

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ALTRIA HEADQUARTERS  
ATTN: SCOTT GIBSON  
6601 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

ALTRIA HEADQUARTERS  
6601 W BROAD ST  
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200**Code in Effect:** 2010**Equipment Sequence:** 2**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200

**Code in Effect:** 2010

**Equipment Sequence:** 3

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 4**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 5**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200

**Code in Effect:** 2008

**Equipment Sequence:** 6

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200

**Code in Effect:** 2008

**Equipment Sequence:** 7

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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**Elevator Location ID:** ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 8**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 9**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200**Code in Effect:** 2013**Equipment Sequence:** 10**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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6601 W BROAD ST  
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200

**Code in Effect:** 2013

**Equipment Sequence:** 11

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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**Owner / Agent:**

ALTRIA HEADQUARTERS  
ATTN: SUSAN MCLANE  
6641 W BROAD ST SUITE 100  
HENRICO, VA 23230

**Building Location:**

ALTRIA HEADQUARTERS ANNEX  
6603 W BROAD ST  
HENRICO, VA 23230-1711

Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2001-00201**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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6641 W BROAD ST SUITE 100  
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**Building Location:**

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6603 W BROAD ST  
HENRICO, VA 23230-1711

Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2001-00201**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for December:** Periodic**Code in Effect:** 2010**Key Location:** GUARD 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: \_\_\_\_\_

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Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2001-00201**Code in Effect:** 2010**Equipment Sequence:** 3**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2001-00201

**Code in Effect:** 2010

**Equipment Sequence:** 4

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2001-00201

**Code in Effect:** 2004

**Equipment Sequence:** 5

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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Phone: (804) 267-3636

Email: Susan@reydev.com

**Elevator Location ID:** ELVLOC-2001-00201

**Code in Effect:** 2004

**Equipment Sequence:** 6

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.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 DEVELOPMENT LLC  
ATTN: LISA HARRIS  
6641 W BROAD ST SUITE 100  
RICHMOND, VA 23230

**Building Location:**

BILLY G. REYNOLDS BUILDING  
6605 W BROAD ST  
HENRICO, VA 23230-1714

Phone: (804) 267-3636

Email: lisa@reydev.com

**Elevator Location ID:** ELVLOC-2001-00214**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:** NOT LOCKED**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

REYNOLDS DEVELOPMENT LLC  
ATTN: LISA HARRIS  
6641 W BROAD ST SUITE 100  
RICHMOND, VA 23230

**Building Location:**

BILLY G. REYNOLDS BUILDING  
6605 W BROAD ST  
HENRICO, VA 23230-1714

Phone: (804) 267-3636

Email: lisa@reydev.com

**Elevator Location ID:** ELVLOC-2001-00214**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for December: Category 1, Periodic****Code in Effect:** 1965**Key Location:** NOT LOCKED**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BROOKFIELD PLACE C/O THALHIMER  
ATTN: FRANCINE RIVERA  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

BROOKFIELD PLACE  
6606 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00217

**Code in Effect:** 1971/2010

**Equipment Sequence:** 1

**Key Location:** LOWER LOBBY

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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ATTN: FRANCINE RIVERA  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

BROOKFIELD PLACE  
6606 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00217

**Code in Effect:** 1971/2010

**Equipment Sequence:** 2

**Key Location:** LOWER LOBBY

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BROOKFIELD PLACE C/O THALHIMER  
ATTN: FRANCINE RIVERA  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

BROOKFIELD PLACE  
6606 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00217

**Equipment Sequence:** 3

**Elevator Type:** Electric Elevator

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

**Code in Effect:** 1971/2010

**Key Location:** LOWER LOBBY

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BROOKFIELD PLACE C/O THALHIMER  
ATTN: FRANCINE RIVERA  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

BROOKFIELD PLACE  
6606 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00217

**Code in Effect:** 1971/2010

**Equipment Sequence:** 4

**Key Location:** LOWER LOBBY

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BROOKFIELD PLACE C/O THALHIMER  
ATTN: FRANCINE RIVERA  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

BROOKFIELD PLACE  
6606 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00217

**Code in Effect:** 1971

**Equipment Sequence:** 5

**Key Location:** LOWER LOBBY

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BGAV  
ATTN: NOAH ROGERS  
2828 EMERYWOOD PKWY  
HENRICO, VA 23294

**Building Location:**

VIRGINIA BAPTIST BUILDING  
2828 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 514-5637

Email: noah.rogers@bgav.org

**Elevator Location ID:** ELVLOC-2001-00226

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** LOBBY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BGAV  
ATTN: NOAH ROGERS  
2828 EMERYWOOD PKWY  
HENRICO, VA 23294

**Building Location:**

VIRGINIA BAPTIST BUILDING  
2828 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 514-5637

Email: noah.rogers@bgav.org

**Elevator Location ID:** ELVLOC-2001-00226**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1978**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: \_\_\_\_\_

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AFFINITY FUNERAL SERVICE  
ATTN: KIMBERLY MULLINS STEIN  
2720 ENTERPRISE PKWY  
HENRICO, VA 23294

**Building Location:**

AFFINITY FUNERAL SERVICE  
2720 ENTERPRISE PKWY  
HENRICO, VA 23294

Phone: (804) 477-3136

Email: affinityfh@gmail.com

**Elevator Location ID:** ELVLOC-2001-00230**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December: Category 1, Periodic****Code in Effect:** 2010**Key Location:** KEYBOX @ M.R. DOOR**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

NEWMARK, GRUBB, KNIGHT, FRANK  
ATTN: JANNIE LEVESQUE  
151 FARMINGTON AVE  
HARTFORD, CT 06156

**Building Location:**

AETNA  
9881 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 968-7280

Email: jalevesque@aetna.com

**Elevator Location ID:** ELVLOC-2001-00340**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December: Periodic, Category 1****Code in Effect:** 1987**Key Location:** 1ST.FL. - FIRE BOX**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PREMIER TECH CENTER LLC  
ATTN: KIMA LEDESMA  
7910 WOODMONT AVE #1405  
BETHEDSA, MD 20814

**Building Location:**

2810 BUILDING  
2810 N PARHAM RD  
HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com

**Elevator Location ID:** ELVLOC-2001-00366**Code in Effect:** 1981**Equipment Sequence:** 1**Key Location:** SECURITY DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PREMIER TECH CENTER LLC  
ATTN: KIMA LEDESMA  
7910 WOODMONT AVE #1405  
BETHEDSA, MD 20814

**Building Location:**

2810 BUILDING  
2810 N PARHAM RD  
HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com

**Elevator Location ID:** ELVLOC-2001-00366**Code in Effect:** 1981**Equipment Sequence:** 2**Key Location:** SECURITY DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PREMIER TECH CENTER LLC  
ATTN: KIMA LEDESMA  
7910 WOODMONT AVE #1405  
BETHEDSA, MD 20814

**Building Location:**

2810 BUILDING  
2810 N PARHAM RD  
HENRICO, VA 23294

Phone: (240) 630-4000

Email: [kledesma@premierinvestment.com](mailto:kledesma@premierinvestment.com)**Elevator Location ID:** ELVLOC-2001-00366**Code in Effect:** 1981**Equipment Sequence:** 3**Key Location:** SECURITY DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PREMIER TECH CENTER LLC  
ATTN: KIMA LEDESMA  
7910 WOODMONT AVE #1405  
BETHEDSA, MD 20814

