

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO COURTHOUSE  
4309 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00101**Code in Effect:** 1978**Equipment Sequence:** 1**Key Location:** SECURITY CONSOLE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO COURTHOUSE  
4309 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00101

**Code in Effect:** 1978

**Equipment Sequence:** 2

**Key Location:** SECURITY CONSOLE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO ADMINISTRATION BLDG  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00102**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1965/2010**Key Location:** SECURITY CONSOLE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO ADMINISTRATION BLDG  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00102**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1965/2018**Key Location:** SECURITY CONSOLE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO ADMINISTRATION BLDG  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00102**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1965/2010**Key Location:** SECURITY CONSOLE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO ADMINISTRATION BLDG  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00102

**Code in Effect:** 1965/2010

**Equipment Sequence:** 4

**Key Location:** SECURITY CONSOLE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

ADULT DETENTION CENTER  
4317 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00103

**Code in Effect:** 1965

**Equipment Sequence:** 1

**Key Location:** SECURITRY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

ADULT DETENTION CENTER  
4317 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00103**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** SECURITRY**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

ADMINISTRATION ANNEX BLDG. - 4305 E.  
PARHAM RD.  
4305 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00104**Code in Effect:** 1965**Equipment Sequence:** 1**Key Location:** SECURITY CONSOLE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

ADMINISTRATION ANNEX BLDG. - 4305 E.  
PARHAM RD.  
4305 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00104**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** SECURITY CONSOLE**Elevator Type:** Roped Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO COUNTY MH/MR CTR  
10299 WOODMAN RD  
GLEN ALLEN, VA 23060

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00107**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1981**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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

EASTERN GOVERNMENT CENTER  
3820 NINE MILE RD  
HENRICO, VA 23223

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00109**Code in Effect:** 1984**Equipment Sequence:** 1**Key Location:** CALL RICHARD STRANG**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

EASTERN GOVERNMENT CENTER  
3820 NINE MILE RD  
HENRICO, VA 23223

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00109**Code in Effect:** 1984**Equipment Sequence:** 2**Key Location:** CALL RICHARD STRANG**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GENETWORX, LLC  
ATTN: MICHAEL ASHTON  
4060 INNSLAKE DR  
GLEN ALLEN, VA 23060

**Building Location:**

GENETWORX  
4060 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (203) 982-9682

Email: mashton@genetworx.com

**Elevator Location ID:** ELVLOC-2001-00110

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** STAFF RM. BY ELEV.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HUMAN SERVICES BUILDING  
8600 DIXON POWERS DR  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00111**Code in Effect:** 1978/2010**Equipment Sequence:** 1**Key Location:** KEYBOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

PUBLIC SAFETY BUILDING  
7721 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00115

**Code in Effect:** 1978/2010

**Equipment Sequence:** 1

**Key Location:** SECURITY CONSOLE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

PUBLIC SAFETY BUILDING  
7721 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00115**Code in Effect:** 1978**Equipment Sequence:** 2**Key Location:** SECURITY CONSOLE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

DOREY PARK RECREATION CENTER  
2999 DARBYTOWN RD  
HENRICO, VA 23231

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00117**Code in Effect:** 1990**Equipment Sequence:** 1**Key Location:** LOBBY DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO TRAINING CENTER  
7721 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00118

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO TRAINING CENTER  
7721 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00118

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO COUNTY PARKING DECK  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00120**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** SECURITY**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO COUNTY PARKING DECK  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00120**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** SECURITY**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO CULTURAL ARTS CENTER  
2880 MOUNTAIN RD  
GLEN ALLEN, VA 23060

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00121**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** SECURITY**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LIFE OF VIRGINIA  
ATTN: MARK TERETLA  
PO BOX 27601  
RICHMOND, VA 23261

**Building Location:**

GENWORTH FINANCIAL - BLDG. 3  
6604 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00222**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1981**Key Location:** 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: \_\_\_\_\_

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LIFE OF VIRGINIA  
ATTN: MARK TERETLA  
PO BOX 27601  
RICHMOND, VA 23261

**Building Location:**

GENWORTH FINANCIAL - BLDG. 3  
6604 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00222**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1981**Key Location:** 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: \_\_\_\_\_

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

UTICA  
2701 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00223

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for October:** **Periodic**

**Code in Effect:** 2010

**Key Location:** LOBBY 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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

COMMERCE CENTER  
2812 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2001-00225**Code in Effect:** 1978**Equipment Sequence:** 1**Key Location:** BLDG. ENGINEER**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MARRIOTT COURTYARD  
ATTN: JERRY ATKINS  
6400 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

MARRIOTT COURTYARD  
6400 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 282-1881

Email: jerry.atkins@marriott.com

**Elevator Location ID:** ELVLOC-2001-00231**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1984**Key Location:** FRT.DSK\CALL MAINT.**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CHILD FUND INTERNATIONAL  
ATTN: WAYNE PARKER  
2821 EMERYWOOD PKWY  
HENRICO, VA 23229

**Building Location:**

CHILD FUND INTERNATIONAL  
2821 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 756-2700

Email: wparker@childfund.org

**Elevator Location ID:** ELVLOC-2001-00232**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1984**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**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:**

CHILD FUND INTERNATIONAL  
ATTN: WAYNE PARKER  
2821 EMERYWOOD PKWY  
HENRICO, VA 23229

**Building Location:**

CHILD FUND INTERNATIONAL  
2821 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 756-2700

Email: wparker@childfund.org

**Elevator Location ID:** ELVLOC-2001-00232**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for October:** **Category 1, Periodic****Code in Effect:** 1984**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**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:**

CHILD FUND INTERNATIONAL  
ATTN: WAYNE PARKER  
2821 EMERYWOOD PKWY  
HENRICO, VA 23229

**Building Location:**

CHILD FUND INTERNATIONAL  
2821 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 756-2700

Email: wparker@childfund.org

**Elevator Location ID:** ELVLOC-2001-00232**Equipment Sequence:** 3**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1984**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**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:**

Thalhimer  
ATTN: Sheila Johnston  
4900 Augusta Ave, Ste 200  
Henrico, VA 23230

**Building Location:**

Girl Scouts of the commonwealth of VA  
3214 SKIPWITH RD  
HENRICO, VA 23294

Phone: (804) 746-0590

Email: sjohnson@comgirlscout.org

**Elevator Location ID:** ELVLOC-2001-00234

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS  
ATTN: SERENA MEADOR  
2221 EDWARD HOLLAND DR  
SUITE 600  
RICHMOND, VA 23230

**Building Location:**

THE ENTERPRISE BUILDING  
2727 ENTERPRISE PKWY  
HENRICO, VA 23294

Phone: (804) 237-8082

Email: SERENA.MEADOR@COLLIERS.COM

**Elevator Location ID:** ELVLOC-2001-00235**Code in Effect:** 1978**Equipment Sequence:** 1**Key Location:** KEYBOX @ 1ST.FL.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

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

**County of Henrico, Virginia**

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:**

WESTWOOD CLUB  
ATTN: BRADFORD JONES  
6200 WEST CLUB LA  
RICHMOND, VA 23226

**Building Location:**

WESTWOOD CLUB  
6200 WEST CLUB LN  
HENRICO, VA 23226

Phone: (804) 502-3599

Email: esherwood@westwoodclub.net

**Elevator Location ID:** ELVLOC-2001-00295

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** ENGINEERING

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WILLIS HUTCHENS  
ATTN: WILLIS HUTCHENS  
8914 RIVER RD  
RICHMOND, VA 23229

**Building Location:**

LIBBIE LAW BUILDING  
2201 LIBBIE AVE  
HENRICO, VA 23230

Phone: (804) 513-0362

Email: hutchens313@gmail.com

**Elevator Location ID:** ELVLOC-2001-00299**Code in Effect:** 1987**Equipment Sequence:** 1**Key Location:** RECPT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic, Category 1**

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

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

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

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

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

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

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

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

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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FEDERAL REALTY INVESTMENTS  
ATTN: TOM FUNARI  
1117 EMETT ST.  
CHARLOTTESVILLE, VA 22903

**Building Location:**

PHENIX SALON  
1601 WILLOW LAWN DR  
HENRICO, VA 23230

Phone: (434) 977-0100

Email: tfunari@federalrealty.com

**Elevator Location ID:** ELVLOC-2001-00308**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**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: \_\_\_\_\_

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CBRE  
ATTN: MELISSA PAGE  
7650 E PARHAM RD STE 225  
HENRICO, VA 23294

**Building Location:**

MEDICAL OFFICE BUILDING III  
7702 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 967-5447

Email: melissa.page@cbre.com

**Elevator Location ID:** ELVLOC-2001-00384

**Code in Effect:** 1984

**Equipment Sequence:** 1

**Key Location:** LOBBY DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CBRE  
ATTN: MELISSA PAGE  
7650 E PARHAM RD STE 225  
HENRICO, VA 23294

**Building Location:**

MEDICAL OFFICE BUILDING III  
7702 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 967-5447

Email: melissa.page@cbre.com

**Elevator Location ID:** ELVLOC-2001-00384

**Code in Effect:** 1984

**Equipment Sequence:** 2

**Key Location:** LOBBY DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CBRE  
ATTN: MELISSA PAGE  
7650 E PARHAM RD STE 225  
HENRICO, VA 23294

**Building Location:**

MEDICAL OFFICE BUILDING III  
7702 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 967-5447

Email: melissa.page@cbre.com

**Elevator Location ID:** ELVLOC-2001-00384**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Category 1, Periodic****Code in Effect:** 1984**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.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CBRE  
ATTN: MELISSA PAGE  
7650 E PARHAM RD STE 225  
HENRICO, VA 23294

**Building Location:**

MEDICAL OFFICE BUILDING III  
7702 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 967-5447

Email: melissa.page@cbre.com

**Elevator Location ID:** ELVLOC-2001-00384**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1984**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.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HCA/PARHAM DOCTORS HOSPITAL  
ATTN: DWIGHT MCKEE  
7700 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**

