RD SUITE 225  
ST. LOUIS, MO 63141

**Building Location:**

BARNES & NOBLE INC. - #2029  
11640 W BROAD ST  
HENRICO, VA 23233

Phone: (314) 334-3102

Email: jblackwell@atis.com

**Elevator Location ID:** ELVLOC-2001-00886**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** SEE MANAGER**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

AMERICAN TESTING AND INSPECTION SERV.  
ATTN: JORDE' BLACKWELL  
600 EMERSON RD SUITE 225  
ST. LOUIS, MO 63141

**Building Location:**

BARNES & NOBLE INC. - #2029  
11640 W BROAD ST  
HENRICO, VA 23233

Phone: (314) 334-3102

Email: jblackwell@atis.com

**Elevator Location ID:** ELVLOC-2001-00886**Code in Effect:** 1993**Equipment Sequence:** 3**Key Location:** SEE MANAGER**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

THALHIMERS  
ATTN: NATHAN VAN ARSDALE  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

VIRGINIA HOUSING CENTER I  
4240 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 648-5881

Email: nathan.vanarsdale@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00889**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** 1/ST. FLOOR**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

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

**Building Location:**

HIGHWOODS PLAZA  
4470 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00890

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for July:** 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  
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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:**

HIGHWOODS PLAZA  
4470 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00890

**Equipment Sequence:** 2

**Elevator Type:** Hydraulic Elevator

**Inspections for July:** 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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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

OVERLOOK I  
4880 SADLER RD  
GLEN ALLEN, VA 23060

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00895

**Code in Effect:** 1996

**Equipment Sequence:** 1

**Key Location:** RECPT. DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

OVERLOOK I  
4880 SADLER RD  
GLEN ALLEN, VA 23060

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00895**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1996**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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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:**

COLONNADE BUILDING  
4050 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00902**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1984**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.us

**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:**

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

**Building Location:**

COLONNADE BUILDING  
4050 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00902**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1984**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

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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:**

THALHIMERS  
ATTN: IAN RIESTER  
P.O. Box 5160  
GLEN ALLEN, VA 23058

**Building Location:**

COX COURT BUILDING  
4461 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 697-3456

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

**Elevator Location ID:** ELVLOC-2001-00903  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 1981/2013  
**Key Location:** 3RD.FL.  
**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

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)

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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: IAN RIESTER  
P.O. Box 5160  
GLEN ALLEN, VA 23058

**Building Location:**

COX COURT BUILDING  
4461 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 697-3456

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

**Elevator Location ID:** ELVLOC-2001-00903

**Code in Effect:** 1981/2013

**Equipment Sequence:** 2

**Key Location:** 3RD.FL.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for July:** **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.us](mailto:ElevatorInspectionReports@henrico.us)

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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:**

HIGHWOODS PROPERTIES  
ATTN: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

INNSBROOK CENTRE  
4551 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00904**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1981**Key Location:** MACH.RM.DOOR**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.us

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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:**

HIGHWOODS PROPERTIES  
ATTN: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

INNSBROOK CENTRE  
4551 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00904

**Code in Effect:** 1981

**Equipment Sequence:** 2

**Key Location:** MACH.RM.DOOR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

COLLIERS INTERNATIONAL  
ATTN: Benjamin Halstead  
2221 Edward Holland Dr.  
Henrico, VA 23230

**Building Location:**

APEX SYSTEMS INC.  
4400 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: benjamin.halstead@colliers.com

**Elevator Location ID:** ELVLOC-2001-00905**Code in Effect:** 1990**Equipment Sequence:** 1**Key Location:** 1ST\FL OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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.us



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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: MIKE JAMES  
2221 EDWARD HOLLAND DR  
SUITE 600  
RICHMOND, VA 23230

**Building Location:**

INNSLAKE PLACE / KEITER STEPHENS  
4401 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 796-0500

Email: mike.james@colliers.com

**Elevator Location ID:** ELVLOC-2001-00907**Code in Effect:** 1984**Equipment Sequence:** 1**Key Location:** BOX AT ELEV.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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.us

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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: MIKE JAMES  
2221 EDWARD HOLLAND DR  
SUITE 600  
RICHMOND, VA 23230

**Building Location:**

INNSLAKE PLACE / KEITER STEPHENS  
4401 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 796-0500

Email: mike.james@colliers.com

**Elevator Location ID:** ELVLOC-2001-00907  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 1984  
**Key Location:** BOX AT 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: \_\_\_\_\_

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:**

Eastern Gas Transmission and Storage  
ATTN: DEREK KILDOO  
10700 Energy Way  
GLEN ALLEN, VA 23060

**Building Location:**

BHE EGT&S Innsbrook South  
10700 ENERGY WAY  
GLEN ALLEN, VA 23060

Phone: (804) 839-7635

Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00918**Code in Effect:** 1990**Equipment Sequence:** 1**Key Location:** RECPT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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.us

**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:**

Eastern Gas Transmission and Storage

ATTN: DEREK KILDOO

10700 Energy Way

GLEN ALLEN, VA 23060

**Building Location:**

BHE EGT&amp;S Innsbrook South

10700 ENERGY WAY

GLEN ALLEN, VA 23060

Phone: (804) 839-7635

Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00918**Code in Effect:** 1990**Equipment Sequence:** 2**Key Location:** RECPT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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.us