**Building Location:**

2810 BUILDING  
2810 N PARHAM RD  
HENRICO, VA 23294

Phone: (240) 630-4000

Email: [kledesma@premierinvestment.com](mailto:kledesma@premierinvestment.com)**Elevator Location ID:** ELVLOC-2001-00366**Code in Effect:** 1981**Equipment Sequence:** 4**Key Location:** SECURITY DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HOLLAND ASSOCIATES LLC  
ATTN: JOE MARCHETTI  
PO BOX 17650  
C/O Range Commercial Partners Inc.  
RICHMOND, VA 23226

**Building Location:**

VA ENDOSCOPY CENTER  
2369 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 796-0500

Email: [jmarchetti@rangecommercial.com](mailto:jmarchetti@rangecommercial.com)

**Elevator Location ID:** ELVLOC-2001-00407

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** RECP.DESK 1ST/FL.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA FOOD SERVICE GROUP, LLC  
ATTN: GEORGE KOSKO  
7420 RANCO RD  
HENRICO, VA 23228

**Building Location:**

VIRGINIA FOODSERVICE GROUP, LLC  
7420 RANCO RD  
HENRICO, VA 23228

Phone: (804) 237-1001

Email: gkosko@pfgc.com

**Elevator Location ID:** ELVLOC-2001-00411**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1993/2010**Key Location:** RECPT DESK**Alarm Status:** Alarmed

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

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

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

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

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

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

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

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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FEMIDA PROPERTIES LLC  
ATTN: I. FEMIDA  
11612 OLD COVINGTON WAY  
GLEN ALLEN, VA 23059

**Building Location:**

GLENSIDE GREEN OFFICE BLDG  
3991 GLENSIDE DR  
HENRICO, VA 23228

Phone: (804) 502-3673

Email: ifemida@aol.com

**Elevator Location ID:** ELVLOC-2001-00416

**Code in Effect:** 1987

**Equipment Sequence:** 1

**Key Location:** BEAUTY SHOP

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LAKESIDE UNITED METHODIST CHURCH  
ATTN: DINA GIESE  
2333 HILLIARD RD  
HENRICO, VA 23228

**Building Location:**

LAKESIDE UNITED METHODIST CHURCH  
2333 HILLIARD RD  
HENRICO, VA 23228

Phone: (804) 266-7016

Email: office@lakesideum.org

**Elevator Location ID:** ELVLOC-2001-00607

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND AIRPORT PARKING  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00612

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** AIRPORT SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND AIRPORT PARKING  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00612

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** AIRPORT SECURITY

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND AIRPORT PARKING  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00612**Equipment Sequence:** 3**Elevator Type:** Escalator**Inspections for December:** Periodic**Code in Effect:** 1993**Key Location:** AIRPORT SECURITY**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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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 AIRPORT PARKING DECK  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** AIRPORT SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND AIRPORT PARKING DECK  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1993**Key Location:** AIRPORT SECURITY**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND AIRPORT PARKING DECK  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:** AIRPORT SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND AIRPORT PARKING DECK  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1993**Key Location:** AIRPORT SECURITY**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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## 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 AIRPORT PARKING DECK  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613

**Code in Effect:** 1993

**Equipment Sequence:** 5

**Key Location:** AIRPORT SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND AIRPORT PARKING DECK  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613**Equipment Sequence:** 6**Elevator Type:** Electric Elevator**Inspections for December:** Periodic**Code in Effect:** 2004**Key Location:** AIRPORT SECURITY**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND AIRPORT PARKING DECK  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613

**Code in Effect:** 2004

**Equipment Sequence:** 7

**Key Location:** AIRPORT SECURITY

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RIC AIRPORT - IVOR MASSEY BLD  
5707 HUNTSMAN RD  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00621

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** AIRPORT SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: LAUREN DANEKER  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2006

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: LAUREN DANEKER  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2006

**Equipment Sequence:** 2

**Key Location:** OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: LAUREN DANEKER  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2006

**Equipment Sequence:** 3

**Key Location:** OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: LAUREN DANEKER  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 1993

**Equipment Sequence:** 4

**Key Location:** OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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RICHMOND, VA 23222

**Building Location:**

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600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 1993

**Equipment Sequence:** 5

**Key Location:** OFFICE

**Elevator Type:** Dumbwaiter

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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**Building Location:**

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600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2004

**Equipment Sequence:** 6

**Key Location:** OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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ATTN: LAUREN DANEKER  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622**Code in Effect:** 2004**Equipment Sequence:** 7**Key Location:** OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2004

**Equipment Sequence:** 8

**Key Location:** OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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ATTN: LAUREN DANEKER  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

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600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2000

**Equipment Sequence:** 9

**Key Location:** OFFICE

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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ATTN: LAUREN DANEKER  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

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600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2000

**Equipment Sequence:** 10

**Key Location:** OFFICE

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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**Building Location:**

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600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2000

**Equipment Sequence:** 11

**Key Location:** OFFICE

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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RICHMOND, VA 23222

**Building Location:**

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600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2000

**Equipment Sequence:** 12

**Key Location:** OFFICE

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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ATTN: LAUREN DANEKER  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2000

**Equipment Sequence:** 13

**Key Location:** OFFICE

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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**Building Location:**

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HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2000

**Equipment Sequence:** 14

**Key Location:** OFFICE

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for December:** Periodic

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

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

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

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

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

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

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

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RICHMOND, VA 23222

**Building Location:**

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600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622**Code in Effect:** 2007**Equipment Sequence:** 21**Key Location:** OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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**Building Location:**

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600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2010

**Equipment Sequence:** 101

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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**Building Location:**

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HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2010

**Equipment Sequence:** 102

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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**Building Location:**

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602 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00629

**Code in Effect:** 1987

**Equipment Sequence:** 2

**Key Location:** ADMIN. BLDG.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

HOLIDAY INN EXPRESS  
491 INTERNATIONAL CENTRE DR  
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00634

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

HOLIDAY INN EXPRESS  
491 INTERNATIONAL CENTRE DR  
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00634

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: 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:**

5711 CHAMBERLAYNE REALTY LLC  
ATTN: ELEVATOR MAINTENANCE REQUIRED  
5711 CHAMBERLAYNE RD  
HENRICO, VA 23220

**Building Location:**

SUMMIT HILL WELLNESS  
5711 CHAMBERLAYNE RD  
HENRICO, VA 23227

Phone:

Email:

**Elevator Location ID:** ELVLOC-2001-00653**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1960**Key Location:** FRT.DSK.@ REAR DOOR**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6012 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2001-00666

**Code in Effect:** ASME A17.1 - 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6012 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2001-00666

**Code in Effect:** ASME A17.1 - 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6012 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2001-00666

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

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

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

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST  
Suite 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6012 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2001-00666

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

**Equipment Sequence:** 4

**Key Location:**

**Elevator Type:** Other

**Alarm Status:**

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

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

BAYBERRY BUILDING  
1700 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00702

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** BOX AT LOBBY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

BAYBERRY BUILDING  
1700 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00702

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** BOX AT LOBBY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

MERIDIAN BUILDING  
1800 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00725**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** 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: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