HENRICO DOCTORS HOSP PARHAM  
7700 E PARHAM RD  
HENRICO, VA 23294-4301

Phone: (804) 747-5640

Email: dwight.mckee@hcahealthcare.com

**Elevator Location ID:** ELVLOC-2001-00385**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1971**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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HCA/PARHAM DOCTORS HOSPITAL  
ATTN: DWIGHT MCKEE  
7700 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**

HENRICO DOCTORS HOSP PARHAM  
7700 E PARHAM RD  
HENRICO, VA 23294-4301

Phone: (804) 747-5640

Email: dwight.mckee@hcahealthcare.com

**Elevator Location ID:** ELVLOC-2001-00385**Code in Effect:** 1971**Equipment Sequence:** 2**Key Location:** MAINT. SHOP**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HCA/PARHAM DOCTORS HOSPITAL  
ATTN: DWIGHT MCKEE  
7700 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**

HENRICO DOCTORS HOSP PARHAM  
7700 E PARHAM RD  
HENRICO, VA 23294-4301

Phone: (804) 747-5640

Email: dwight.mckee@hcahealthcare.com

**Elevator Location ID:** ELVLOC-2001-00385

**Code in Effect:** 1971

**Equipment Sequence:** 3

**Key Location:** MAINT. SHOP

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HCA/PARHAM DOCTORS HOSPITAL  
ATTN: DWIGHT MCKEE  
7700 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**

HENRICO DOCTORS HOSP PARHAM  
7700 E PARHAM RD  
HENRICO, VA 23294-4301

Phone: (804) 747-5640

Email: dwight.mckee@hcahealthcare.com

**Elevator Location ID:** ELVLOC-2001-00385**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1971/2010**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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HCA/PARHAM DOCTORS HOSPITAL  
ATTN: DWIGHT MCKEE  
7700 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**

HENRICO DOCTORS HOSP PARHAM  
7700 E PARHAM RD  
HENRICO, VA 23294-4301

Phone: (804) 747-5640

Email: dwight.mckee@hcahealthcare.com

**Elevator Location ID:** ELVLOC-2001-00385**Equipment Sequence:** 5**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1996/2010**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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CBRE  
ATTN: MELISSA PAGE  
7650 E PARHAM RD STE 225  
HENRICO, VA 23294

**Building Location:**

MEDICAL OFFICE BUILDING 1  
7660 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 967-5447

Email: melissa.page@cbre.com

**Elevator Location ID:** ELVLOC-2001-00386**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1981**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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CBRE  
ATTN: MELISSA PAGE  
7650 E PARHAM RD STE 225  
HENRICO, VA 23294

**Building Location:**

MEDICAL OFFICE BUILDING 1  
7660 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 967-5447

Email: melissa.page@cbre.com

**Elevator Location ID:** ELVLOC-2001-00386**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1981**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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO FCU  
ATTN: VIVIAN SEYMOUR  
9401 W BROAD STREET  
RICHMOND, VA 23294-5331

**Building Location:**

HENRICO FCU  
9401 W BROAD ST  
HENRICO, VA 23294

Phone: (804) 266-0193

Email: seymourv@henricofcu.org

**Elevator Location ID:** ELVLOC-2001-00388**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1984**Key Location:** FRT.DSK. P.COLEMAN**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CBRE  
ATTN: MELISSA PAGE  
7650 E PARHAM RD STE 225  
HENRICO, VA 23294

**Building Location:**

MEDICAL OFFICE BUILDING II  
7650 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 967-5447

Email: melissa.page@cbre.com

**Elevator Location ID:** ELVLOC-2001-00389**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1990**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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CBRE  
ATTN: MELISSA PAGE  
7650 E PARHAM RD STE 225  
HENRICO, VA 23294

**Building Location:**

MEDICAL OFFICE BUILDING II  
7650 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 967-5447

Email: melissa.page@cbre.com

**Elevator Location ID:** ELVLOC-2001-00389

**Code in Effect:** 1990

**Equipment Sequence:** 2

**Key Location:** MAINT. SHOP

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PARHAM PARK SENIORS APARTMENTS  
ATTN: MATTHEW DEWORKEN  
7600 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**

PARHAM PARK SENIORS APARTMENTS  
7600 E PARHAM RD  
HENRICO, VA 23294-4307

Phone: (804) 672-7718

Email: parhampark@epochinc.com

**Elevator Location ID:** ELVLOC-2001-00391

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

COLLIERS HOLLAND TOWER  
2221 EDWARD HOLLAND DR  
HENRICO, VA 23230

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00399**Code in Effect:** 2004**Equipment Sequence:** 1**Key Location:** SECURITY DESK**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

COLLIERS HOLLAND TOWER  
2221 EDWARD HOLLAND DR  
HENRICO, VA 23230

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00399**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 2004**Key Location:** SECURITY DESK**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

COLLIERS HOLLAND TOWER  
2221 EDWARD HOLLAND DR  
HENRICO, VA 23230

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00399

**Code in Effect:** 2004

**Equipment Sequence:** 3

**Key Location:** SECURITY DESK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

COLLIERS HOLLAND TOWER  
2221 EDWARD HOLLAND DR  
HENRICO, VA 23230

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00399**Code in Effect:** 2004**Equipment Sequence:** 4**Key Location:** SECURITY DESK**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SELECT SPECIALTY HOSPITAL  
ATTN: JOE THOMPSON  
2220 EDWARD HOLLAND DR  
RICHMOND, VA 23230

**Building Location:**

SELECT SPECIALTY HOSPITAL  
2220 EDWARD HOLLAND DR  
HENRICO, VA 23230

Phone: (804) 678-7094

Email: jthompson@vhrichmond.com

**Elevator Location ID:** ELVLOC-2001-00400**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1984**Key Location:** MAINT. DEPT.**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SELECT SPECIALTY HOSPITAL  
ATTN: JOE THOMPSON  
2220 EDWARD HOLLAND DR  
RICHMOND, VA 23230

**Building Location:**

SELECT SPECIALTY HOSPITAL  
2220 EDWARD HOLLAND DR  
HENRICO, VA 23230

Phone: (804) 678-7094

Email: jthompson@vhrichmond.com

**Elevator Location ID:** ELVLOC-2001-00400**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1984**Key Location:** MAINT. DEPT.**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SELECT SPECIALTY HOSPITAL  
ATTN: JOE THOMPSON  
2220 EDWARD HOLLAND DR  
RICHMOND, VA 23230

**Building Location:**

SELECT SPECIALTY HOSPITAL  
2220 EDWARD HOLLAND DR  
HENRICO, VA 23230

Phone: (804) 678-7094

Email: jthompson@vhrichmond.com

**Elevator Location ID:** ELVLOC-2001-00400**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1984**Key Location:** MAINT. DEPT.**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HOLIDAY INN EXPRESS MIDTOWN  
ATTN: GEORGE MEALER  
2000 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

HOLIDAY INN EXPRESS MIDTOWN  
2000 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 359-6061

Email: geogr.mealer@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00401**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** LOBBY DESK**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HOLIDAY INN EXPRESS MIDTOWN  
ATTN: GEORGE MEALER  
2000 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**

HOLIDAY INN EXPRESS MIDTOWN  
2000 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 359-6061

Email: geogr.mealer@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00401

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** LOBBY DESK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAMILY HOLDINGS LC  
ATTN: SUSAN HEATH  
2001 MAYWILL ST SUITE 100  
RICHMOND, VA 23230

**Building Location:**

UKROPS  
2001 MAYWILL ST  
HENRICO, VA 23230

Phone: (804) 340-4094

Email: susan.heath@ukrops.com

**Elevator Location ID:** ELVLOC-2001-00405

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** SERVICE DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAMILY HOLDINGS LC  
ATTN: SUSAN HEATH  
2001 MAYWILL ST SUITE 100  
RICHMOND, VA 23230

**Building Location:**

UKROPS  
2001 MAYWILL ST  
HENRICO, VA 23230

Phone: (804) 340-4094

Email: susan.heath@ukrops.com

**Elevator Location ID:** ELVLOC-2001-00405**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** SERVICE DESK**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BEST WESTERN/EXECUTIVE HOTEL  
ATTN: BHAVINI MEHTA  
7007 W BROAD ST  
HENRICO, VA 23294

**Building Location:**

BEST WESTERN/EXECUTIVE HOTEL  
7007 W BROAD ST  
HENRICO, VA 23294

Phone: (804) 672-7007

Email: bwexecutivehotel@gmail.com

**Elevator Location ID:** ELVLOC-2001-00475**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Category 1, Periodic****Code in Effect:** 1981/2010**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**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:**

BEST WESTERN/EXECUTIVE HOTEL  
ATTN: BHAVINI MEHTA  
7007 W BROAD ST  
HENRICO, VA 23294

**Building Location:**

BEST WESTERN/EXECUTIVE HOTEL  
7007 W BROAD ST  
HENRICO, VA 23294

Phone: (804) 672-7007

Email: bwexecutivehotel@gmail.com

**Elevator Location ID:** ELVLOC-2001-00475

**Equipment Sequence:** 2

**Elevator Type:** Hydraulic Elevator

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

**Code in Effect:** 1981/2010

**Key Location:** FRONT DESK

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**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:**

EMBASSY SUITES  
ATTN: JOHN CARIO  
2925 EMERYWOOD PKY.  
RICHMOND, VA 23294

**Building Location:**

EMBASSY SUITES  
2925 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 672-8585

Email: johncario2@hilton.com

**Elevator Location ID:** ELVLOC-2001-00480**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1981**Key Location:** FRT.DSK.\ CALL MAINT**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

EMBASSY SUITES  
ATTN: JOHN CARIO  
2925 EMERYWOOD PKY.  
RICHMOND, VA 23294

**Building Location:**

EMBASSY SUITES  
2925 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 672-8585