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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:**

Eastern Gas Transmission and Storage  
ATTN: DEREK KILDOO  
10700 Energy Way  
GLEN ALLEN, VA 23060

**Building Location:**

BHE EGT&S Innsbrook South  
10700 ENERGY WAY  
GLEN ALLEN, VA 23060

Phone: (804) 839-7635

Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00918**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1990**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  
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:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)**Elevator Location ID:** ELVLOC-2001-00962**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** ENVIRONMENTAL SERVS.**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:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)

**Elevator Location ID:** ELVLOC-2001-00962  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** ENVIRONMENTAL SERVS.  
**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.us](mailto:ElevatorInspectionReports@henrico.us)

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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 HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)

**Elevator Location ID:** ELVLOC-2001-00962  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** ENVIRONMENTAL SERVS.  
**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.us](mailto:ElevatorInspectionReports@henrico.us)



**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:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)**Elevator Location ID:** ELVLOC-2001-00962**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** ENVIRONMENTAL SERVS.**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.us](mailto:ElevatorInspectionReports@henrico.us)

**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:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)**Elevator Location ID:** ELVLOC-2001-00962**Equipment Sequence:** 5**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** ENVIRONMENTAL SERVS.**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.us](mailto:ElevatorInspectionReports@henrico.us)

**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 HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)**Elevator Location ID:** ELVLOC-2001-00962**Equipment Sequence:** 6**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** ENVIRONMENTAL SERVS.**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:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)**Elevator Location ID:** ELVLOC-2001-00962**Equipment Sequence:** 7**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Category 1, Periodic****Code in Effect:** 1993**Key Location:** ENVIRONMENTAL SERVS.**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:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)

**Elevator Location ID:** ELVLOC-2001-00962  
**Equipment Sequence:** 8  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** ENVIRONMENTAL SERVS.  
**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:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)

**Elevator Location ID:** ELVLOC-2001-00962  
**Equipment Sequence:** 9  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 2013  
**Key Location:** ENVIRONMENTAL SERVS.  
**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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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)**Elevator Location ID:** ELVLOC-2001-00962**Equipment Sequence:** 10**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** ENVIRONMENTAL SERVS.**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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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)**Elevator Location ID:** ELVLOC-2001-00962**Code in Effect:** 2013**Equipment Sequence:** 12**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for July:** 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:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)

**Elevator Location ID:** ELVLOC-2001-00962

**Code in Effect:** 2013

**Equipment Sequence:** 13

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for July:** 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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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)**Elevator Location ID:** ELVLOC-2001-00962**Equipment Sequence:** 14**Elevator Type:** Electric Elevator**Inspections for July:** Periodic**Code in Effect:** 2013**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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Henrico, VA 23273-0775

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE HERMITAGE AT CEDARFIELD  
ATTN: JACK JOHNSON  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

**Building Location:**

THE HERMITAGE AT CEDARFIELD  
2300 CEDARFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 474-8781

Email: [jjohnson@pinnacleliving.org](mailto:jjohnson@pinnacleliving.org)

**Elevator Location ID:** ELVLOC-2001-00962  
**Equipment Sequence:** 15  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 2013  
**Key Location:** ENVIRONMENTAL SERVS.  
**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: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

HIGHWOODS II  
4860 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00965  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 1990  
**Key Location:** KEYBOX AT DOOR  
**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:**

HIGHWOODS PROPERTIES  
ATTN: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

HIGHWOODS II  
4860 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00965

**Code in Effect:** 1990

**Equipment Sequence:** 2

**Key Location:** KEYBOX AT DOOR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

WESTSHORE III BLDG.  
301 CONCOURSE BLVD  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

**Elevator Location ID:** ELVLOC-2001-00968**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1993**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.us

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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:**

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

**Building Location:**

WESTSHORE III BLDG.  
301 CONCOURSE BLVD  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

**Elevator Location ID:** ELVLOC-2001-00968**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 1993**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.us

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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:**

SHAMIN HOTELS  
ATTN: Shawnae Thomas  
4051 Innslake Dr.  
Glen Allen, VA 23060

**Building Location:**

COMFORT SUITES  
4051 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 217-9200

Email: gm-innsbrook@szmgmnt.com

**Elevator Location ID:** ELVLOC-2001-00979**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** LOBBY DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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:**

SHAMIN HOTELS  
ATTN: Shawnae Thomas  
4051 Innslake Dr.  
Glen Allen, VA 23060

**Building Location:**

COMFORT SUITES  
4051 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 217-9200

Email: gm-innsbrook@szmgmnt.com

**Elevator Location ID:** ELVLOC-2001-00979**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1993**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: \_\_\_\_\_

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

**Building Location:**

LIBERTY PLAZA  
4801 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 433-1804

Email: phogan@commonwealthcommercial.com

**Elevator Location ID:** ELVLOC-2001-00980**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** SECURITY / MAINTENANCE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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.us](mailto:ElevatorInspectionReports@henrico.us)

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

**Building Location:**

LIBERTY PLAZA  
4801 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 433-1804

Email: phogan@commonwealthcommercial.com

**Elevator Location ID:** ELVLOC-2001-00980

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** SECURITY / MAINTENANCE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