MERIDIAN BUILDING  
1800 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00725**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for December:** 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  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

FOREST PLAZA I  
7201 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00735

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** KEYBOX AT LOBBY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

FOREST PLAZA I  
7201 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00735

**Equipment Sequence:** 2

**Elevator Type:** Hydraulic Elevator

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

**Code in Effect:** 1981

**Key Location:** KEYBOX AT LOBBY

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FLAGSHIP HEALTHCARE PROPERTIES LLC  
ATTN: KYLE KNEELAND  
2701 COLTSGATE RD, STE 300  
CHARLOTTE, NC 28211

**Building Location:**

BLAIR BUILDING  
8007 DISCOVERY DR  
HENRICO, VA 23229

Phone: (704) 749-7242

Email: kyle.kneeland@flagshiphp.com

**Elevator Location ID:** ELVLOC-2001-00783**Code in Effect:** 1971/2013**Equipment Sequence:** 1**Key Location:** BREAK GLASS KEYBOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FLAGSHIP HEALTHCARE PROPERTIES LLC  
ATTN: KYLE KNEELAND  
2701 COLTSGATE RD, STE 300  
CHARLOTTE, NC 28211

**Building Location:**

BLAIR BUILDING  
8007 DISCOVERY DR  
HENRICO, VA 23229

Phone: (704) 749-7242

Email: kyle.kneeland@flagshiphp.com

**Elevator Location ID:** ELVLOC-2001-00783

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

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

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

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

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

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

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

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

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

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

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

UNIVERSITY OF RICHMOND  
ATTN: MCKINLEY WOOD  
131 UR DR  
RICHMOND, VA 23173

**Building Location:**

UR - SPECIAL PROGRAMS BLDG  
490 WESTHAMPTON WAY  
RICHMOND, VA 23173

Phone: (804) 287-6834

Email: mwood@richmond.edu

**Elevator Location ID:** ELVLOC-2001-00791**Code in Effect:** 1984**Equipment Sequence:** 1**Key Location:** PHYSICAL PLANT**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

TRINITY METHODIST CHURCH  
ATTN: B. PIKE  
903 FOREST AVE  
HENRICO, VA 23229

**Building Location:**

TRINITY METHODIST CHURCH  
903 FOREST AVE  
HENRICO, VA 23229

Phone: (804) 288-6056

Email: [bpike@trinityumc.net](mailto:bpike@trinityumc.net)

**Elevator Location ID:** ELVLOC-2001-00795

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

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

**Code in Effect:** 1987/2010

**Key Location:** OFFICE

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

TRINITY METHODIST CHURCH  
ATTN: B. PIKE  
903 FOREST AVE  
HENRICO, VA 23229

**Building Location:**

TRINITY METHODIST CHURCH  
903 FOREST AVE  
HENRICO, VA 23229

Phone: (804) 288-6056

Email: bpike@trinityumc.net

**Elevator Location ID:** ELVLOC-2001-00795**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for December: Category 1, Periodic****Code in Effect:** 2004**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

TRINITY METHODIST CHURCH  
ATTN: B. PIKE  
903 FOREST AVE  
HENRICO, VA 23229

**Building Location:**

TRINITY METHODIST CHURCH  
903 FOREST AVE  
HENRICO, VA 23229

Phone: (804) 288-6056

Email: bpike@trinityumc.net

**Elevator Location ID:** ELVLOC-2001-00795**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for December: Periodic, Category 1****Code in Effect:** 2004**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:**

EXTRA ATTIC MINI STORAGE  
ATTN: DIANE MCNAMEE  
7113 THREE CHOPT RD SUITE 209  
HENRICO, VA 23226-3644

**Building Location:**

TRIANGLE OFFICE BUILDING  
7113 THREE CHOPT RD  
HENRICO, VA 23226-3643

Phone: (804) 282-6640

Email: dmcnamee@extraattic.net

**Elevator Location ID:** ELVLOC-2001-00809**Code in Effect:** 1984**Equipment Sequence:** 1**Key Location:** IN OFFICE # 103**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RIVER ROAD BAPTIST CHURCH  
ATTN: DANIEL INGRAM  
8000 RIVER RD  
HENRICO, VA 23229

**Building Location:**

RIVER ROAD BAPTIST CHURCH  
8000 RIVER RD  
HENRICO, VA 23229

Phone: (804) 288-1131

Email: danielingram@rrcb.org

**Elevator Location ID:** ELVLOC-2001-00810**Code in Effect:** 1978/2010**Equipment Sequence:** 1**Key Location:** OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RIVER ROAD BAPTIST CHURCH  
ATTN: DANIEL INGRAM  
8000 RIVER RD  
HENRICO, VA 23229

**Building Location:**

RIVER ROAD BAPTIST CHURCH  
8000 RIVER RD  
HENRICO, VA 23229

Phone: (804) 288-1131

Email: danielingram@rrcb.org

**Elevator Location ID:** ELVLOC-2001-00810**Code in Effect:** 1978/2010**Equipment Sequence:** 2**Key Location:** OFFICE**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RIDGE BAPTIST CHURCH  
ATTN: DEANNA JANS  
1515 Eastridge Rd  
Henrico, VA 23229

**Building Location:**

RIDGE BAPTIST CHURCH  
1515 Eastridge Rd  
Henrico, VA 23229

Phone: (804) 288-5805

Email: ridgefinance@comcast.net

**Elevator Location ID:** ELVLOC-2001-00835**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1993**Key Location:** CHURCH OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LINDY HARVELL  
ATTN: LINDY HARVELL  
PO BOX 860  
GLEN ALLEN, VA 23060

**Building Location:**

PARHAM MEDICAL VILLAGE  
2103 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 346-4578

Email: parhamraidology@hotmail.com

**Elevator Location ID:** ELVLOC-2001-00845**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1978**Key Location:** RECPT DESK**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MARRIOTT HOTEL  
ATTN: Cody Cross  
4240 Dominion Blvd.  
Glen Allen, VA 23060

**Building Location:**

MARRIOTT HOTEL  
4240 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 965-9500

Email: ricmw.ce@commonwealthlodging.c

**Elevator Location ID:** ELVLOC-2001-00849

**Code in Effect:** 1993/2010

**Equipment Sequence:** 1

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MARRIOTT HOTEL  
ATTN: Cody Cross  
4240 Dominion Blvd.  
Glen Allen, VA 23060

**Building Location:**

MARRIOTT HOTEL  
4240 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 965-9500

Email: ricmw.ce@commonwealthlodging.c

**Elevator Location ID:** ELVLOC-2001-00849**Code in Effect:** 1993/2010**Equipment Sequence:** 2**Key Location:** MAINT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MARRIOTT HOTEL  
ATTN: Cody Cross  
4240 Dominion Blvd.  
Glen Allen, VA 23060

**Building Location:**

MARRIOTT HOTEL  
4240 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 965-9500

Email: ricmw.ce@commonwealthlodging.c

**Elevator Location ID:** ELVLOC-2001-00849**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1993/2010**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: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MARRIOTT HOTEL  
ATTN: Cody Cross  
4240 Dominion Blvd.  
Glen Allen, VA 23060

**Building Location:**

MARRIOTT HOTEL  
4240 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 965-9500