Email: johncario2@hilton.com

**Elevator Location ID:** ELVLOC-2001-00480**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1981**Key Location:** FRT.DSK.\ CALL MAINT**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

EMBASSY SUITES  
ATTN: JOHN CARIO  
2925 EMERYWOOD PKY.  
RICHMOND, VA 23294

**Building Location:**

EMBASSY SUITES  
2925 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 672-8585

Email: johncario2@hilton.com

**Elevator Location ID:** ELVLOC-2001-00480**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1981**Key Location:** FRT.DSK.\ CALL MAINT**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MEADOWS AND OHLY  
ATTN: JEFF MERKLE  
5875 BREMO RD. SUITE 510  
RICHMOND, VA 23226

**Building Location:**

ST.MARY'S M.O.B. SOUTH  
5875 BREMO RD  
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2001-00548

**Code in Effect:** 1993/2013

**Equipment Sequence:** 1

**Key Location:** ENG. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MEADOWS AND OHLY  
ATTN: JEFF MERKLE  
5875 BREMO RD. SUITE 510  
RICHMOND, VA 23226

**Building Location:**

ST.MARY'S M.O.B. SOUTH  
5875 BREMO RD  
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2001-00548**Code in Effect:** 1993/2013**Equipment Sequence:** 2**Key Location:** ENG. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MEADOWS AND OHLY  
ATTN: JEFF MERKLE  
5875 BREMO RD. SUITE 510  
RICHMOND, VA 23226

**Building Location:**

ST.MARY'S M.O.B. SOUTH  
5875 BREMO RD  
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2001-00548

**Code in Effect:** 1993/2013

**Equipment Sequence:** 3

**Key Location:** ENG. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MEADOWS AND OHLY  
ATTN: JEFF MERKLE  
5875 BREMO RD. SUITE 510  
RICHMOND, VA 23226

**Building Location:**

ST.MARY'S M.O.B. SOUTH  
5875 BREMO RD  
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2001-00548**Code in Effect:** 1993/2013**Equipment Sequence:** 4**Key Location:** ENG. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 BreMO Rd.  
Henrico, VA 23226

**Building Location:**

ST MARY'S PARKING DECK  
5850 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00549

**Code in Effect:** 1987

**Equipment Sequence:** 1

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST MARY'S PARKING DECK  
5850 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00549**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1987**Key Location:** MAINT.**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**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:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 BreMO Rd.  
Henrico, VA 23226

**Building Location:**

ST MARY'S PARKING DECK  
5850 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00549

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 BreMO Rd.  
Henrico, VA 23226

**Building Location:**

ST MARY'S PARKING DECK  
5850 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00549**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1993**Key Location:** MAINT.**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**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:**

LILLIBRIDGE HEALTHCARE SERVICES INC.  
ATTN: KAREN ANDERSON  
8220 MEADOWBRIDGE RD, STE 301  
MECHANICSVILLE, VA 23116

**Building Location:**

ST. MARY'S HOSPITAL MOB NORTH  
5855 BREMO RD  
HENRICO, VA 23226

Phone: (804) 559-8805

Email: karen.anderson@lillibridge.com

**Elevator Location ID:** ELVLOC-2001-00550**Code in Effect:** 1965**Equipment Sequence:** 1**Key Location:** ENGR. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LILLIBRIDGE HEALTHCARE SERVICES INC.  
ATTN: KAREN ANDERSON  
8220 MEADOWBRIDGE RD, STE 301  
MECHANICSVILLE, VA 23116

**Building Location:**

ST. MARY'S HOSPITAL MOB NORTH  
5855 BREMO RD  
HENRICO, VA 23226

Phone: (804) 559-8805

Email: karen.anderson@lillibridge.com

**Elevator Location ID:** ELVLOC-2001-00550

**Code in Effect:** 1965

**Equipment Sequence:** 2

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LILLIBRIDGE HEALTHCARE SERVICES INC.  
ATTN: KAREN ANDERSON  
8220 MEADOWBRIDGE RD, STE 301  
MECHANICSVILLE, VA 23116

**Building Location:**

ST. MARY'S HOSPITAL MOB NORTH  
5855 BREMO RD  
HENRICO, VA 23226

Phone: (804) 559-8805

Email: karen.anderson@lillibridge.com

**Elevator Location ID:** ELVLOC-2001-00550**Code in Effect:** 1965**Equipment Sequence:** 3**Key Location:** ENGR. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LILLIBRIDGE HEALTHCARE SERVICES INC.  
ATTN: KAREN ANDERSON  
8220 MEADOWBRIDGE RD, STE 301  
MECHANICSVILLE, VA 23116

**Building Location:**

ST. MARY'S HOSPITAL MOB NORTH  
5855 BREMO RD  
HENRICO, VA 23226

Phone: (804) 559-8805

Email: karen.anderson@lillibridge.com

**Elevator Location ID:** ELVLOC-2001-00550

**Code in Effect:** 1965

**Equipment Sequence:** 4

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 BreMO Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** ENG. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** ENG. OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Equipment Sequence:** 3**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** ENG. OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Equipment Sequence:** 4**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** ENG. OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Equipment Sequence:** 5**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** ENG. OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Code in Effect:** 1993**Equipment Sequence:** 6**Key Location:** ENG. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 BreMO Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Equipment Sequence:** 7**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** ENG. OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 BreMO Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Equipment Sequence:** 8**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** ENG. OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Code in Effect:** 2010**Equipment Sequence:** 9**Key Location:** ENG. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551

**Code in Effect:** 2010

**Equipment Sequence:** 10

**Key Location:** ENG. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Code in Effect:** 1987**Equipment Sequence:** 11**Key Location:** ENG. OFFICE**Elevator Type:** Dumbwaiter**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 BreMO Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551

**Equipment Sequence:** 12

**Elevator Type:** Hydraulic Elevator

**Inspections for October:** **Periodic**

**Code in Effect:** 1987/2013

**Key Location:** ENG. OFFICE

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551

**Code in Effect:** 1993

**Equipment Sequence:** 16

**Key Location:** ENG. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 Brema Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551

**Code in Effect:** 1993

**Equipment Sequence:** 17

**Key Location:** ENG. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MARY'S HOSPITAL  
ATTN: Ronald Britton  
5801 BreMO Rd.  
Henrico, VA 23226

**Building Location:**

ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 281-8200

Email: Ronald.Britton@cbre.com

**Elevator Location ID:** ELVLOC-2001-00551**Equipment Sequence:** 18**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** ENG. OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COMMONWEALTH CATHOLIC CHARITIES  
ATTN: PAM HOBSON  
1601 ROLLING HILLS DR  
RICHMOND, VA 23229

**Building Location:**

COMMONWEALTH CATHOLIC CHARITIES  
1307 LAKESIDE AVE  
HENRICO, VA 23228

Phone: (804) 285-5900

Email: pam.hobson@cccovfva.org

**Elevator Location ID:** ELVLOC-2001-00603**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1993**Key Location:** SISTERS**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BEST WESTERN PLUS  
ATTN: CHINTAN MAJMUDAR  
5300 AIRPORT SQUARE LN  
SANDSTON, VA 23150

**Building Location:**

BEST WESTERN PLUS HOTEL  
5300 AIRPORT SQUARE LN  
SANDSTON, VA 23150

Phone: (518) 636-9735

Email: firstbrandcorporation@gmail.com

**Elevator Location ID:** ELVLOC-2001-00615**Code in Effect:** 1978**Equipment Sequence:** 1**Key Location:** LOBBY DESK.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BEST WESTERN PLUS  
ATTN: CHINTAN MAJMUDAR  
5300 AIRPORT SQUARE LN  
SANDSTON, VA 23150

**Building Location:**

BEST WESTERN PLUS HOTEL  
5300 AIRPORT SQUARE LN  
SANDSTON, VA 23150

Phone: (518) 636-9735

Email: firstbrandcorporation@gmail.com

**Elevator Location ID:** ELVLOC-2001-00615**Code in Effect:** 1978**Equipment Sequence:** 2**Key Location:** LOBBY DESK.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620**Code in Effect:** 1960**Equipment Sequence:** 1**Key Location:** BLDG11/FIS/GATE B/15**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1984

**Equipment Sequence:** 2

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Equipment Sequence:** 3

**Elevator Type:** Hydraulic Elevator

**Inspections for October:** Periodic

**Code in Effect:** 1984/2010

**Key Location:** BLDG11/FIS/GATE B/15

**Alarm Status:** Not Alarmed

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

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

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

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1984

**Equipment Sequence:** 4

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1984

**Equipment Sequence:** 5

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1984

**Equipment Sequence:** 6

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1984

**Equipment Sequence:** 7

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1984

**Equipment Sequence:** 8

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1993

**Equipment Sequence:** 9

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1993

**Equipment Sequence:** 10

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620**Code in Effect:** 1993**Equipment Sequence:** 11**Key Location:** BLDG11/FIS/GATE B/15**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1993

**Equipment Sequence:** 12

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1993

**Equipment Sequence:** 13

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620**Equipment Sequence:** 14**Elevator Type:** Escalator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** BLDG11/FIS/GATE B/15**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620**Equipment Sequence:** 15**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** BLDG11/FIS/GATE B/15**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1993

**Equipment Sequence:** 16

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1993

**Equipment Sequence:** 17

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1993

**Equipment Sequence:** 18

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620**Equipment Sequence:** 19**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic****Code in Effect:** 1993**Key Location:** BLDG11/FIS/GATE B/15**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 2013

**Equipment Sequence:** 20

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620**Equipment Sequence:** 21**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 2013**Key Location:** BLDG11/FIS/GATE B/15**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 2013

**Equipment Sequence:** 22

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 2013

**Equipment Sequence:** 23

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RPS FACILITIES SERVICES  
ATTN: RONALD HATHAWAY JR.  
1461 A COMMERCE RD  
RICHMOND, VA 23224