OVERLOOK II  
4870 SADLER RD  
GLEN ALLEN, VA 23060

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00991**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** GUARD DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

OVERLOOK II  
4870 SADLER RD  
GLEN ALLEN, VA 23060

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00991

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** GUARD DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

KANTILAL PATEL  
ATTN: KANTILAL PATEL  
8613 BROOK RD  
GLEN ALLEN, VA 23060

**Building Location:**

DAYS INN  
8613 BROOK RD  
GLEN ALLEN, VA 23060

Phone: (804) 261-0188

Email: sundiptl@yahoo.com

**Elevator Location ID:** ELVLOC-2002-01020**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

VIRGINIA EYE INSTITUTE  
ATTN: STEVE MARTZ  
402 WESTHAMPTON STATION RD  
RICHMOND, VA 23226

**Building Location:**

VIRGINIA EYE INSTITUTE  
402 WESTHAMPTON STATION  
HENRICO, VA 23226

Phone: (804) 287-4205

Email: martzs@vaeye.com

**Elevator Location ID:** ELVLOC-2002-01032**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** 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: \_\_\_\_\_

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA EYE INSTITUTE  
ATTN: STEVE MARTZ  
402 WESTHAMPTON STATION RD  
RICHMOND, VA 23226

**Building Location:**

VIRGINIA EYE INSTITUTE  
402 WESTHAMPTON STATION  
HENRICO, VA 23226

Phone: (804) 287-4205

Email: martzs@vaeye.com

**Elevator Location ID:** ELVLOC-2002-01032

**Equipment Sequence:** 2

**Elevator Type:** Hydraulic Elevator

**Inspections for July:** 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: \_\_\_\_\_

Inspection / Test Results  
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** 1/ST FL. FACILITIES

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

ANTHEM  
ATTN: RAY SAILSURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** 1/ST FL. FACILITIES

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048**Code in Effect:** 1993**Equipment Sequence:** 3**Key Location:** 1/ST FL. FACILITIES**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048

**Code in Effect:** 1993

**Equipment Sequence:** 4

**Key Location:** 1/ST FL. FACILITIES

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048

**Code in Effect:** 1993

**Equipment Sequence:** 5

**Key Location:** 1/ST FL. FACILITIES

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048**Code in Effect:** 1993**Equipment Sequence:** 6**Key Location:** 1/ST FL. FACILITIES**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048**Code in Effect:** 1993**Equipment Sequence:** 7**Key Location:** 1/ST FL. FACILITIES**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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:**

ANTHEM  
ATTN: RAY SAILSURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048

**Code in Effect:** 1993

**Equipment Sequence:** 8

**Key Location:** 1/ST FL. FACILITIES

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048

**Code in Effect:** 1993

**Equipment Sequence:** 9

**Key Location:** 1/ST FL. FACILITIES

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048

**Code in Effect:** 1993

**Equipment Sequence:** 10

**Key Location:** 1/ST FL. FACILITIES

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

ANTHEM  
ATTN: RAY SAILSURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048**Code in Effect:** 1993**Equipment Sequence:** 11**Key Location:** 1/ST FL. FACILITIES**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for July:** 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.us

**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:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048**Code in Effect:** 1993**Equipment Sequence:** 12**Key Location:** 1/ST FL. FACILITIES**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for July:** **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:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048

**Code in Effect:** 1993

**Equipment Sequence:** 13

**Key Location:** 1/ST FL. FACILITIES

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

ANTHEM  
ATTN: RAY SAILSBURY  
2015 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

ANTHEM  
2015 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

**Elevator Location ID:** ELVLOC-2002-01048

**Code in Effect:** 1993

**Equipment Sequence:** 14

**Key Location:** 1/ST FL. FACILITIES

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

HIGHWOODS PROPERTIES  
ATTN: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

HIGHWOODS III  
4840 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2005-01162**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** LOCKBOX**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:**

HIGHWOODS PROPERTIES  
ATTN: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

HIGHWOODS III  
4840 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2005-01162

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** LOCKBOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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:**

HIGHWOODS PROPERTIES  
ATTN: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

HIGHWOODS III  
4840 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2005-01162**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for July:** **Category 1, Periodic****Code in Effect:** 1993**Key Location:** LOCKBOX**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:**

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

**Building Location:**

WESTERRE III  
3900 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 433-1804

Email: phogan@commonwealthcommercial.com

**Elevator Location ID:** ELVLOC-2005-01190

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** SUITE 200

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

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

**Building Location:**

WESTERRE III  
3900 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 433-1804

Email: phogan@commonwealthcommercial.com

**Elevator Location ID:** ELVLOC-2005-01190**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** SUITE 200**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

BNGP LLC.  
ATTN: HARRY BAWA  
441 RIVERGATE DR.  
RICHMOND, VA 23238

**Building Location:**

BNGP OFFICE BUILDING  
12090 W BROAD ST  
HENRICO, VA 23233-1001

Phone: (804) 651-4038

Email: dhanguru99@hotmail.com

**Elevator Location ID:** ELVLOC-2006-01216

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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:**

TWIN HICKORY SENIOR APTS  
ATTN: WILMA HARRIS  
5001 HICKORY PARK DR  
GLEN ALLEN, VA 23059

**Building Location:**

TWIN HICKORY SENIOR APTS  
5001 HICKORY PARK DR  
GLEN ALLEN, VA 23059

Phone: (804) 747-7676

Email: [twinhickory@capreit.com](mailto:twinhickory@capreit.com)