Email: ricmw.ce@commonwealthlodging.c

**Elevator Location ID:** ELVLOC-2001-00849**Code in Effect:** 1993**Equipment Sequence:** 4**Key Location:** MAINT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

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

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

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

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MARK A. DANKOS  
ATTN: MARK A. DANKOS  
1360 E PARHAM RD  
HENRICO, VA 23228

**Building Location:**

DANKOS OFFICE PARK  
1360 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 262-8000

Email: mdankos@dankosgordon.com

**Elevator Location ID:** ELVLOC-2001-00851**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1990**Key Location:** RM 100 WOODY HOGG**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA ASSOCIATION OF REALTORS  
ATTN: DAWN FREEMAN  
10231 TELEGRAPH RD  
GLEN ALLEN, VA 23060

**Building Location:**

VIRGINIA ASSOCIATION OF REALTORS  
10231 TELEGRAPH RD  
GLEN ALLEN, VA 23059

Phone: (804) 264-5033

Email: [dfreeman@virginiarealtors.org](mailto:dfreeman@virginiarealtors.org)

**Elevator Location ID:** ELVLOC-2001-00859

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

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

**Code in Effect:** 1990

**Key Location:** RECPT. DESK

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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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:**

HAMILTON BEACH BUILDING  
4421 WATERFRONT DR  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: amy.rowe@colliers.com

**Elevator Location ID:** ELVLOC-2001-00911**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1978/2013**Key Location:** RECPT.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  
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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:**

HAMILTON BEACH BUILDING  
4421 WATERFRONT DR  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: amy.rowe@colliers.com

**Elevator Location ID:** ELVLOC-2001-00911**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1978/2013**Key Location:** RECPT.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: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA HOSPITAL/HEALTHCARE ASSOC.  
ATTN: JAY ANDREWS  
PO BOX 31394  
HENRICO, VA 23294

**Building Location:**

VIRGINIA CENTER FOR HEALTH AFFAIRS  
4200 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 965-1229

Email: jandrews@vhha.com

**Elevator Location ID:** ELVLOC-2001-00913**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1984**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  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

VIRGINIA HOSPITAL/HEALTHCARE ASSOC.  
ATTN: JAY ANDREWS  
PO BOX 31394  
HENRICO, VA 23294

**Building Location:**

VIRGINIA CENTER FOR HEALTH AFFAIRS  
4200 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 965-1229

Email: jandrews@vhha.com

**Elevator Location ID:** ELVLOC-2001-00913

**Code in Effect:** 1984

**Equipment Sequence:** 2

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919**Code in Effect:** 1978/2010**Equipment Sequence:** 1**Key Location:** GUARD DSK.CALL MAINT**Elevator Type:** Hydraulic Elevator**Alarm Status:** Notify Security**Inspections for December: Category 1, Periodic**

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

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

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

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

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

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

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

Inspection / Test Results  
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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919**Code in Effect:** 1978/2010**Equipment Sequence:** 2**Key Location:** GUARD DSK.CALL MAINT**Elevator Type:** Hydraulic Elevator**Alarm Status:** Notify Security**Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919

**Code in Effect:** 1978/2010

**Equipment Sequence:** 3

**Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Notify Security

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919

**Code in Effect:** 1978/2010

**Equipment Sequence:** 4

**Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Notify Security

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: [jared.b.howe@dominionenergy.co](mailto:jared.b.howe@dominionenergy.co)

**Elevator Location ID:** ELVLOC-2001-00919

**Code in Effect:** 1978/2010

**Equipment Sequence:** 5

**Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Notify Security

**Inspections for December: 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)



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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919**Code in Effect:** 1978**Equipment Sequence:** 6**Key Location:** GUARD DSK.CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Notify Security**Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

Inspection / Test Results  
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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919**Code in Effect:** 1978**Equipment Sequence:** 7**Key Location:** GUARD DSK.CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Notify Security**Inspections for December: Category 1, Periodic**

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919

**Code in Effect:** 1978

**Equipment Sequence:** 8

**Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Notify Security

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

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919

**Code in Effect:** 1978

**Equipment Sequence:** 9

**Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Notify Security

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919

**Code in Effect:** 1978

**Equipment Sequence:** 10

**Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Notify Security

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919**Code in Effect:** 2013**Equipment Sequence:** 11**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for December: Periodic, Category 1**

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

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

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

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

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

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

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

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

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P.O. Box 90775  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DOMINION VIRGINIA POWER - CORP. DISP  
ATTN: JARED HOWE  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

**Elevator Location ID:** ELVLOC-2001-00919

**Code in Effect:** 2013

**Equipment Sequence:** 12

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

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

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

MARKEL 4600  
4600 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00934

**Code in Effect:** 1984

**Equipment Sequence:** 1

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

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

MARKEL 4600  
4600 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00934

**Code in Effect:** 1984

**Equipment Sequence:** 2

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

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

HYATT PLACE  
4100 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00935

**Code in Effect:** 1990/2009

**Equipment Sequence:** 1

**Key Location:** FRT.DSK.CALL MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

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

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

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

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

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

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

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

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

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

HYATT PLACE  
4100 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00935**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1990/2009**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: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

MARKEL 4521  
4521 HIGHWOODS PKWY  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00938**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December: Periodic, Category 1****Code in Effect:** 1993**Key Location:** MAINT. OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

Inspection / Test Results  
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# 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:**

MARKEL 4521  
4521 HIGHWOODS PKWY  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00938**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for December: Periodic, Category 1****Code in Effect:** 1993**Key Location:** MAINT. OFFICE**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

MARKEL 4521  
4521 HIGHWOODS PKWY  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00938**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for December: Periodic, Category 1****Code in Effect:** 1993**Key Location:** MAINT. OFFICE**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

11100 W BROAD ST LC  
ATTN: MICHELLE SPAHR  
P.O. BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

THALHIMER  
11100 W BROAD ST  
GLEN ALLEN, VA 23060

Phone: (804) 697-3468

Email: Michelle.Spahr@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00945**Code in Effect:** 1984**Equipment Sequence:** 1**Key Location:** CALL MAINT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOOD PROPERTIES  
ATTN: CINDY BEAZLEY  
4490 COX RD  
GLEN ALLEN, VA 23060

**Building Location:**

VIRGINIA BANKERS BUILDING  
4490 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 819-4749

Email: cindtbeazley@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00957

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** LOCK BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ESA MGMT - C/O LERCHBATES  
ATTN: LeAnne Kieffer  
10060 W BROAD ST  
GLEN ALLEN, VA 23060

**Building Location:**

EXTENDED STAY AMERICA  
10060 W BROAD ST  
GLEN ALLEN, VA 23060

Phone: (303) 795-7956

Email: lkieffer@extendedstay.com

**Elevator Location ID:** ELVLOC-2001-00966

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for December:** Periodic

**Code in Effect:** 1993/2013

**Key Location:** FRONT DESK

**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE RMR GROUP  
ATTN: LAURA FREEMAN  
9930 INDEPENDENCE PARK DR STE 200  
HENRICO, VA 23233

**Building Location:**

DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967**Code in Effect:** 1990/2010**Equipment Sequence:** 1**Key Location:** MAINT DEPT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Owner / Agent:**