**Building Location:**

ARMSTRONG HIGH SCHOOL  
2300 COOL LN  
HENRICO, VA 23223

Phone: (804) 780-6293

Email: ireynold@rvaschools.net

**Elevator Location ID:** ELVLOC-2001-00624**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** SCHOOL OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ALFA-LAVAL, INC.  
ATTN: Gary Davis  
5400 INTERNATIONAL TRADE DR  
HENRICO, VA 23231

**Building Location:**

ALFA-LAVAL, INC.  
5400 INTERNATIONAL TRADE DR  
HENRICO, VA 23231

Phone: (804) 236-1301

Email: gary.davis@alfalaval.com

**Elevator Location ID:** ELVLOC-2001-00633

**Code in Effect:** 1984

**Equipment Sequence:** 1

**Key Location:** MAINT. SHOP

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MARRIOTT COURTYARD  
ATTN: Shayne LaBenz  
5400 WILLIAMSBURG RD  
SANDTON, VA 23150

**Building Location:**

MARRIOTT HOTEL  
5400 WILLIAMSBURG RD  
SANDSTON, VA 23150

Phone: (804) 652-0500

Email: shayne.labenz@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00636

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MARRIOTT COURTYARD  
ATTN: Shayne LaBenz  
5400 WILLIAMSBURG RD  
SANDTON, VA 23150

**Building Location:**

MARRIOTT HOTEL  
5400 WILLIAMSBURG RD  
SANDSTON, VA 23150

Phone: (804) 652-0500

Email: shayne.labenz@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00636**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTMINSTER CANTERBURY CORP  
ATTN: Facilities Services  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**

WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: [facilityservices@wcrichmond.org](mailto:facilityservices@wcrichmond.org)**Elevator Location ID:** ELVLOC-2001-00654**Code in Effect:** 2013**Equipment Sequence:** 24**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

WESTMINSTER CANTERBURY CORP  
ATTN: Facilities Services  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**

WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: [facilityservices@wcrichmond.org](mailto:facilityservices@wcrichmond.org)**Elevator Location ID:** ELVLOC-2001-00654**Code in Effect:** ASME A17.1 - 2013**Equipment Sequence:** 27**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

WESTMINSTER CANTERBURY CORP  
ATTN: Facilities Services  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**

WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: [facilityservices@wcrichmond.org](mailto:facilityservices@wcrichmond.org)**Elevator Location ID:** ELVLOC-2001-00654**Code in Effect:** ASME A17.1 - 2013**Equipment Sequence:** 28**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

ARRINGTON BUILDING  
1802 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00718**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Category 1, Periodic****Code in Effect:** 1993**Key Location:** SEE MAINT.**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

ARRINGTON BUILDING  
1802 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00718

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** SEE MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

ARRINGTON BUILDING  
1802 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00718**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** SEE MAINT.**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

CAPSTONE OFFICE BLDG  
7100 FOREST AVE  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00724

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** SEE MAINT

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

CAPSTONE OFFICE BLDG  
7100 FOREST AVE  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00724

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** SEE MAINT

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WILTON PROPERTIES, INC  
ATTN: JIMMY FITCH  
PO Box 6895  
RICHMOND, VA 23230

**Building Location:**

OFFICES AT PARHAM & PATTERSON  
8545 PATTERSON AVE  
HENRICO, VA 23229

Phone: (804) 237-1370

Email: jimmy@tehwiltonco.com

**Elevator Location ID:** ELVLOC-2001-00807**Code in Effect:** 1971**Equipment Sequence:** 1**Key Location:** 2ND.FL.W.S.LOGAN**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

REGENCY INN  
ATTN: CHRYSTAL LEIGH  
1500 EASTRIDGE RD  
HENRICO, VA 23229

**Building Location:**

REGENCY INN  
1500 EASTRIDGE RD  
HENRICO, VA 23229

Phone: (804) 285-9061

Email: regencyinnrichmond@gmail.com

**Elevator Location ID:** ELVLOC-2001-00815**Code in Effect:** 1965**Equipment Sequence:** 1**Key Location:** ENGRS. OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: AMY ROWE  
PO BOX 13470  
RICHMOND, VA 23235

**Building Location:**

RIVER ROAD S\C  
6243 RIVER RD  
HENRICO, VA 23229

Phone: (804) 320-5500

Email: amy.rowe@colliers.com

**Elevator Location ID:** ELVLOC-2001-00826

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** BOX @ OUTSIDE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PREMIER INVESTMENT  
ATTN: ADAM SANTOS  
7910 WOODMONT AVE. SUITE 1405  
BETHESDA, MD 20814

**Building Location:**

ONE COLONIAL PLACE  
10571 TELEGRAPH RD  
GLEN ALLEN, VA 23059

Phone: (240) 630-4000 Ext. 89

Email: [asantos@premierinvestment.com](mailto:asantos@premierinvestment.com)**Elevator Location ID:** ELVLOC-2001-00837**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** BLDG.ENGR. AT SITE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SPRINGHILL SUITES  
ATTN: Larry Robbins  
9701 BROOK RD  
GLEN ALLEN, VA 23059

**Building Location:**

SPRINGHILL SUITES  
9701 BROOK RD  
GLEN ALLEN, VA 23059

Phone: (804) 218-2670

Email: larry@jphospitality.com

**Elevator Location ID:** ELVLOC-2001-00856

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for October:** Periodic

**Code in Effect:** 1993

**Key Location:** FRONT DESK

**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SPRINGHILL SUITES  
ATTN: Larry Robbins  
9701 BROOK RD  
GLEN ALLEN, VA 23059

**Building Location:**

SPRINGHILL SUITES  
9701 BROOK RD  
GLEN ALLEN, VA 23059

Phone: (804) 218-2670

Email: larry@jphospitality.com

**Elevator Location ID:** ELVLOC-2001-00856

**Equipment Sequence:** 2

**Elevator Type:** Hydraulic Elevator

**Inspections for October:** Periodic

**Code in Effect:** 1993

**Key Location:** FRONT DESK

**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AMERISOURCE BERGEN  
ATTN: MIKE HARPER  
9900 JEB STUART PARKWAY  
GLEN ALLEN, VA 23060

**Building Location:**

AMERISOURCE BERGEN  
9900 JEB STUART PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 253-6638

Email: mharper@amerisourcebergen.com

**Elevator Location ID:** ELVLOC-2001-00858

**Code in Effect:** 1990

**Equipment Sequence:** 1

**Key Location:** OPER.MGR.DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: LISA HARRIS  
4991 Lake Brook Dr  
Suite G90  
Glen Allen, VA 23060

**Building Location:**

NORTH SHORE COMMONS I  
4951 LAKE BROOK DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00885

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** BOX ON M.R.DOOR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: LISA HARRIS  
4991 Lake Brook Dr  
Suite G90  
Glen Allen, VA 23060

**Building Location:**

NORTH SHORE COMMONS I  
4951 LAKE BROOK DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00885

**Equipment Sequence:** 2

**Elevator Type:** Hydraulic Elevator

**Inspections for October:** Periodic

**Code in Effect:** 1993

**Key Location:** BOX ON 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: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HILTON HOTEL  
ATTN: Rick Hibbs  
3200 Olympus Blvd, Suite 400  
Dallas, TX 75019

**Building Location:**

HILTON HOTEL  
4050 COX RD  
GLEN ALLEN, VA 23060

Phone: (972) 355-6751

Email:

**Elevator Location ID:** ELVLOC-2001-00888

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

HILTON HOTEL  
ATTN: Rick Hibbs  
3200 Olympus Blvd, Suite 400  
Dallas, TX 75019

**Building Location:**

HILTON HOTEL  
4050 COX RD  
GLEN ALLEN, VA 23060

Phone: (972) 355-6751

Email:

**Elevator Location ID:** ELVLOC-2001-00888  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for October:** **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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Colliers  
ATTN: AMY ROWE  
PO BOX 13470  
RICHMOND, VA 23235

**Building Location:**

WATERFRONT PLAZA  
4401 WATERFRONT DR  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: amy.rowe@colliers.com

**Elevator Location ID:** ELVLOC-2001-00899**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1984/2010**Key Location:** 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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov





## County of Henrico, Virginia

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THALHIMER  
ATTN: PATRICIA HOGAN  
4198 COX RD  
SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

WESTERRE I OFFICE BUILDING  
3951 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 433-1804

Email: PHOGAN@COMMONWEALTHCOMM

**Elevator Location ID:** ELVLOC-2001-00924

**Code in Effect:** 1987

**Equipment Sequence:** 1

**Key Location:** 1ST/FL, FIRE BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THALHIMER  
ATTN: PATRICIA HOGAN  
4198 COX RD  
SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

WESTERRE I OFFICE BUILDING  
3951 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 433-1804

Email: PHOGAN@COMMONWEALTHCOMM

**Elevator Location ID:** ELVLOC-2001-00924**Code in Effect:** 1987**Equipment Sequence:** 2**Key Location:** 1ST/FL, FIRE BOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

COMMONWEALTH COMMERCIAL PARTNERS  
ATTN: Brian BERKY  
895 Island Dr.  
SUITE 202  
Daniel Island, SC 29492

**Building Location:**

FORTY EIGHT HUNDRED BUILDING  
4800 COX RD  
GLEN ALLEN, VA 23060

Phone: (202) 664-2295

Email: bryan.berky@regainfund.com

**Elevator Location ID:** ELVLOC-2001-00926**Code in Effect:** 1987**Equipment Sequence:** 1**Key Location:** FIRE CAB. @ 1ST\FL**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COMMONWEALTH COMMERCIAL PARTNERS  
ATTN: Brian BERKY  
895 Island Dr.  
SUITE 202  
Daniel Island, SC 29492