**Elevator Location ID:** ELVLOC-2006-01226

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for July:** Periodic

**Code in Effect:** 2000

**Key Location:** OFFICE

**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:**

TWIN HICKORY SENIOR APTS  
ATTN: WILMA HARRIS  
5001 HICKORY PARK DR  
GLEN ALLEN, VA 23059

**Building Location:**

TWIN HICKORY SENIOR APTS  
5001 HICKORY PARK DR  
GLEN ALLEN, VA 23059

Phone: (804) 747-7676

Email: [twinhickory@capreit.com](mailto:twinhickory@capreit.com)

**Elevator Location ID:** ELVLOC-2006-01226

**Equipment Sequence:** 2

**Elevator Type:** Hydraulic Elevator

**Inspections for July:** Periodic

**Code in Effect:** 2000

**Key Location:** OFFICE

**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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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CHURCHILL PROPERTY PORTFOLIO OWNER LLC  
ATTN: CHURCHILL PROP PORT OWNER LP  
4500 Dorr St  
Toledo, OH 23615

**Building Location:**

DOGWOOD TERRACE  
10300 THREE CHOPT RD  
HENRICO, VA 23233

Phone: (804) 346-3111

Email: OM.DOGWOOD@BARCLAYHOUSES

**Elevator Location ID:** ELVLOC-2006-01232**Code in Effect:** 1996**Equipment Sequence:** 1**Key Location:** OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

VIRGINIA HOUSING DEV. AUTHORITY  
ATTN: Brian Camden  
601 S. Belvidere St.  
Richmond, VA 23220

**Building Location:**

VIRGINIA HOUSING CENTER  
4224 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 343-5506

Email: [william.camden@virginiahousing.co](mailto:william.camden@virginiahousing.co)**Elevator Location ID:** ELVLOC-2007-01251**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** **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:**

VIRGINIA HOUSING DEV. AUTHORITY  
ATTN: Brian Camden  
601 S. Belvidere St.  
Richmond, VA 23220

**Building Location:**

VIRGINIA HOUSING CENTER  
4224 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 343-5506

Email: william.camden@virginiahousing.co

**Elevator Location ID:** ELVLOC-2007-01251**Code in Effect:** 2000**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** **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:**

WEST BROAD VLG III LLC  
ATTN: Katya Howren  
3930 Wild Goose Ln.  
Henrico, VA 23060

**Building Location:**

WEST BROAD VILLAGE A3  
2420 OLD BRICK RD  
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658

Email: khowren@capitalsquareliving.com

**Elevator Location ID:** ELVLOC-2008-01333**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:** LOBBY**Elevator Type:** Hydraulic Elevator**Alarm Status:** Alarmed**Inspections for July:** 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:**

WEST BROAD VLG III LLC  
ATTN: Katie Jones  
3930 Wild Goose Ln.  
Henrico, VA 23060

**Building Location:**

WEST BROAD VILLAGE A-7  
2250 OLD BRICK RD  
GLEN ALLEN, VA 23060-5817

Phone: (804) 401-4000

Email: Kathryn.jones2@cbre.com

**Elevator Location ID:** ELVLOC-2008-01335

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** KEY BOX - A8

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for July:** 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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**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:**

WEST BROAD VLG III LLC  
ATTN: Katya Howren  
3930 Wild Goose Ln.  
Henrico, VA 23060

**Building Location:**

WEST BROAD VILLAGE A-8  
2220 OLD BRICK RD  
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658

Email: khowren@capitalsquareliving.com

**Elevator Location ID:** ELVLOC-2008-01336**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:** KEY BOX - A-8**Elevator Type:** Hydraulic Elevator**Alarm Status:** Alarmed**Inspections for July:** 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.us

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WEST BROAD VLG III LLC  
ATTN: Katya Howren  
3930 Wild Goose Ln.  
Henrico, VA 23060

**Building Location:**

WEST BROAD VILLAGE A1-A2  
2450 OLD BRICK RD  
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658

Email: khowren@capitalsquareliving.com

**Elevator Location ID:** ELVLOC-2008-01339

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** KEY BOX A8

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for July:** 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:**

ASSOCIA COMMUNITY GROUP  
ATTN: Rosa Henao  
4480 Cox Rd., Suite 200  
Glenn Allen, VA 23060

**Building Location:**

WEST BROAD VILLAGE P4  
3921 BROWNSTONE BLVD  
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276

Email: rhenao@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01350

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

ASSOCIA COMMUNITY GROUP  
ATTN: Rosa Henao  
4480 Cox Rd., Suite 200  
Glenn Allen, VA 23060

**Building Location:**

WEST BROAD VILLAGE P4  
3921 BROWNSTONE BLVD  
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276

Email: rhenao@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01350

**Code in Effect:** 2000

**Equipment Sequence:** 2

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

ASSOCIA COMMUNITY GROUP  
ATTN: Rosa Henao  
4480 Cox Rd., Suite 200  
Glenn Allen, VA 23060

**Building Location:**

WEST BROAD VILLAGE P1  
2411 BACK ST  
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276