THE RMR GROUP  
ATTN: LAURA FREEMAN  
9930 INDEPENDENCE PARK DR STE 200  
HENRICO, VA 23233

**Building Location:**

DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Code in Effect:** 1990/2010**Key Location:** MAINT DEPT**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE RMR GROUP  
ATTN: LAURA FREEMAN  
9930 INDEPENDENCE PARK DR STE 200  
HENRICO, VA 23233

**Building Location:**

DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967**Equipment Sequence:** 3**Elevator Type:** Electric Elevator**Code in Effect:** 1990/2010**Key Location:** MAINT DEPT**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE RMR GROUP  
ATTN: LAURA FREEMAN  
9930 INDEPENDENCE PARK DR STE 200  
HENRICO, VA 23233

**Building Location:**

DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967**Code in Effect:** /2010/2010**Equipment Sequence:** 4**Key Location:** MAINT DEPT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE RMR GROUP  
ATTN: LAURA FREEMAN  
9930 INDEPENDENCE PARK DR STE 200  
HENRICO, VA 23233

**Building Location:**

DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967**Equipment Sequence:** 5**Elevator Type:** Electric Elevator**Inspections for December:** Periodic**Code in Effect:** 1990/2010**Key Location:** MAINT DEPT**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE RMR GROUP  
ATTN: LAURA FREEMAN  
9930 INDEPENDENCE PARK DR STE 200  
HENRICO, VA 23233

**Building Location:**

DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967**Code in Effect:** /2010/2010**Equipment Sequence:** 6**Key Location:** MAINT DEPT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THE RMR GROUP  
ATTN: LAURA FREEMAN  
9930 INDEPENDENCE PARK DR STE 200  
HENRICO, VA 23233

**Building Location:**

DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967**Equipment Sequence:** 7**Elevator Type:** Electric Elevator**Code in Effect:** 1990**Key Location:** MAINT DEPT**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
4100 INNSLAKE DR  
GLEN ALLEN, VA 23060

**Building Location:**

HOMEWOOD SUITES  
4100 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00974**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
4100 INNSLAKE DR  
GLEN ALLEN, VA 23060

**Building Location:**

HOMEWOOD SUITES  
4100 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00974

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTDALE ASSET MANAGEMENT LP  
ATTN: Karen Mitchell  
11551 Nuckols Road  
Suite O  
Glen Allen, VA 23059

**Building Location:**

EAST SHORE OFFICE BLDG. II  
120 EASTSHORE DR  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

**Elevator Location ID:** ELVLOC-2001-00983

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** GUARD DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTDALE ASSET MANAGEMENT LP  
ATTN: Karen Mitchell  
11551 Nuckols Road  
Suite O  
Glen Allen, VA 23059

**Building Location:**

EAST SHORE OFFICE BLDG. II  
120 EASTSHORE DR  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

**Elevator Location ID:** ELVLOC-2001-00983**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for December: Periodic, Category 1****Code in Effect:** 1993**Key Location:** GUARD DESK**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
Richmond, VA 23225

**Building Location:**

FRANKLIN COMMONS II  
5620 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00987**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1993**Key Location:** GUARD DESK**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MEADOWS AND OHLY  
ATTN: JEFF MERKLE  
5875 BREMO RD SUITE 510  
RICHMOND, VA 23226

**Building Location:**

ST MARYS WEST MEDICAL OFFICE  
BUILDING  
5899 BREMO RD  
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2002-01031**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** FRONT DESK / MAINT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ESA MGT - C/O LERCHBATES  
ATTN: AHNA BROWN VELEZ  
9780 S MERDIAN BLVD SUITE 450  
ENGLEWOOD, CO 80112

**Building Location:**

EXTENDED STAY AMERICA #410  
6811 PARAGON PL  
HENRICO, VA 23230

Phone: (303) 723-7963

Email: extendedstay.elevators@lerchbates

**Elevator Location ID:** ELVLOC-2003-01105**Code in Effect:** 1993/2010/2013**Equipment Sequence:** 1**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: 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:**

YMCA OF GREATER RICHMOND  
ATTN: KAITLIN WATKINS  
201 W 7TH ST SUITE 110  
RICHMOND, VA 23224

**Building Location:**

SHADY GROVE YMCA  
11255 NUCKOLS RD  
GLEN ALLEN, VA 23059

Phone: (804) 474-4371

Email: lowek@ymcarichmond.org

**Elevator Location ID:** ELVLOC-2004-01130**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1993**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

NISSAN OF RICHMOND  
ATTN: Denise Patella  
11401 W. Broad St.  
Henrico, VA 23233

**Building Location:**

NISSAN OF RICHMOND  
11401 W BROAD ST  
HENRICO, VA 23233

Phone: (732) 407-4874

Email: denise@psdauto.com

**Elevator Location ID:** ELVLOC-2004-01137**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December: Category 1, 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: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

NOVA GLEN ALLEN HOTELS LLC  
ATTN: Corey Fleming  
1101 Techology Park Dr.  
Glen Allen, VA 23059

**Building Location:**

HAMPTON INN & SUITES - VA. CENTER  
1101 TECHNOLOGY PARK DR  
GLEN ALLEN, VA 23059

Phone: (804) 261-2266

Email: richhampton@lhmcompanies.com

**Elevator Location ID:** ELVLOC-2004-01144

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

NOVA GLEN ALLEN HOTELS LLC  
ATTN: Corey Fleming  
1101 Techology Park Dr.  
Glen Allen, VA 23059

**Building Location:**

HAMPTON INN & SUITES - VA. CENTER  
1101 TECHNOLOGY PARK DR  
GLEN ALLEN, VA 23059

Phone: (804) 261-2266

Email: richhampton@lhmcompanies.com

**Elevator Location ID:** ELVLOC-2004-01144**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** FRONT DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SANDSTON SENIOR RETIREMENT  
ATTN: Monique Ferrell  
600 E. Williamsburg  
Sandston, VA 23150

**Building Location:**

SANDSTON PLATEAU RETIREMENT  
600 E WILLIAMSBURG RD  
SANDSTON, VA 23150

Phone: (804) 428-7830

Email: sandstonplateaumgr@slnusbaum.n

**Elevator Location ID:** ELVLOC-2005-01170**Code in Effect:** 1996**Equipment Sequence:** 1**Key Location:** MGR. OFFICE - 0514**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ORTHO VIRGINIA  
ATTN: BECKY HINES  
7858 SHRADER RD  
RICHMOND, VA 23294

**Building Location:**

ORTHO VIRGINIA  
7858 SHRADER RD  
HENRICO, VA 23294

Phone: (804) 270-1305

Email: [bridget.murrell@orthovirginia.com](mailto:bridget.murrell@orthovirginia.com)**Elevator Location ID:** ELVLOC-2005-01182**Code in Effect:** 1996**Equipment Sequence:** 1**Key Location:** RECPT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: 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)

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ORTHO VIRGINIA  
ATTN: BECKY HINES  
7858 SHRADER RD  
RICHMOND, VA 23294

**Building Location:**

ORTHO VIRGINIA  
7858 SHRADER RD  
HENRICO, VA 23294

Phone: (804) 270-1305

Email: [bridget.murrell@orthovirginia.com](mailto:bridget.murrell@orthovirginia.com)

**Elevator Location ID:** ELVLOC-2005-01182

**Code in Effect:** 1996

**Equipment Sequence:** 2

**Key Location:** RECPT.

**Elevator Type:** Dumbwaiter

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COMMONWEALTH AUTISM  
ATTN: SARAH DEAN  
4108 E PARHAM ROAD  
HENRICO, VA 23228