**Building Location:**

FORTY EIGHT HUNDRED BUILDING  
4800 COX RD  
GLEN ALLEN, VA 23060

Phone: (202) 664-2295

Email: bryan.berky@regainfund.com

**Elevator Location ID:** ELVLOC-2001-00926**Code in Effect:** 1987**Equipment Sequence:** 2**Key Location:** FIRE CAB. @ 1ST\FL**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections

P.O. Box 90775

Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COMMONWEALTH COMMERCIAL

ATTN: Alex Crouch

PO BOX 71150

RICHMOND, VA 23255

**Building Location:**

4301 DOMINION BLVD LLC

4301 DOMINION BLVD

GLEN ALLEN, VA 23060

Phone: (804) 346-4966

Email: dcreek@commonwealthcommercial

**Elevator Location ID:** ELVLOC-2001-00928**Code in Effect:** 1987**Equipment Sequence:** 1**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**

DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933

**Code in Effect:** 1984/2010

**Equipment Sequence:** 1

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**

DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933

**Code in Effect:** 1984/2010

**Equipment Sequence:** 2

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**

DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933

**Code in Effect:** 1984/2010

**Equipment Sequence:** 3

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**

DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933

**Code in Effect:** 1984/2010

**Equipment Sequence:** 4

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**

DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933

**Code in Effect:** 1984/2010

**Equipment Sequence:** 5

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**

DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933**Code in Effect:** 1984/2010**Equipment Sequence:** 6**Key Location:** ENGR. OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Alarmed**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**

DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933

**Code in Effect:** 1984/2010

**Equipment Sequence:** 7

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GPT PROPERTIES / THE RMR GROUP LLC  
ATTN: WENDY WALTON-SMITH  
9930 INDEPENDENCE PK. DR SUITE 200  
HENRICO, VA 23233

**Building Location:**

THE PERIMETER CENTER  
9960 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 349-7403

Email: lhogate@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00939

**Code in Effect:** 1987/2013

**Equipment Sequence:** 1

**Key Location:** ENGINEERS OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GPT PROPERTIES / THE RMR GROUP LLC  
ATTN: WENDY WALTON-SMITH  
9930 INDEPENDENCE PK. DR SUITE 200  
HENRICO, VA 23233

**Building Location:**

THE PERIMETER CENTER  
9960 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 349-7403

Email: lhogate@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00939

**Code in Effect:** 1987/2013

**Equipment Sequence:** 2

**Key Location:** ENGINEERS OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GPT PROPERTIES / THE RMR GROUP LLC  
ATTN: WENDY WALTON-SMITH  
9930 INDEPENDENCE PK. DR SUITE 200  
HENRICO, VA 23233

**Building Location:**

THE PERIMETER CENTER  
9960 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 349-7403

Email: lhogate@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00939

**Code in Effect:** 1987/2013

**Equipment Sequence:** 3

**Key Location:** ENGINEERS OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GPT PROPERTIES / THE RMR GROUP LLC  
ATTN: WENDY WALTON-SMITH  
9930 INDEPENDENCE PK. DR SUITE 200  
HENRICO, VA 23233

**Building Location:**

THE PERIMETER CENTER  
9960 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 349-7403

Email: lhogate@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00939

**Code in Effect:** 1987/2013

**Equipment Sequence:** 4

**Key Location:** ENGINEERS OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GPT PROPERTIES / THE RMR GROUP LLC  
ATTN: WENDY WALTON-SMITH  
9930 INDEPENDENCE PK. DR SUITE 200  
HENRICO, VA 23233

**Building Location:**

THE PERIMETER CENTER  
9960 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 349-7403

Email: lhogate@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00939**Equipment Sequence:** 5**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1987/2013**Key Location:** ENGINEERS 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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: MIKE JAMES  
2221 EDWARD HOLLAND DR  
SUITE 600  
RICHMOND, VA 23230

**Building Location:**

RIDGEFIELD MEDICAL BUILDING  
2200 PUMP RD  
HENRICO, VA 23233

Phone: (804) 796-0500

Email: mike.james@colliers.com

**Elevator Location ID:** ELVLOC-2001-00941

**Code in Effect:** 1987

**Equipment Sequence:** 1

**Key Location:** 2ND.FL.\ RM.205

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTDALE REAL ESTATE MGT.  
ATTN: Karen Mitchell  
11551 Nuckols Road  
Suite O  
Glen Allen, VA 23059

**Building Location:**

WEST SHORE II BUILDING  
201 CONCOURSE BLVD  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

**Elevator Location ID:** ELVLOC-2001-00943

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** M.R. DOOR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CARMAX AUTO SUPERSTORES  
ATTN: JOHN SABER  
12800 TUCKAHOE CREEK PKWY  
RICHMOND, VA 23238

**Building Location:**

CAR/MAX  
11090 W BROAD ST  
GLEN ALLEN, VA 23060

Phone: (804) 400-4381

Email: chris\_baker@carmax.com

**Elevator Location ID:** ELVLOC-2001-00954**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1987**Key Location:** SERVICE DESK**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: KAYLA BLAIR  
4991 Lake Brook Dr Suite G90  
Glen allen, VA 23060

**Building Location:**

4480 BUILDING  
4480 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00956**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Category 1, Periodic****Code in Effect:** 1993**Key Location:** 3RD.FL.\VA.MUTUAL RC**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: KAYLA BLAIR  
4991 Lake Brook Dr Suite G90  
Glen allen, VA 23060

**Building Location:**

4480 BUILDING  
4480 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00956**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Category 1, Periodic****Code in Effect:** 1993**Key Location:** 3RD.FL.\VA.MUTUAL RC**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GAYTON BAPTIST CHURCH  
ATTN: DIANE BELDEN  
13501 N GAYTON RD  
HENRICO, VA 23233

**Building Location:**

GAYTON BAPTIST CHURCH  
13501 N GAYTON RD  
HENRICO, VA 23233-7057

Phone: (804) 360-2801

Email: [diane@gayton.church](mailto:diane@gayton.church)

**Elevator Location ID:** ELVLOC-2001-00959

**Code in Effect:** 1987

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

HIGHWOODS ONE  
10900 NUCKOLS RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00961**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** KEYBOX ON#3DOOR (MR)**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

HIGHWOODS ONE  
10900 NUCKOLS RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00961

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** KEYBOX ON#3DOOR (MR)

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: BRIAN EGAN  
4991 Lake Brook Dr  
Suite G 90  
GLEN ALLEN, VA 23060

**Building Location:**

HIGHWOODS ONE  
10900 NUCKOLS RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00961**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** KEYBOX ON#3DOOR (MR)**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: LISA HARRIS  
4991 Lake Brook Dr  
Suite G90  
Glen Allen, VA 23060

**Building Location:**

LAKE BROOK COMMONS  
4851 LAKE BROOK DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00964**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** 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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THALHIMER  
ATTN: PATRICIA HOGAN  
4198 COX RD  
SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

WESTERRE II OFFICE BUILDING  
3957 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 433-1804

Email: PHOGAN@COMMONWEALTHCOMM

**Elevator Location ID:** ELVLOC-2001-00969

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** 1ST/FL. FIRE BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THALHIMER  
ATTN: PATRICIA HOGAN  
4198 COX RD  
SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

WESTERRE II OFFICE BUILDING  
3957 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 433-1804

Email: PHOGAN@COMMONWEALTHCOMM

**Elevator Location ID:** ELVLOC-2001-00969

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** 1ST/FL. FIRE BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

TWC RICHMOND, LLC  
ATTN: BETH WILDER  
5301 HEADQUARTERS DR.  
PLANO, TX 75024

**Building Location:**

CANDLEWOOD SUITES  
4120 TOM LEONARD DR  
GLEN ALLEN, VA 23060

Phone: (972) 616-8343

Email: [licensing@aimhosp.com](mailto:licensing@aimhosp.com)**Elevator Location ID:** ELVLOC-2001-00990**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

NEW BRIDGE BAPTIST CHURCH  
ATTN: JEFF YATES  
5701 ELKO RD  
SANDSTON, VA 23150

**Building Location:**

NEW BRIDGE BAPTIST CHURCH  
5701 ELKO RD  
SANDSTON, VA 23150

Phone: (804) 737-7331

Email: y8sfishin@yahoo.com

**Elevator Location ID:** ELVLOC-2002-01000**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** SEE MAINT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST PAULS BAPTIST CHURCH  
ATTN: Greg Harris  
4247 Creighton Rd  
Henrico, VA 23223

**Building Location:**

ST PAULS BAPTIST CHURCH  
4247 CREIGHTON RD  
HENRICO, VA 23223

Phone: (804) 463-2455

Email: greg.harris@myspbc.org

**Elevator Location ID:** ELVLOC-2002-01007

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** CHURCH OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST PAULS BAPTIST CHURCH  
ATTN: Greg Harris  
4247 Creighton Rd  
Henrico, VA 23223

**Building Location:**

ST PAULS BAPTIST CHURCH  
4247 CREIGHTON RD  
HENRICO, VA 23223

Phone: (804) 463-2455

Email: greg.harris@myspbc.org

**Elevator Location ID:** ELVLOC-2002-01007**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST PAULS BAPTIST CHURCH  
ATTN: Greg Harris  
4247 Creighton Rd  
Henrico, VA 23223

**Building Location:**

ST PAULS BAPTIST CHURCH  
4247 CREIGHTON RD  
HENRICO, VA 23223

Phone: (804) 463-2455

Email: greg.harris@myspbc.org

**Elevator Location ID:** ELVLOC-2002-01007**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****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  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

ECONOMIC DEVELOPMENT BUILDING -  
4300 E PARHAM RD  
4300 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2002-01024**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MEMORIAL TRUST./THE VA. DIOCESE  
ATTN: BRUCE PARTRIDGE  
8727 RIVER RD  
RICHMOND, VA 23229

**Building Location:**

ROSLYN DINING HALL  
8727 RIVER RD  
HENRICO, VA 23229

Phone: (804) 288-6045

Email: [brucep@roslyncenter.org](mailto:brucep@roslyncenter.org)