Email: rhenao@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01354

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** KEY BOX - #8

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for July:** 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:**

ASSOCIA COMMUNITY GROUP  
ATTN: Rosa Henao  
4480 Cox Rd., Suite 200  
Glenn Allen, VA 23060

**Building Location:**

WEST BROAD VILLAGE P1  
2411 BACK ST  
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276

Email: rhenao@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01354

**Code in Effect:** 2000

**Equipment Sequence:** 2

**Key Location:** KEY BOX - #8

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for July:** 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:**

WEST BROAD VILLAGE  
ATTN: Rosa Henao  
4480 Cox Rd., Suite 200  
Glenn Allen, VA 23060

**Building Location:**

WEST BROAD VILLAGE P2  
2221 BACK ST  
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276

Email: rhenao@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01355

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** KEY BOX A-8

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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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WEST BROAD VILLAGE  
ATTN: Rosa Henao  
4480 Cox Rd., Suite 200  
Glenn Allen, VA 23060

**Building Location:**

WEST BROAD VILLAGE P2  
2221 BACK ST  
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276

Email: rhenao@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01355

**Code in Effect:** 2000

**Equipment Sequence:** 2

**Key Location:** KEY BOX A-8

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** 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:**

WEST BROAD VLG III LLC  
ATTN: Katya Howren  
3930 Wild Goose Ln.  
Henrico, VA 23060

**Building Location:**

WEST BROAD VILLAGE A12-A13  
2425 OLD BRICK RD  
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658

Email: khowren@capitalsquareliving.com

**Elevator Location ID:** ELVLOC-2008-01357**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 2000**Key Location:** KEY BOX A8**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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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WEST BROAD VLG III LLC  
ATTN: Katya Howren  
3930 Wild Goose Ln.  
Henrico, VA 23060

**Building Location:**

WEST BROAD VILLAGE A12-A13  
2425 OLD BRICK RD  
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658

Email: khowren@capitalsquareliving.com

**Elevator Location ID:** ELVLOC-2008-01357**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 2000**Key Location:** KEY BOX A8**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: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WEST BROAD VILLAGE  
ATTN: Rosa Henao  
4480 Cox Rd., Suite 200  
Glenn Allen, VA 23060

**Building Location:**

WEST BROAD VILLAGE P3 GARAGE  
3910 GATHERING PL  
GLEN ALLEN, VA 23060

Phone: (401) 500-5276

Email: rhenao@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01358

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** KEY BOX - A 6

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for July:** 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:**

WEST END HOSPITALITY  
ATTN: MAYUSH MEHTA  
8010 WBROAD ST  
HENRICO, VA 23294

**Building Location:**

COUNTRY INN & SUITES  
8010 W WEST BROAD ST  
HENRICO, VA 23294

Phone: (804) 755-6605

Email: countryfrontdesk@gmail.com

**Elevator Location ID:** ELVLOC-2008-01365**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** 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: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

HILTON HOTEL  
12042 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2009-01394

**Code in Effect:** 2005

**Equipment Sequence:** 1

**Key Location:** MAINT. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

HILTON HOTEL  
12042 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2009-01394

**Code in Effect:** 2005

**Equipment Sequence:** 2

**Key Location:** MAINT. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

HILTON HOTEL  
12042 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2009-01394

**Code in Effect:** 2005

**Equipment Sequence:** 3

**Key Location:** MAINT. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

HILTON HOTEL  
12042 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2009-01394**Code in Effect:** 2005**Equipment Sequence:** 4**Key Location:** MAINT. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for July:** **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:**

WEST BROAD VILLAGE  
ATTN: Katie Jones  
3930 Wild Goose Ln.  
Henrico, VA 23060

**Building Location:**

SOUTH UNIVERSITY @ WEST BR. VILLAGE  
2151 OLD BRICK RD  
GLEN ALLEN, VA 23060

Phone: (804) 401-4000

Email: Kathryn.jones2@cbre.com

**Elevator Location ID:** ELVLOC-2009-01409**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for July:** Periodic**Code in Effect:** 2004/2005**Key Location:** KEY BOX A8**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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**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:**

KROGER RAS - LICENSE DEPTMENT  
ATTN: BRIAN URBHANS  
PO BOX 305103  
NASHVILLE, TN 37230-5103

**Building Location:**

KROGER # R-517  
11895 W BROAD ST  
HENRICO, VA 23233

Phone: (615) 232-7759

Email: [business.license@kroger.com](mailto:business.license@kroger.com)

**Elevator Location ID:** ELVLOC-2010-01450  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for July:** **Category 1, Periodic**

**Code in Effect:** 2004**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  
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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:**

KROGER RASC - LICENSE DEPT  
ATTN: BRIAN URBHANS  
PO BOX 305103  
NASHVILLE, TN 37230-5103

**Building Location:**

KROGER R-502  
4816 S LABURNUM AVE  
HENRICO, VA 23231

Phone: (615) 232-7759

Email: [business.license@kroger.com](mailto:business.license@kroger.com)**Elevator Location ID:** ELVLOC-2011-01503**Code in Effect:** 2004**Equipment Sequence:** 1**Key Location:** STORE MANAGER**Elevator Type:** Roped Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for July:** 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:**

MID ATLANTIC DIVISION - THE KROGER CO.