**Building Location:**

COMMONWEALTH AUTISM  
4108 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 610-9770

Email: Sdean@PJIlaw.com

**Elevator Location ID:** ELVLOC-2005-01183

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for December:** Periodic

**Code in Effect:** 1996

**Key Location:** RECPT. 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: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COMMONWEALTH AUTISM  
ATTN: SARAH DEAN  
4108 E PARHAM ROAD  
HENRICO, VA 23228

**Building Location:**

COMMONWEALTH AUTISM  
4108 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 610-9770

Email: Sdean@PJIlaw.com

**Elevator Location ID:** ELVLOC-2005-01183**Equipment Sequence:** 2**Elevator Type:** Dumbwaiter**Inspections for December:** Periodic**Code in Effect:** 1996**Key Location:** RECPT. DESK**Alarm Status:** Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CHRIST CHURCH EPISCOPAL  
ATTN: DAVID ELLIS  
5000 POUNCEY TRACT RD  
GLEN ALLEN, VA 23059

**Building Location:**

CHRIST CHURCH EPISCOPAL  
5000 POUNCEY TRACT RD  
GLEN ALLEN, VA 23059-5301

Phone: (804) 364-0394

Email: d.ellis@ccerva.org

**Elevator Location ID:** ELVLOC-2005-01188**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December: Periodic, Category 1****Code in Effect:** 1996**Key Location:** EQUIP. ROOM**Alarm Status:** Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SNH INDEPENDENCE PARK LLC  
ATTN: LAURA FREEMAN  
9930 INDEPENDENCE PARK DR SUITE 200  
HENRICO, VA 23233

**Building Location:**

INDEPENDENCE PARK BLDG 3  
9930 INDEPENDENCE PARK DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: smelcherts@rmrgroup.com

**Elevator Location ID:** ELVLOC-2006-01199**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 1993**Key Location:** 1 S/T FL. DESK**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

THREE PARAGON PLACE  
6806 PARAGON PL  
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2006-01211**Code in Effect:** 1996**Equipment Sequence:** 1**Key Location:** MAINT SHOP LOCK BOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

THREE PARAGON PLACE  
6806 PARAGON PL  
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2006-01211**Code in Effect:** 1996**Equipment Sequence:** 2**Key Location:** MAINT SHOP LOCK BOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LERCH BATES  
ATTN: LERCH BATES  
9780 S MERIDIAN BLVD  
STE 450  
ENGLEWOOD, CO 80112

**Building Location:**

WAL-MART # 3869  
1504 N PARHAM RD  
HENRICO, VA 23229

Phone: (720) 239-1356

Email: walmart.elevators@lerchbates.com

**Elevator Location ID:** ELVLOC-2006-01224**Code in Effect:** 2004**Equipment Sequence:** 1**Key Location:** SECURITY**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HRLP LLC  
ATTN: LISA HARRIS  
4991 Lake Brook Dr  
Suite G90  
Glen Allen, VA 23060

**Building Location:**

NORTH SHORE COMMONS II  
4991 LAKE BROOK DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

**Elevator Location ID:** ELVLOC-2006-01233

**Code in Effect:** 1996

**Equipment Sequence:** 1

**Key Location:** KEYBOX - M.R. DOOR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HRLP LLC  
ATTN: LISA HARRIS  
4991 Lake Brook Dr  
Suite G90  
Glen Allen, VA 23060

**Building Location:**

NORTH SHORE COMMONS II  
4991 LAKE BROOK DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

**Elevator Location ID:** ELVLOC-2006-01233

**Code in Effect:** 1996

**Equipment Sequence:** 2

**Key Location:** KEYBOX - M.R. DOOR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: 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:**

TRINITY LUTHERAN CHURCH  
ATTN: DAVID CONRAD  
2315 N PARHAM RD  
HENRICO, VA 23229

**Building Location:**

TRINITY LUTHERAN CHURCH  
2315 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 270-4626

Email: admin@tlcrva.com

**Elevator Location ID:** ELVLOC-2007-01292**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MONUMENT SQUARE CONDO ASSN.  
ATTN: MARY SINGER  
275 FINIAL AVE.  
HENRICO, VA 23226

**Building Location:**

MONUMENT SQUARE CONDO. BLDG.-11 -  
1231 BYRD AVE  
275 FINIAL AVE  
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01308**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

The Life Church RVA  
ATTN: Kiron Peet  
3601 Dill Rd  
Richmond, VA 23222

**Building Location:**

The Life Church RVA  
3601 DILL RD  
RICHMOND, VA 23222

Phone: (410) 852-4315

Email: [facilities@wearetlc.org](mailto:facilities@wearetlc.org)

**Elevator Location ID:** ELVLOC-2008-01321

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MONUMENT SQUARE CONDO ASSN.  
ATTN: MARY SINGER  
275 FINIAL AVE.  
HENRICO, VA 23226

**Building Location:**

MONUMENT SQUARE CONDO. BLDG 5 -  
5233 MONUMENT AVE  
275 FINIAL AVE  
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01322

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MONUMENT SQUARE CONDO ASSN.  
ATTN: MARY SINGER  
275 FINIAL AVE.  
HENRICO, VA 23226

**Building Location:**

MONUMENT SQUARE CONDO. BLDG 6 -  
5241 MONUMENT AVE  
275 FINIAL AVE  
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01323

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** KEY BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
1001 Boulders Pkwy, Suite 400  
N. Chesterfield, VA 23225

**Building Location:**

ALOFT HOTEL  
3939 DUCKLING DR  
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01360**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:** MAINT,**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
1001 Boulders Pkwy, Suite 400  
N. Chesterfield, VA 23225

**Building Location:**

ALOFT HOTEL  
3939 DUCKLING DR  
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01360**Code in Effect:** 2000**Equipment Sequence:** 2**Key Location:** MAINT,**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
1001 Boulders Pkwy, Suite 400  
N. Chesterfield, VA 23225

**Building Location:**

ALOFT HOTEL  
3939 DUCKLING DR  
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01360

**Code in Effect:** 2000

**Equipment Sequence:** 3

**Key Location:** MAINT,

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
1001 Boulders Pkwy, Suite 400  
N. Chesterfield, VA 23225

**Building Location:**

ALOFT HOTEL  
3939 DUCKLING DR  
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01360

**Code in Effect:** 2000

**Equipment Sequence:** 4

**Key Location:** MAINT,

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AUDUBON HOSPITALITY LLC  
ATTN: JANET GRAHAM  
5400 AUDUBON DR  
RICHMOND, VA 23231

**Building Location:**

CANDLEWOOD SUITES  
5400 AUDUBON DR  
HENRICO, VA 23231

Phone: (804) 652-1888

Email: jgraham@cwsric.com

**Elevator Location ID:** ELVLOC-2008-01371

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COBB TECHNOLOGIES  
ATTN: TONI GORVEAT  
1000 TECHNOLOGY PARK DR  
GLEN ALLEN, VA 23059