**Elevator Location ID:** ELVLOC-2002-01026

**Equipment Sequence:** 1

**Elevator Type:** Dumbwaiter

**Inspections for October:** **Periodic**

**Code in Effect:**

**Key Location:**

**Alarm Status:**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CHESTNUT GROVE LP  
ATTN: LEONARD WILKINSON  
9010 WOODMAN RD  
HENRICO, VA 23228

**Building Location:**

CHESTNUT GROVE ASSISTED LIVING  
9010 WOODMAN RD  
HENRICO, VA 23228

Phone: (804) 262-7333

Email: lwilkinson@chestnutgroveliving.co

**Elevator Location ID:** ELVLOC-2003-01076**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CHESTNUT GROVE LP  
ATTN: LEONARD WILKINSON  
9010 WOODMAN RD  
HENRICO, VA 23228

**Building Location:**

CHESTNUT GROVE ASSISTED LIVING  
9010 WOODMAN RD  
HENRICO, VA 23228

Phone: (804) 262-7333

Email: lwilkinson@chestnutgroveliving.co

**Elevator Location ID:** ELVLOC-2003-01076**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CHESTNUT GROVE LP  
ATTN: LEONARD WILKINSON  
9010 WOODMAN RD  
HENRICO, VA 23228

**Building Location:**

CHESTNUT GROVE ASSISTED LIVING  
9010 WOODMAN RD  
HENRICO, VA 23228

Phone: (804) 262-7333

Email: lwilkinson@chestnutgroveliving.co

**Elevator Location ID:** ELVLOC-2003-01076**Code in Effect:** 1993**Equipment Sequence:** 3**Key Location:** OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WEINSTEIN COMMUNITY CENTER INC  
ATTN: MATT BAINE  
5403 MONUMENT AVE  
RICHMOND, VA 23226

**Building Location:**

JEWISH COMMUNITY CENTER  
5403 MONUMENT AVE  
HENRICO, VA 23226

Phone: (804) 285-6500

Email: mbaine@weinsteinjcc.org

**Elevator Location ID:** ELVLOC-2003-01107**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** 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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CARTER WOODS SENIOR APARTMENTS  
ATTN: LYNDA WILLIAMS  
301 DABBS HOUSE RD  
RICHMOND, VA 23223

**Building Location:**

CARTER WOODS SENIOR APTS  
301 DABBS HOUSE RD  
HENRICO, VA 23223

Phone: (804) 222-4395

Email: L.WILLIAMS@BETTERHOUSINGCO

**Elevator Location ID:** ELVLOC-2004-01139

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CARTER WOODS SENIOR APARTMENTS  
ATTN: LYNDIA WILLIAMS  
301 DABBS HOUSE RD  
RICHMOND, VA 23223

**Building Location:**

CARTER WOODS SENIOR APTS  
301 DABBS HOUSE RD  
HENRICO, VA 23223

Phone: (804) 222-4395

Email: L.WILLIAMS@BETTERHOUSINGCO

**Elevator Location ID:** ELVLOC-2004-01139**Code in Effect:** 1996**Equipment Sequence:** 2**Key Location:** MAINT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MEADOWS AND OHLY  
ATTN: JEFF MERKLE  
5875 BREMO RD  
RICHMOND, VA 23226

**Building Location:**

ST MARY'S MOB NW  
1501 MAPLE AVE  
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2004-01152

**Code in Effect:** 1996

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MEADOWS AND OHLY  
ATTN: JEFF MERKLE  
5875 BREMO RD  
RICHMOND, VA 23226

**Building Location:**

ST MARY'S MOB NW  
1501 MAPLE AVE  
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2004-01152

**Code in Effect:** 1996

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

DEEP RUN RECREATION CENTER  
9910 RIDGEFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2005-01172**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1993**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PARHAM PARK PLACE SENIOR APTS 1  
ATTN: THERESA CARNEAL  
7600 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**

PARHAM PARK PLACE II  
7590 E PARHAM RD  
HENRICO, VA 23294-4120

Phone: (804) 672-7718

Email: parhampark@epochinc.com

**Elevator Location ID:** ELVLOC-2005-01174**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

WALKERTON TAVERN  
2892 MOUNTAIN RD  
GLEN ALLEN, VA 23060

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2005-01185

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

TUCKAHOE LIBRARY  
1901 STARLING DR  
HENRICO, VA 23229

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2005-01193**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1996**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

TUCKAHOE LIBRARY  
1901 STARLING DR  
HENRICO, VA 23229

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2005-01193

**Code in Effect:** 1996

**Equipment Sequence:** 2

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GENESIS COMMUNITY MANAGEMENT  
ATTN: JOANNE BOSTON  
11237 NUCKOLS RD  
GLEN ALLEN, VA 23059

**Building Location:**

HICKORY PARK BLDG F  
11237 NUCKOLS RD  
GLEN ALLEN, VA 23059

Phone: (804) 762-0038 Ext. 81208

Email: jmboston@genisesmgt.net

**Elevator Location ID:** ELVLOC-2006-01201**Code in Effect:** 1996**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

TWIN HICKORY AREA LIBRARY  
5001 TWIN HICKORY RD  
GLEN ALLEN, VA 23059

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2006-01212**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 1996**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

TWIN HICKORY AREA LIBRARY  
5001 TWIN HICKORY RD  
GLEN ALLEN, VA 23059

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2006-01212

**Code in Effect:** 1996

**Equipment Sequence:** 2

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RICHMOND RESOURCES/HICKORY PARK  
ATTN: STUART CANTOR  
5300 HICKORY PARK DR SUITE 210  
GLEN ALLEN, VA 23059

**Building Location:**

HICKORY PARK BLDG H  
5300 HICKORY PARK DR  
GLEN ALLEN, VA 23059

Phone: (804) 262-7601

Email: [scantor@trustmore.com](mailto:scantor@trustmore.com)**Elevator Location ID:** ELVLOC-2006-01235**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:** KEYBOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO THEATRE  
305 E NINE MILE RD  
HENRICO, VA 23075

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2007-01274**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:** DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BJ'S WHOLESALE CLUB  
ATTN: John Little  
350 Campus Dr.  
Marlborough, MA 01752

**Building Location:**

BJ'S WHOLESALE CLUB #198  
1320 STARLING DR  
HENRICO, VA 23229

Phone: (757) 641-8775

Email: jlyttle@bjs.com

**Elevator Location ID:** ELVLOC-2008-01351**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:** STORE MGR**Elevator Type:** Roped Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VRSA INSURANCE PROGRAMS  
ATTN: Lisa Heart  
11243 NUCKOLS RD  
GLEN ALLEN, VA 23059

**Building Location:**

VRSA INSURANCE BLDG.  
11243 NUCKOLS RD  
GLEN ALLEN, VA 23059

Phone: (804) 237-7331

Email: lhear@vrsa.us

**Elevator Location ID:** ELVLOC-2008-01356**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** Periodic**Code in Effect:** 2000**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: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections

P.O. Box 90775

Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DBC ATLANTIC RICHMOND BSD

ATTN: TIFFANY MORGAN

6000 BROOK RD

RICHMOND, VA 23227

**Building Location:**

BROOK RUN SENIOR APTS

6000 BROOK RD

HENRICO, VA 23227-2280

Phone: (804) 261-1006

Email: tmorgan@starockgroup.com

**Elevator Location ID:** ELVLOC-2008-01367**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 2005/2006**Key Location:** MAINT.**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**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:**

DBC ATLANTIC RICHMOND BSD  
ATTN: TIFFANY MORGAN  
6000 BROOK RD  
RICHMOND, VA 23227

**Building Location:**

BROOK RUN SENIOR APTS  
6000 BROOK RD  
HENRICO, VA 23227-2280

Phone: (804) 261-1006

Email: tmorgan@starockgroup.com

**Elevator Location ID:** ELVLOC-2008-01367**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for October:** **Periodic****Code in Effect:** 2005/2006**Key Location:** MAINT.**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: KATHRIN SPILLMAN  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

DOUBLETREE HOTEL  
445 INTERNATIONAL CENTRE DR  
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01368**Code in Effect:** 2005**Equipment Sequence:** 1**Key Location:** MAINT.**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: KATHRIN SPILLMAN  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

DOUBLETREE HOTEL  
445 INTERNATIONAL CENTRE DR  
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01368**Code in Effect:** 2005**Equipment Sequence:** 2**Key Location:** MAINT.**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: KATHRIN SPILLMAN  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

DOUBLETREE HOTEL  
445 INTERNATIONAL CENTRE DR  
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01368**Code in Effect:** 2005**Equipment Sequence:** 3**Key Location:** MAINT.**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

HYATT PLACE HOTEL  
4401 S LABURNUM AVE  
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2009-01385

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

HYATT PLACE HOTEL  
4401 S LABURNUM AVE  
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2009-01385**Code in Effect:** 2000**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VERENA AT THE GLEN  
ATTN: SHAMAINE DAVIS  
10286 BROOK RD  
GLEN ALLEN, VA 23059

**Building Location:**

VERENA AT THE GLEN  
10290 BROOK RD  
HENRICO, VA 23060

Phone: (804) 261-1100

Email: sdavis@verenaattheglenva.com

**Elevator Location ID:** ELVLOC-2009-01395**Code in Effect:** 2004/2005**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VERENA AT THE GLEN  
ATTN: SHAMAINE DAVIS  
10286 BROOK RD  
GLEN ALLEN, VA 23059

**Building Location:**

VERENA AT THE GLEN  
10282 BROOK RD  
HENRICO, VA 23060

Phone: (804) 261-1100

Email: SDAVIS@VERENAATTHEGLEN.COM

**Elevator Location ID:** ELVLOC-2009-01396

**Code in Effect:** 2004/2005

**Equipment Sequence:** 1

**Key Location:** MAINT.

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BEST WESTERN  
ATTN: Paritosh Patel  
8507 BROOK RD  
GLEN ALLEN, VA 23060-4019