ATTN: BARNEY LAVERTY

140 EASTSHORE DR, STE 300

GLEN ALLEN, VA 23059

**Building Location:**

KROGER # R519

9000 STAPLES MILL RD

HENRICO, VA 23228

Phone: (540) 265-2545

Email: barney.laverty@kroger.com

**Elevator Location ID:** ELVLOC-2013-01660**Code in Effect:** 2007**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** **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:**

COLLAGE TREE OF LIFE SERVICES LLC  
ATTN: Colin Fisher  
13450 N Gayton Rd  
Richmond, VA 23233

**Building Location:**

TREE OF LIFE  
13458 N GAYTON RD  
HENRICO, VA 23233-7013

Phone: (804) 664-0283

Email: colin.fisher@tree-of-life.com

**Elevator Location ID:** ELVLOC-2014-01676**Code in Effect:** 2007**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** 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:**

MONUMENT SQUARE CONDO ASSN  
ATTN: MARY SINGER  
275 FINIAL AVE.  
HENRICO, VA 23226

**Building Location:**

MONUMENT SQUARE CONDO. BUILDING 10  
275 FINIAL AVE  
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2014-01702

**Code in Effect:** 2007

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for July:** 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:**

6627 BROAD LLC  
ATTN: SUSAN MCLANE  
6641 W BROAD ST SUITE 100  
HENRICO, VA 23230

**Building Location:**

REYNOLDS CROSSING MOB3  
6627 W BROAD ST  
HENRICO, VA 23230-1723

Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2014-01711

**Code in Effect:** 2007

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for July:** 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:**

MONUMENT SQUARE CONDO ASSOCIATION  
ATTN: MARY SINGER  
275 FINIAL AVE.  
HENRICO, VA 23226

**Building Location:**

MONUMENT SQUARE CONDO. BLDG 9  
275 FINIAL AVE  
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2015-01751**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** 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:**

LIFE STORAGE LLC  
ATTN: Rebecca Wilber  
3501 Cox Rd.  
Henrico, VA 23233

**Building Location:**

LIFE STORAGE  
3501 COX RD  
HENRICO, VA 23233

Phone: (804) 801-5784

Email: fac3671@extraspace.com

**Elevator Location ID:** ELVLOC-2016-01775

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for July:** **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:**

GO STOREIT  
ATTN: Christy Hainline  
2801 Monrovia St. Ste A  
Charleston, SC 29405

**Building Location:**

GO STOREIT  
1906 BISHOP RD  
HENRICO, VA 23230

Phone: (843) 900-4473

Email: chainline@madisoncapgroup.com

**Elevator Location ID:** ELVLOC-2018-01878

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for July:** 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:**

GO STOREIT  
ATTN: Christy Hainline  
2801 Monrovia St. Ste A  
Charleston, SC 29405

**Building Location:**

GO STOREIT  
1906 BISHOP RD  
HENRICO, VA 23230

Phone: (843) 900-4473

Email: chainline@madisoncapgroup.com

**Elevator Location ID:** ELVLOC-2018-01878

**Code in Effect:** 2010

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for July:** 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:**

AMPLE STORAGE THREE CHOPT LLC  
ATTN: CEDRIC BOATWRIGHT  
10210 THREE CHOPT ROAD  
HENRICO, VA 23233

**Building Location:**

AMPLE STORAGE  
10210 THREE CHOPT RD  
HENRICO, VA 23233

Phone: (804) 346-1021

Email: [threechopt@amplestoragecenter.co](mailto:threechopt@amplestoragecenter.co)

**Elevator Location ID:** ELVLOC-2019-01989

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for July:** **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:**

AMPLE STORAGE THREE CHOPT LLC  
ATTN: CEDRIC BOATWRIGHT  
10210 THREE CHOPT ROAD  
HENRICO, VA 23233

**Building Location:**

AMPLE STORAGE  
10210 THREE CHOPT RD  
HENRICO, VA 23233

Phone: (804) 346-1021

Email: [threechopt@amplestoragecenter.co](mailto:threechopt@amplestoragecenter.co)**Elevator Location ID:** ELVLOC-2019-01989**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** **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:**

PUBLIX SUPERMARKETS  
ATTN: JUSTIN FISHER  
P.O.BOX 32027  
LAKELAND, FL 33802

**Building Location:**

PUBLIX SUPERMARKET #1593  
7035 THREE CHOPT RD  
HENRICO, VA 23226-3606

Phone: (804) 288-1070

Email: john.fisher2@publix.com

**Elevator Location ID:** ELVLOC-2019-02002

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for July:** **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:**

RESIDENCE INN  
ATTN: Hannah Mireles  
5416 Glenside Dr  
Henrico, VA 23228

**Building Location:**

RESIDENCE INN  
5416 GLENSIDE DR  
HENRICO, VA 23228

Phone: (804) 799-1200

Email: gm.rimidthtown@kmhotels.com

**Elevator Location ID:** ELVLOC-2019-02003

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for July:** 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: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RESIDENCE INN  
ATTN: Hannah Mireles  
5416 Glenside Dr  
Henrico, VA 23228

**Building Location:**

RESIDENCE INN  
5416 GLENSIDE DR  
HENRICO, VA 23228

Phone: (804) 799-1200

Email: gm.rimidthtown@kmhotels.com

**Elevator Location ID:** ELVLOC-2019-02003**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for July:** 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  
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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:**