**Building Location:**

COBB TECHNOLOGIES  
8827 STAPLES MILL RD  
HENRICO, VA 23228

Phone: (804) 515-5700

Email: [suzanne@porterinc.com](mailto:suzanne@porterinc.com)**Elevator Location ID:** ELVLOC-2009-01407**Code in Effect:** 2004**Equipment Sequence:** 1**Key Location:** RECPT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LIBBIE ASSOCIATES  
ATTN: LAURA BABIK  
7900 SHRADER RD  
HENRICO, VA 23294

**Building Location:**

LIBBIE ASSOCIATES  
7900 SHRADER RD  
HENRICO, VA 23294-4215

Phone: (804) 241-0542

Email: lbabik@thesaonline.com

**Elevator Location ID:** ELVLOC-2010-01481**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** 2004/2005**Key Location:** BLDG. ENGR.**Alarm Status:** Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COLLEGIATE SCHOOL  
ATTN: CARROLL CAMPBELL  
103 N MOORELAND RD  
HENRICO, VA 23229

**Building Location:**

COLLEGIATE SCHOOL - LUCK HALL  
103 N MOORELAND RD  
HENRICO, VA 23229

Phone: (804) 741-9733

Email: carroll\_campbell@collegiate-va.org

**Elevator Location ID:** ELVLOC-2011-01524

**Code in Effect:** 2005

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ACAC SHORT PUMP LLC  
ATTN: ERIC KIRKPATRICK  
2201 OLD BRICK RD  
GLEN ALLEN, VA 23060

**Building Location:**

ACAC  
2201 OLD BRICK RD  
GLEN ALLEN, VA 23060

Phone: (804) 464-0990

Email: erick@acac.com

**Elevator Location ID:** ELVLOC-2012-01575

**Code in Effect:** 2004

**Equipment Sequence:** 1

**Key Location:** FRONT DECK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MONUMENT SQUARE CONDO ASSN.  
ATTN: MARY SINGER  
275 FINIAL AVE.  
HENRICO, VA 23226

**Building Location:**

MONUMENT SQUARE CONDO. BLDG 4 -  
5225 MONUMENT AVE  
275 FINIAL AVE  
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2013-01609**Code in Effect:** 2007**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ARTCRAFT MANAGEMENT  
ATTN: Philathea Murray  
5322 Markel Rd  
Richmond, VA 23230

**Building Location:**

FAISON RESIDENCE  
5215 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 643-1026

Email: pmurray@artcraftmanagement.co

**Elevator Location ID:** ELVLOC-2014-01673

**Code in Effect:** 2007

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

UNIVERSITY OF RICHMOND  
ATTN: MCKINLEY WOOD  
27 WESTHAMPTON WAY  
RICHMOND, VA 23173

**Building Location:**

UR SOUTH CAMPUS APTS - BLDG 3  
151 UR DR  
RICHMOND, VA 23173

Phone: (804) 289-8600

Email: mwood2@richmond.edu

**Elevator Location ID:** ELVLOC-2014-01679**Code in Effect:** 2007**Equipment Sequence:** 1**Key Location:** PHYSICAL PLANT**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

UNIVERSITY OF RICHMOND  
ATTN: MCKINLEY WOOD  
27 WESTHAMPTON WAY  
RICHMOND, VA 23173

**Building Location:**

UR SOUTH CAMPUS APTS - BLDG 4  
151 UR DR  
RICHMOND, VA 23173

Phone: (804) 289-8600

Email: mwood2@richmond.edu

**Elevator Location ID:** ELVLOC-2014-01680**Code in Effect:** 2007**Equipment Sequence:** 1**Key Location:** PHYSICAL PLANT**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: Brad Christopher  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

HANGER 3649 - 3649 THUNDERCHIEF DR  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

**Elevator Location ID:** ELVLOC-2015-01737

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:** MAINT. SHOP

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ST. MICHAELS CHURCH  
ATTN: Robert Nichols  
4495 SPRINGFIELD RD  
GLEN ALLEN, VA 23060

**Building Location:**

ST. MICHAELS CHURCH  
4495 SPRINGFIELD RD  
GLEN ALLEN, VA 23060

Phone: (804) 527-1037

Email: [scott.guy@saint-mikes.org](mailto:scott.guy@saint-mikes.org)

**Elevator Location ID:** ELVLOC-2017-01817

**Equipment Sequence:** 1

**Elevator Type:** Hydraulic Elevator

**Inspections for December: Periodic, Category 1**

**Code in Effect:** 2010

**Key Location:** CHURCH OFFICE

**Alarm Status:** Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ARWB LLC  
ATTN: ARWB LLC  
6115 STAPLES MILL RD  
HENRICO, VA 23228

**Building Location:**

ARCO IRIS LATINO MART  
6115 STAPLES MILL RD  
HENRICO, VA 23228

Phone: (804) 338-5294

Email: [info@terrazarva.com](mailto:info@terrazarva.com)

**Elevator Location ID:** ELVLOC-2017-01832

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CORINTH UNITED METHODIST CHURCH  
ATTN: SUE BUCK  
23 W WILLIAMSBURG RD  
SANDSTON, VA 23150-2009

**Building Location:**

CORINTH UNITED METHODIST CHURCH  
23 W WILLIAMSBURG RD  
SANDSTON, VA 23150

Phone: (804) 737-4837

Email: office@cornithumchurch.org

**Elevator Location ID:** ELVLOC-2018-01923

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASPIRE AT WEST END  
ATTN: Sherri Seal  
5020 Sulky Dr  
Henrico, VA 23228

**Building Location:**

ASPIRE AT WEST END  
5020 SULKY DR  
HENRICO, VA 23228

Phone: (804) 624-7150

Email: sseal@seniorlifestyle.com

**Elevator Location ID:** ELVLOC-2018-01930

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASPIRE AT WEST END  
ATTN: Sherri Seal  
5020 Sulky Dr  
Henrico, VA 23228

**Building Location:**

ASPIRE AT WEST END  
5020 SULKY DR  
HENRICO, VA 23228

Phone: (804) 624-7150

Email: sseal@seniorlifestyle.com

**Elevator Location ID:** ELVLOC-2018-01930

**Code in Effect:** 2010

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ASPIRE AT WEST END  
ATTN: Sherri Seal  
5020 Sulky Dr  
Henrico, VA 23228

**Building Location:**

ASPIRE AT WEST END  
5020 SULKY DR  
HENRICO, VA 23228

Phone: (804) 624-7150

Email: sseal@seniorlifestyle.com

**Elevator Location ID:** ELVLOC-2018-01930

**Code in Effect:** 2010

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DRURY DEVELOPMENT CORPORATION  
ATTN: Carly Rayburg  
11049 W BROAD ST  
GLEN ALLEN, VA 23060-5937

**Building Location:**

DRURY PLAZA HOTEL  
11049 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 354-1542

Email: leslie.fehr@druryhotels.com

**Elevator Location ID:** ELVLOC-2018-01975

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DRURY DEVELOPMENT CORPORATION  
ATTN: Carly Rayburg  
11049 W BROAD ST  
GLEN ALLEN, VA 23060-5937

**Building Location:**

DRURY PLAZA HOTEL  
11049 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 354-1542

Email: leslie.fehr@druryhotels.com

**Elevator Location ID:** ELVLOC-2018-01975**Code in Effect:** 2010**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DRURY DEVELOPMENT CORPORATION  
ATTN: Carly Rayburg  
11049 W BROAD ST  
GLEN ALLEN, VA 23060-5937