**Building Location:**

BEST WESTERN  
8507 BROOK RD  
GLEN ALLEN, VA 23060

Phone: (804) 266-3500

Email: bw47142@gmail.com

**Elevator Location ID:** ELVLOC-2009-01408**Code in Effect:** 2004**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HINDU CENTER OF VA INC  
ATTN: Ram Gonela  
6051 Springfield Rd.  
Glen Allen, VA 23060

**Building Location:**

HINDU CENTER OF VA  
6051 SPRINGFIELD RD  
GLEN ALLEN, VA 23060

Phone: (804) 332-1001

Email: gonela.ram@gmail.com

**Elevator Location ID:** ELVLOC-2009-01435**Code in Effect:** 2004/2005**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

EASTERN HENRICO RECREATION CENTER  
1440 N LABURNUM AVE  
HENRICO, VA 23223

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2010-01462**Code in Effect:** 2005**Equipment Sequence:** 1**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FOREST MEDICAL OFFICE BLDG. LLC  
ATTN: SUSAN MCLANE  
6641 W BROAD ST SUITE 100  
HENRICO, VA 23230

**Building Location:**

REYNOLDS CROSSING MOB 2  
6900 FOREST AVE  
HENRICO, VA 23226

Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2012-01551**Code in Effect:** 2007**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FOREST MEDICAL OFFICE BLDG. LLC  
ATTN: SUSAN MCLANE  
6641 W BROAD ST SUITE 100  
HENRICO, VA 23230

**Building Location:**

REYNOLDS CROSSING MOB 2  
6900 FOREST AVE  
HENRICO, VA 23226

Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2012-01551**Code in Effect:** 2007**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

LIBRARY HEADQUARTERS  
1700 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2012-01554

**Code in Effect:** 2009

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE WAREHOUSE  
4300 W BROAD ST  
HENRICO, VA 23230

Phone: (757) 468-7509

Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2012-01597**Code in Effect:** 2007**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE WAREHOUSE  
4300 W BROAD ST  
HENRICO, VA 23230

Phone: (757) 468-7509

Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2012-01597

**Code in Effect:** 2007

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE WAREHOUSE  
4300 W BROAD ST  
HENRICO, VA 23230

Phone: (757) 468-7509

Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2012-01597

**Code in Effect:** 2007

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE WAREHOUSE  
4300 W BROAD ST  
HENRICO, VA 23230

Phone: (757) 468-7509

Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2012-01597**Code in Effect:** 2010**Equipment Sequence:** 4**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

LIBBIE MILL LIBRARY  
2100 LIBBIE LAKE EAST ST  
HENRICO, VA 23230

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2015-01726**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Periodic, Category 1****Code in Effect:** 2010**Key Location:** FRON DESK**Alarm Status:** Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

LIBBIE MILL LIBRARY  
2100 LIBBIE LAKE EAST ST  
HENRICO, VA 23230

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2015-01726**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for October:** **Category 1, Periodic****Code in Effect:** 2010**Key Location:** FRON DESK**Alarm Status:** Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

VARINA LIBRARY  
1875 NEW MARKET RD  
HENRICO, VA 23231

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2015-01741**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Alarmed**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

VARINA LIBRARY  
1875 NEW MARKET RD  
HENRICO, VA 23231

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2015-01741**Code in Effect:** 2010**Equipment Sequence:** 2**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Alarmed**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GUMENICK PROPERTIES  
ATTN: ADAM JOHNSTON  
4901 LIBBIE MILL E. BLVD UNIT 200  
RICHMOND, VA 23230

**Building Location:**

LIBBIE MILL BLDG B  
4900 LIBBIE MILL EAST BLVD  
HENRICO, VA 23230

Phone: (804) 288-0011

Email: [ajohnsaton@gumprop.com](mailto:ajohnsaton@gumprop.com)

**Elevator Location ID:** ELVLOC-2015-01753

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)



**County of Henrico, Virginia**

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:**

Commonwealth Commercial  
ATTN: Brian BERKY  
895 Island Dr.  
SUITE 202  
Daniel Island, SC 29492

**Building Location:**

WEST BROAD MEDICAL  
11934 W BROAD ST  
HENRICO, VA 23233

Phone: (202) 664-2295

Email: bryan.berky@regainfund.com

**Elevator Location ID:** ELVLOC-2016-01763

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

REYNOLDS INTL. MGT. SERV.  
ATTN: SUSAN MCLANE  
6641 W BROAD ST SUITE 100  
HENRICO, VA 23230

**Building Location:**

FOREST MEDICAL MOB 4  
6946 FOREST AVE  
HENRICO, VA 23230

Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2017-01868

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

REYNOLDS INTL. MGT. SERV.  
ATTN: SUSAN MCLANE  
6641 W BROAD ST SUITE 100  
HENRICO, VA 23230

**Building Location:**

FOREST MEDICAL MOB 4  
6946 FOREST AVE  
HENRICO, VA 23230

Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2017-01868

**Code in Effect:** 2010

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PUBLIC STORAGE  
ATTN: CHRIS STINNETT  
11530 NUCKOLS RE  
GLEN ALLEN, VA 23059

**Building Location:**

PUBLIC STORAGE  
11530 NUCKOLS RD  
GLEN ALLEN, VA 23059

Phone: (804) 553-6019

Email: cstinnett@publicstorage.com

**Elevator Location ID:** ELVLOC-2017-01869

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PUBLIC STORAGE  
ATTN: CHRIS STINNETT  
11530 NUCKOLS RE  
GLEN ALLEN, VA 23059

**Building Location:**

PUBLIC STORAGE  
11530 NUCKOLS RD  
GLEN ALLEN, VA 23059

Phone: (804) 553-6019

Email: cstinnett@publicstorage.com

**Elevator Location ID:** ELVLOC-2017-01869

**Code in Effect:** 2010

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAISON CENTER  
ATTN: STEVE DAILEY  
1701 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

FAISON SCHOOL FOR AUTISM  
1701 BYRD AVE  
HENRICO, VA 23230

Phone: (804) 612-1947

Email: sdailey@faisoncenter.org

**Elevator Location ID:** ELVLOC-2017-01871**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BON SECOURS HEALTH SYSTEMS  
ATTN: DAREL KELSEY  
1701 Mercy Health P  
Cincinnati, OH 45237

**Building Location:**

BON SECOURS RICH. HEALTH SYSTEMS  
12320 W BROAD ST  
HENRICO, VA 23233-7642

Phone: (804) 807-1498

Email: darel.kelsey@cushwake.com

**Elevator Location ID:** ELVLOC-2018-01904**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BON SECOURS HEALTH SYSTEMS  
ATTN: DAREL KELSEY  
1701 Mercy Health P  
Cincinnati, OH 45237

**Building Location:**

BON SECOURS RICH. HEALTH SYSTEMS  
12320 W BROAD ST  
HENRICO, VA 23233-7642

Phone: (804) 807-1498

Email: darel.kelsey@cushwake.com

**Elevator Location ID:** ELVLOC-2018-01904**Code in Effect:** 2010**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov





**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

FAIRFIELD LIBRARY  
1401 N LABURNUM AVE  
HENRICO, VA 23223

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2018-01977

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

INNSLAKE MILLPOND NR LLC ET AL  
ATTN: Landon Beir  
11820 State St. Suite 310  
Draper, UT 84020

**Building Location:**

INNSLAKE APARTMENTS 1  
4245 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (215) 744-1200

Email: innslakeplace-pm@pegasusresiden

**Elevator Location ID:** ELVLOC-2019-02066

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAISON CENTER  
ATTN: STEVE DAILEY  
1701 BYRD AVE  
HENRICO, VA 23230

**Building Location:**

FAISON SCHOOL FOR AUTISM BLDG 3  
5311 MARKEL RD  
HENRICO, VA 23230

Phone: (804) 612-1947

Email: sdailey742@faisoncenter.org

**Elevator Location ID:** ELVLOC-2020-02082

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:** MAINTENANCE SHOP

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ROCKETTS BLOCK 17 LLC  
ATTN: TIFFANY NOWAK  
5101 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**

ROCKETTS LANDING BLOCK 17  
5050 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 335-1413

Email: [tnowak@prgrealestate.com](mailto:tnowak@prgrealestate.com)**Elevator Location ID:** ELVLOC-2020-02083**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** **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

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ROCKETTS BLOCK 17 LLC  
ATTN: TIFFANY NOWAK  
5101 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**

ROCKETTS LANDING BLOCK 17  
5050 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 335-1413

Email: [tnowak@prgrealestate.com](mailto:tnowak@prgrealestate.com)**Elevator Location ID:** ELVLOC-2020-02083**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** **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

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE BARCLAY OF TUCKAHOE  
ATTN: Marsha Sottung  
567 N. Parham Rd.  
Henrico, VA 23229

**Building Location:**

THE BARCLAY OF TUCKAHOE  
567 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 210-2548

Email: MARSHA.SOTTUNG@QSLMSENIOR

**Elevator Location ID:** ELVLOC-2021-000030

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** Periodic, Category 1

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE BARCLAY OF TUCKAHOE  
ATTN: Marsha Sottung  
567 N. Parham Rd.  
Henrico, VA 23229

**Building Location:**

THE BARCLAY OF TUCKAHOE  
567 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 210-2548

Email: MARSHA.SOTTUNG@QSLMSENIOR

**Elevator Location ID:** ELVLOC-2021-000030

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE BARCLAY OF TUCKAHOE  
ATTN: Marsha Sottung  
567 N. Parham Rd.  
Henrico, VA 23229

**Building Location:**

THE BARCLAY OF TUCKAHOE  
567 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 210-2548

Email: MARSHA.SOTTUNG@QSLMSENIOR

**Elevator Location ID:** ELVLOC-2021-000030

**Code in Effect:** 2013

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE BARCLAY OF TUCKAHOE  
ATTN: Marsha Sottung  
567 N. Parham Rd.  
Henrico, VA 23229