2001 MAYWILL LLC  
ATTN: GREG NACHMAN  
P.O. Box 17650  
C/O Range Commercial Partners, Inc.  
Richmond, VA 23226

**Building Location:**

KINSALE INSURANCE CO  
2035 MAYWILL ST  
HENRICO, VA 23230

Phone: (804) 796-0522

Email: greg.nachman@rangecommercial.c

**Elevator Location ID:** ELVLOC-2020-02109

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:** SECURITY DESK

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for July:** 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  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

2001 MAYWILL LLC  
ATTN: GREG NACHMAN  
P.O. Box 17650  
C/O Range Commercial Partners, Inc.  
Richmond, VA 23226

**Building Location:**

KINSALE INSURANCE CO  
2035 MAYWILL ST  
HENRICO, VA 23230

Phone: (804) 796-0522

Email: greg.nachman@rangecommercial.c

**Elevator Location ID:** ELVLOC-2020-02109

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:** SECURITY DESK

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for July:** **Category 1, Category 5, 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.us

**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:**

2001 MAYWILL LLC  
ATTN: GREG NACHMAN  
P.O. Box 17650  
C/O Range Commercial Partners, Inc.  
Richmond, VA 23226

**Building Location:**

KINSALE INSURANCE CO  
2035 MAYWILL ST  
HENRICO, VA 23230

Phone: (804) 796-0522

Email: greg.nachman@rangecommercial.c

**Elevator Location ID:** ELVLOC-2020-02109**Code in Effect:** 2013**Equipment Sequence:** 3**Key Location:** SECURITY DESK**Elevator Type:** Electric Elevator**Alarm Status:****Inspections for July:** **Category 1, Category 5, 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:**

2001 MAYWILL LLC  
ATTN: GREG NACHMAN  
P.O. Box 17650  
C/O Range Commercial Partners, Inc.  
Richmond, VA 23226

**Building Location:**

KINSALE INSURANCE CO  
2035 MAYWILL ST  
HENRICO, VA 23230

Phone: (804) 796-0522

Email: greg.nachman@rangecommercial.c

**Elevator Location ID:** ELVLOC-2020-02109**Code in Effect:** 2013**Equipment Sequence:** 4**Key Location:** SECURITY DESK**Elevator Type:** Electric Elevator**Alarm Status:****Inspections for July:** **Category 5, 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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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. JOSEPH'S VILLA  
ATTN: WALTER SPENCE  
8000 Brook Rd.  
Henrico, VA 23227

**Building Location:**

SARAH DOOLEY CENTER FOR AUTISM  
8000 BROOK RD  
HENRICO, VA 23227-1306

Phone: (804) 564-6108

Email: [wspence@sjvmail.net](mailto:wspence@sjvmail.net)

**Elevator Location ID:** ELVLOC-2020-02110

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for July:** 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.us](mailto:ElevatorInspectionReports@henrico.us)



**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:**

SIG 1610 LLC

ATTN: CLIFF HITE

5607 GLENRIDGE DR, STE 200

ATLANTA, GA 30342

**Building Location:**

SPACE SHOP SELF STORAGE

1610 GLENSIDE DR

HENRICO, VA 23226

Phone: (804) 553-0288

Email: 1610@spaceshopselfstorage.com

**Elevator Location ID:** ELVLOC-2020-02134**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** 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.us

**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:**

SIG 1610 LLC  
ATTN: CLIFF HITE  
5607 GLENRIDGE DR, STE 200  
ATLANTA, GA 30342

**Building Location:**

SPACE SHOP SELF STORAGE  
1610 GLENSIDE DR  
HENRICO, VA 23226

Phone: (804) 553-0288

Email: 1610@spaceshopselfstorage.com

**Elevator Location ID:** ELVLOC-2020-02134

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for July:** 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:**

INNSLAKE PLACE / PEGASUS RESIDENTIAL  
ATTN: Landon Beir  
11820 State St. Suite 310  
Draper, UT 84020

**Building Location:**

INNSLAKE PLACE APTS BLD II + PARKING  
4225 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (215) 744-1200

Email: innslakeplace-pm@pegasusresiden

**Elevator Location ID:** ELVLOC-2021-000028**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for July:** **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.us](mailto:ElevatorInspectionReports@henrico.us)

**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:**

INNSLAKE PLACE / PEGASUS RESIDENTIAL  
ATTN: Landon Beir  
11820 State St. Suite 310  
Draper, UT 84020

**Building Location:**

INNSLAKE PLACE APTS BLD II + PARKING  
4225 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (215) 744-1200

Email: innslakeplace-pm@pegasusresiden

**Elevator Location ID:** ELVLOC-2021-000028**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for July:** **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.us](mailto:ElevatorInspectionReports@henrico.us)

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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:**

BRISTOL MAYWILL PARTNERS LLC  
ATTN: BRISTOL MAYWILL PARTNERS LLC  
2031 MAYWILL STREET  
RICHMOND, VA 23230

**Building Location:**

TAPESTRY WEST APARTMENTS  
2031 MAYWILL ST  
HENRICO, VA 23230

Phone: (804) 206-9229

Email: [tapestrywestmgr@greystar.com](mailto:tapestrywestmgr@greystar.com)**Elevator Location ID:** ELVLOC-2022-000018**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for July:** 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.us](mailto:ElevatorInspectionReports@henrico.us)