**Building Location:**

DRURY PLAZA HOTEL  
11049 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 354-1542

Email: leslie.fehr@druryhotels.com

**Elevator Location ID:** ELVLOC-2018-01975

**Code in Effect:** 2010

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FACEBOOK RVA  
ATTN: CAROLINA MAXWELL  
6200 TECHNOLOGY BLVD  
SANDSTON, VA 23150

**Building Location:**

FACEBOOK RVA  
5900 ELKO RD  
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolina.maxwell@fb.com

**Elevator Location ID:** ELVLOC-2019-01985

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FACEBOOK RVA  
ATTN: CAROLINA MAXWELL  
6200 TECHNOLOGY BLVD  
SANDSTON, VA 23150

**Building Location:**

FACEBOOK RVA  
5900 ELKO RD  
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolina.maxwell@fb.com

**Elevator Location ID:** ELVLOC-2019-01985

**Code in Effect:** 2010

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RICHMOND WSP LLC  
ATTN: Claude Thomas  
14399 N GAYTON RD  
GLEN ALLEN, VA 23059

**Building Location:**

WESTMONT AT SHORT PUMP  
14399 N GAYTON RD  
GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140

Email: [claudethomas@rui.net](mailto:claudethomas@rui.net)**Elevator Location ID:** ELVLOC-2019-02057**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.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 WSP LLC  
ATTN: Claude Thomas  
14399 N GAYTON RD  
GLEN ALLEN, VA 23059

**Building Location:**

WESTMONT AT SHORT PUMP  
14399 N GAYTON RD  
GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140

Email: [claudethomas@rui.net](mailto:claudethomas@rui.net)**Elevator Location ID:** ELVLOC-2019-02057**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MUDS ASSOCIATES LLP  
ATTN: SUSAN HEATH  
2001 MAYWILL ST SUITE 100  
RICHMOND, VA 23230

**Building Location:**

UKROPS MARKET HALL  
7250 PATTERSON AVE  
HENRICO, VA 23229

Phone: (804) 340-4094

Email: susan.heath@ukrops.com

**Elevator Location ID:** ELVLOC-2020-02135**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov





**County of Henrico, Virginia**

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RED RIVER FOOD GROUP  
ATTN: ROBERTO FUENTES  
2840 SPROUSE DR.  
HENRICO, VA 23231-6039

**Building Location:**

RED RIVER FOOD GROUP  
2840 SPROUSE DR  
HENRICO, VA 23231

Phone: (804) 562-2462

Email: fuentesr@redriverfoods.com

**Elevator Location ID:** ELVLOC-2022-000008

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Roped Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: JEFF LYNN  
12851 FOSTER ST SUITE 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6040 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (804) 316-0010

Email: jeff.lynn@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000013

**Code in Effect:** ASME A17.1 – 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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ATTN: JEFF LYNN  
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**Building Location:**

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6040 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (804) 316-0010

Email: jeff.lynn@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000013

**Code in Effect:** ASME A17.1 – 2016

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: JEFF LYNN  
12851 FOSTER ST SUITE 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6040 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (804) 316-0010

Email: jeff.lynn@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000013

**Equipment Sequence:** 3

**Elevator Type:** Electric Elevator

**Inspections for December: Periodic, Category 1**

**Code in Effect:** ASME A17.1 – 2016

**Key Location:**

**Alarm Status:**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: JEFF LYNN  
12851 FOSTER ST SUITE 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6040 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (804) 316-0010

Email: jeff.lynn@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000013

**Code in Effect:** ASME A17.1 – 2016

**Equipment Sequence:** 4

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

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QUALITY TECHNOLOGY  
ATTN: JEFF LYNN  
12851 FOSTER ST SUITE 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6030 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (804) 316-0010

Email: jeff.lynn@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000015**Code in Effect:** ASME A17.1 – 2016**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: JEFF LYNN  
12851 FOSTER ST SUITE 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6030 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (804) 316-0010

Email: jeff.lynn@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000015**Code in Effect:** ASME A17.1 – 2016**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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ATTN: JEFF LYNN  
12851 FOSTER ST SUITE 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6030 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (804) 316-0010

Email: jeff.lynn@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000015

**Code in Effect:** ASME A17.1 – 2016

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

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Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

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12851 FOSTER ST SUITE 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6030 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (804) 316-0010

Email: jeff.lynn@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000015**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for December:** Periodic**Code in Effect:** ASME A17.1 – 2016**Key Location:****Alarm Status:**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RVA FACEBOOK  
ATTN: CAROLINA MAXWELL  
6200 TECHNOLOGY BLVD  
SANDSTON, VA 23150

**Building Location:**

RVA FACEBOOK 5 & 6  
7301 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

**Elevator Location ID:** ELVLOC-2023-000021

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RVA FACEBOOK  
ATTN: CAROLINA MAXWELL  
6200 TECHNOLOGY BLVD  
SANDSTON, VA 23150

**Building Location:**

RVA FACEBOOK 5 & 6  
7301 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

**Elevator Location ID:** ELVLOC-2023-000021**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RVA FACEBOOK  
ATTN: CAROLINA MAXWELL  
6200 TECHNOLOGY BLVD  
SANDSTON, VA 23150

**Building Location:**

RVA FACEBOOK 5 & 6  
7301 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

**Elevator Location ID:** ELVLOC-2023-000021

**Code in Effect:** 2013

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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**Building Location:**

RVA FACEBOOK 5 & 6  
7301 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

**Elevator Location ID:** ELVLOC-2023-000021

**Code in Effect:** 2013

**Equipment Sequence:** 4

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for December: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Phone: (804) 501-4360  
Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CCBCC OPERATIONS LLC  
ATTN: BRIAN WOOLARD  
4530 OAKLEY LN  
HENRICO, VA 23231

**Building Location:**

CCBCC OPERATIONS LLC  
4530 OAKLEYS LN  
HENRICO, VA 23231

Phone: (804) 878-6530

Email:

**Elevator Location ID:** ELVLOC-2023-000024

**Code in Effect:** ASME A17.1 – 2016

**Equipment Sequence:** 3

**Key Location:** West Lift Area B

**Elevator Type:** Roped Hydraulic Elevator

**Alarm Status:** NA

**Inspections for December: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: PLEASE PROVIDE A CONTACT NAME  
2000 WARE BOTTOM RD, STE 212  
CHESTER, VA 23836

**Building Location:**

HOME 2 SUITES GLENSIDE  
2915 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone:

Email:

**Elevator Location ID:** ELVLOC-2023-000048

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: PLEASE PROVIDE A CONTACT NAME  
2000 WARE BOTTOM RD, STE 212  
CHESTER, VA 23836

**Building Location:**

HOME 2 SUITES GLENSIDE  
2915 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone:

Email:

**Elevator Location ID:** ELVLOC-2023-000048

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

9002 BROOK ROAD OWNER LLC  
ATTN: GEORGE ELIAS  
1921 GALLOWS RD STE 700  
Vienna, VA 22182

**Building Location:**

9002 BROOK ROAD OWNER LLC  
1211 BROOK BEND RD  
GLEN ALLEN, VA 23060

Phone: (215) 527-1021

Email: gelias@middleburg.com

**Elevator Location ID:** ELVLOC-2024-000026

**Code in Effect:** ASME A17.1 - 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for December: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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