**Building Location:**

THE BARCLAY OF TUCKAHOE  
567 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 210-2548

Email: MARSHA.SOTTUNG@QSLMSENIOR

**Elevator Location ID:** ELVLOC-2021-000030

**Code in Effect:** 2013

**Equipment Sequence:** 4

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
1001 Boulders Pkwy, STE 400  
N. Chesterfield, VA 23225

**Building Location:**

HOME2 SUITES HOTEL  
209 TOWNE CENTER WEST BLVD  
HENRICO, VA 23233

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2022-000001

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
1001 Boulders Pkwy, STE 400  
N. Chesterfield, VA 23225

**Building Location:**

HOME2 SUITES HOTEL  
209 TOWNE CENTER WEST BLVD  
HENRICO, VA 23233

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2022-000001**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CHURCH OF JESUS CHRIST  
ATTN: RUSSELL DAVENPORT  
10915 STAPLES MILL RD  
GLEN ALLEN, VA 23060

**Building Location:**

CHURCH OF JESUS CHRIST  
10915 STAPLES MILL RD  
GLEN ALLEN, VA 23060

Phone: (443) 340-2656

Email: russell.davenport@churckofjesusch

**Elevator Location ID:** ELVLOC-2022-000050

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

REGENCY ACQUISITIONS LLC  
ATTN: AUSTIN LEE  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229

**Building Location:**

THE RISE AT REGENCY  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229-5513

Phone: (804) 391-0730

Email: [therise@thalhimer.com](mailto:therise@thalhimer.com)

**Elevator Location ID:** ELVLOC-2022-000060

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

REGENCY ACQUISITIONS LLC  
ATTN: AUSTIN LEE  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229

**Building Location:**

THE RISE AT REGENCY  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229-5513

Phone: (804) 391-0730

Email: [therise@thalhimer.com](mailto:therise@thalhimer.com)

**Elevator Location ID:** ELVLOC-2022-000060

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

REGENCY ACQUISITIONS LLC  
ATTN: AUSTIN LEE  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229

**Building Location:**

THE RISE AT REGENCY  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229-5513

Phone: (804) 391-0730

Email: [therise@thalhimer.com](mailto:therise@thalhimer.com)

**Elevator Location ID:** ELVLOC-2022-000060

**Code in Effect:** 2013

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

METROPOLIS APTS  
ATTN: KIRSTEN VALENTINE  
4501 METROPOLIS DR  
GLEN ALLEN, VA 23060

**Building Location:**

METROPOLIS APTS, BLD A1  
4500 METROPOLIS DR  
GLEN ALLEN, VA 23060

Phone: (804) 877-3393

Email: kvalentine@druckerandfalk.com

**Elevator Location ID:** ELVLOC-2023-000029

**Code in Effect:** 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

METROPOLIS APTS  
ATTN: KIRSTEN VALENTINE  
4501 METROPOLIS DR  
GLEN ALLEN, VA 23060

**Building Location:**

METROPOLIS APTS, BLD A1  
4500 METROPOLIS DR  
GLEN ALLEN, VA 23060

Phone: (804) 877-3393

Email: kvalentine@druckerandfalk.com

**Elevator Location ID:** ELVLOC-2023-000029

**Code in Effect:** 2016

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

METROPOLIS APTS  
ATTN: KIRSTEN VALENTINE  
4501 METROPOLIS DR  
GLEN ALLEN, VA 23060

**Building Location:**

METROPOLIS APTS, BLD A1  
4500 METROPOLIS DR  
GLEN ALLEN, VA 23060

Phone: (804) 877-3393

Email: kvalentine@druckerandfalk.com

**Elevator Location ID:** ELVLOC-2023-000029**Code in Effect:** 2016**Equipment Sequence:** 3**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

INNSBROOK SQUARE APARTMENTS  
ATTN: COURTNEY WOFFORD  
4301 DOMINION FOREST CIRCLE  
GLEN ALLEN, VA 23060

**Building Location:**

INNSBROOK SQUARE APARTMENTS BLD 1  
4301 DOMINION FOREST CIR  
GLEN ALLEN, VA 23060

Phone: (804) 988-8000

Email: innsbrooksquaremgr@greystar.com

**Elevator Location ID:** ELVLOC-2023-000061

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

INSSBROOK SQUARE APARTMENTS  
ATTN: COURTNEY WOFFORD  
4301 DOMINION FOREST CIRCLE  
GLEN ALLEN, VA 23060

**Building Location:**

INNSBROOK SQUARE APARTMENTS BLDG 2  
4361 DOMINION FOREST CIR  
GLEN ALLEN, VA 23060

Phone: (804) 988-8000

Email: innsbrooksquaremgr@greystar.com

**Elevator Location ID:** ELVLOC-2023-000063

**Code in Effect:** 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ESH INNSBROOK LLC  
ATTN: MELANIE DAWSON  
10945 NUCKOLS RD  
GLEN ALLEN, VA 23060

**Building Location:**

SILVER HILLS AT INNSBROOK  
10945 NUCKOLS RD  
GLEN ALLEN, VA 23060

Phone: (410) 703-6206

Email: melanie.huntley@tritonglen.com

**Elevator Location ID:** ELVLOC-2023-000064

**Code in Effect:** 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** Periodic, Category 1

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ESH INNSBROOK LLC  
ATTN: MELANIE DAWSON  
10945 NUCKOLS RD  
GLEN ALLEN, VA 23060

**Building Location:**

SILVER HILLS AT INNSBROOK  
10945 NUCKOLS RD  
GLEN ALLEN, VA 23060

Phone: (410) 703-6206

Email: melanie.huntley@tritonglen.com

**Elevator Location ID:** ELVLOC-2023-000064**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

INNSBROOK SQUARE APARTMENTS  
ATTN: COURTNEY WOFFORD  
4301 DOMINION FOREST CIRCLE  
GLEN ALLEN, VA 23060

**Building Location:**

INNSBROOK SQUARE APARTMENTS BLD 3  
4341 DOMINION FOREST CIR  
GLEN ALLEN, VA 23060

Phone: (804) 988-8000

Email: innsbrooksquaremgr@greystar.com

**Elevator Location ID:** ELVLOC-2023-000065**Code in Effect:** 2016**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

Biltmore Baptist Church  
ATTN: BILTMORE BAPTIST CHURCH TRUSTEES  
1300 NEW YORK AVE  
GLEN ALLEN, VA 23060

**Building Location:**

Biltmore Baptist Church  
1300 NEW YORK AVE  
GLEN ALLEN, VA 23060

Phone:

Email:

**Elevator Location ID:** ELVLOC-2024-000019

**Code in Effect:** 1996

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)



**County of Henrico, Virginia**

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:**

VA CENTER PARTNERS LLC  
ATTN: KATE COLLINS  
2800 PATTERSON AVE  
STE 200  
RICHMOND, VA 23221

**Building Location:**

VA CENTER COMMONS BLDG2  
10600 LIVY LN  
GLEN ALLEN, VA 23059

Phone: (804) 624-8193

Email: kcollins@druckerandfalk.com

**Elevator Location ID:** ELVLOC-2024-000021

**Code in Effect:** ASME A17.1 - 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

STEELHEAD MGMT CO  
ATTN: D CLARKE  
3810 WEST BROAD STREET  
SUITE 200  
RICHMOND, VA 23230

**Building Location:**

THE COMPASS AT SPRINGDALE PARK BLDG  
9  
4121 CONCORD CREEK PL  
HENRICO, VA 23222

Phone: (804) 286-6802

Email: DCLARKE@STEELHEADMANAGEMENT

**Elevator Location ID:** ELVLOC-2024-000022

**Code in Effect:** ASME A17.1 - 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

STEELHEAD MGMT CO  
ATTN: D CLARKE  
3810 WEST BROAD STREET  
SUITE 200  
RICHMOND, VA 23230

**Building Location:**

THE COMPASS AT SPRINGDALE PARK BLDG  
9  
4121 CONCORD CREEK PL  
HENRICO, VA 23222

Phone: (804) 286-6802

Email: DCLARKE@STEELHEADMANAGEMENT

**Elevator Location ID:** ELVLOC-2024-000022

**Code in Effect:** ASME A17.1 - 2016

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SWO LOGISTICS LLC  
ATTN: SWO LOGISTICS LLC  
C/O QTS DATA CENTERS TAX DEPT  
12851 FOSTER ST  
OVERLAND PARK, KS 66213

**Building Location:**

QTS RICHMOND I DC5 LLC  
3540 PORTUGEE RD  
SANDSTON, VA 23150

Phone:

Email:

**Elevator Location ID:** ELVLOC-2024-000052

**Code in Effect:** ASME A17.1 - 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

SWO LOGISTICS LLC  
ATTN: SWO LOGISTICS LLC  
C/O QTS DATA CENTERS TAX DEPT  
12851 FOSTER ST  
OVERLAND PARK, KS 66213

**Building Location:**

QTS RICHMOND I DC5 LLC  
3540 PORTUGEE RD  
SANDSTON, VA 23150

Phone:

Email:

**Elevator Location ID:** ELVLOC-2024-000052

**Code in Effect:** ASME A17.1 - 2016

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)

**County of Henrico, Virginia**

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:**

SWO LOGISTICS LLC  
ATTN: SWO LOGISTICS LLC  
C/O QTS DATA CENTERS TAX DEPT  
12851 FOSTER ST  
OVERLAND PARK, KS 66213

**Building Location:**

QTS RICHMOND I DC5 LLC  
3540 PORTUGEE RD  
SANDSTON, VA 23150

Phone:

Email:

**Elevator Location ID:** ELVLOC-2024-000052**Code in Effect:** ASME A17.1 - 2016**Equipment Sequence:** 3**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for October:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.gov](mailto:ElevatorInspectionReports@henrico.gov)