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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:**

BRISTOL MAYWILL PARTNERS LLC  
ATTN: BRISTOL MAYWILL PARTNERS LLC  
2031 MAYWILL STREET  
RICHMOND, VA 23230

**Building Location:**

TAPESTRY WEST APARTMENTS  
2031 MAYWILL ST  
HENRICO, VA 23230

Phone: (804) 206-9229

Email: [tapestrywestmgr@greystar.com](mailto:tapestrywestmgr@greystar.com)

**Elevator Location ID:** ELVLOC-2022-000018

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for July:** 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.us](mailto:ElevatorInspectionReports@henrico.us)

**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:**

Pioneer Baptist Church  
ATTN: Pioneer Baptist Church Trustees  
3140 Darbytown Rd  
Henrico, VA 23231

**Building Location:**

Pioneer Baptist Church  
3140 DARBYTOWN RD  
HENRICO, VA 23231

Phone: (804) 795-1051

Email: office@pioneerbaptist.comcastbiz.n

**Elevator Location ID:** ELVLOC-2022-000053

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for July:** 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.us

**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:**

ROSENTHAL PROPERTIES, LLC  
ATTN: Please Provide a Contact Name  
1945 OLD GALLOWS RD STE 300  
VIENNA, VA 22182

**Building Location:**

MARSHALLS  
9041 STAPLES MILL RD  
HENRICO, VA 23228

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Elevator Location ID:** ELVLOC-2022-000055**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** 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.us](mailto:ElevatorInspectionReports@henrico.us)



**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:**

Bickerstaff Crossing VA LLC  
ATTN: Please provide a Contact Name  
529 Taylor St  
Bristol, TN 37620

**Building Location:**

Bickerstaff Crossing Apartments  
1401 BICKERSTAFF RD  
HENRICO, VA 23231

Phone:

Email:

**Elevator Location ID:** ELVLOC-2022-000056**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** **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**

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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:**

DRUCKER AND FALK  
ATTN: JENNIFER BARHAM  
9600 BEEKMAN LN  
HENRICO, VA 23228

**Building Location:**

AINSWORTH BLDG 2  
9601 BEEKMAN LN  
HENRICO, VA 23228

Phone: (804) 836-7325

Email: jbarham@druckerandfalk.com

**Elevator Location ID:** ELVLOC-2023-000054**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for July:** **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.us](mailto:ElevatorInspectionReports@henrico.us)

**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 PROPERTY GROUP LLC  
ATTN: ANN RUSSELL  
6229 LAKESIDE AVE  
HENRICO, VA 23228

**Building Location:**

STYLE CRAFT HOMES  
6229 LAKESIDE AVE  
HENRICO, VA 23228

Phone: (866) 882-2026

Email: ARUSSELL@STYLECRAFTHOMES.C

**Elevator Location ID:** ELVLOC-2023-000056**Code in Effect:** ASME A17.1 – 2016**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for July:** 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:**

SANDPIPER INDEPENDENCE PARK RICHMOND  
LLC  
ATTN: CARTER RISE JR.  
7200 GLEN FOREST DR  
STE 200  
HENRICO, VA 23226

Phone: (894) 775-2200

Email: Carter.rise2@sandpipiper.us.com

**Building Location:**

WYNDHAM HOTEL  
9940 INDEPENDENCE PARK DR  
HENRICO, VA 23233

**Elevator Location ID:** ELVLOC-2023-000059**Code in Effect:** ASME A17.1 - 2016**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for July:** 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.us

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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:**

DRUCKER AND FALK  
ATTN: JENNIFER BARHAM  
9600 BEEKMAN LN  
HENRICO, VA 23228

**Building Location:**

AINSWORTH BLDG 1  
9600 BEEKMAN LN  
HENRICO, VA 23228

Phone: (804) 836-7325

Email: jbarham@druckerandfalk.com

**Elevator Location ID:** ELVLOC-2024-000043

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

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for July:** **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.us](mailto:ElevatorInspectionReports@henrico.us)

**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:**

DRUCKER AND FALK  
ATTN: JENNIFER BARHAM  
9600 BEEKMAN LN  
HENRICO, VA 23228

**Building Location:**

AINSWORTH BLDG 1  
9600 BEEKMAN LN  
HENRICO, VA 23228

Phone: (804) 836-7325

Email: jbarham@druckerandfalk.com

**Elevator Location ID:** ELVLOC-2024-000043**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for July:** **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.us](mailto:ElevatorInspectionReports@henrico.us)

**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:**

CBRE  
ATTN: JOHN GALLAGHER  
1802 BAYBERRY CT  
SUITE 201  
HENRICO, VA 23226

**Building Location:**

WEST BROAD VILLAGE A-4  
2250 OLD BRICK RD  
GLEN ALLEN, VA 23060-5817

Phone: (609) 610-2612

Email: john.gallagher4@cbre.com

**Elevator Location ID:** ELVLOC-2025-000002**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:** KEY BOX - A8**Elevator Type:** Hydraulic Elevator**Alarm Status:** ALARMED**Inspections for July:** 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.us