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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HENRICO COURTHOUSE
4309 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

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

Owner / Agent:
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ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
HENRICO COURTHOUSE
4309 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00101	**Code in Effect:**	1978
Equipment Sequence:	2	**Key Location:**	SECURITY CONSOLE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
HENRICO ADMINISTRATION BLDG
4301 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00102	**Code in Effect:**	1965/2010
Equipment Sequence:	1	**Key Location:**	SECURITY CONSOLE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
HENRICO ADMINISTRATION BLDG
4301 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00102	**Code in Effect:**	1965/2018
Equipment Sequence:	2	**Key Location:**	SECURITY CONSOLE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
HENRICO ADMINISTRATION BLDG
4301 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00102	**Code in Effect:**	1965/2010
Equipment Sequence:	3	**Key Location:**	SECURITY CONSOLE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
HENRICO ADMINISTRATION BLDG
4301 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00102	**Code in Effect:**	1965/2010
Equipment Sequence:	4	**Key Location:**	SECURITY CONSOLE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
ADULT DETENTION CENTER
4317 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00103	**Code in Effect:**	1965
Equipment Sequence:	1	**Key Location:**	SECURITRY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Owner / Agent:
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ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
ADULT DETENTION CENTER
4317 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00103	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SECURITRY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

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

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00104	**Code in Effect:**	1965
Equipment Sequence:	1	**Key Location:**	SECURITY CONSOLE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

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

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00104	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SECURITY CONSOLE
Elevator Type:	Roped Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Please use a separate sheet for each elevator

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Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00107	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	RECPT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Owner / Agent:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
EASTERN GOVERNMENT CENTER
3820 NINE MILE RD
HENRICO, VA 23223

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00109	**Code in Effect:**	1984
Equipment Sequence:	1	**Key Location:**	CALL RICHARD STRANG
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Owner / Agent:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
EASTERN GOVERNMENT CENTER
3820 NINE MILE RD
HENRICO, VA 23223

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00109	**Code in Effect:**	1984
Equipment Sequence:	2	**Key Location:**	CALL RICHARD STRANG
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
GENETWORX, LLC
ATTN: MICHAEL ASHTON
4060 INNSLAKE DR
GLEN ALLEN, VA 23060

Building Location:
GENETWORX
4060 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (203) 982-9682
Email: mashton@genetworx.com

Elevator Location ID:	ELVLOC-2001-00110	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	STAFF RM. BY ELEV.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Owner / Agent:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
HUMAN SERVICES BUILDING
8600 DIXON POWERS DR
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00111	**Code in Effect:**	1978/2010
Equipment Sequence:	1	**Key Location:**	KEYBOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
PUBLIC SAFETY BUILDING
7721 E PARHAM RD
HENRICO, VA 23294

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00115	**Code in Effect:**	1978/2010
Equipment Sequence:	1	**Key Location:**	SECURITY CONSOLE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
PUBLIC SAFETY BUILDING
7721 E PARHAM RD
HENRICO, VA 23294

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00115	**Code in Effect:**	1978
Equipment Sequence:	2	**Key Location:**	SECURITY CONSOLE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
DOREY PARK RECREATION CENTER
2999 DARBYTOWN RD
HENRICO, VA 23231

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00117	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	LOBBY DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
HENRICO TRAINING CENTER
7721 E PARHAM RD
HENRICO, VA 23294

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00118	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SECURITY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HENRICO TRAINING CENTER
7721 E PARHAM RD
HENRICO, VA 23294

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00118	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SECURITY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HENRICO COUNTY PARKING DECK
4301 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HENRICO COUNTY PARKING DECK
4301 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00120	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SECURITY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2001-00121	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SECURITY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
LIFE OF VIRGINIA
ATTN: MARK TERETLA
PO BOX 27601
RICHMOND, VA 23261

Building Location:
GENWORTH FINANCIAL - BLDG. 3
0 W BROAD ST
HENRICO, VA 23230

Phone: (804) 289-6831
Email: mark.tereyla@genworth.com

Elevator Location ID:	ELVLOC-2001-00222	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	LOBBY
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
GENWORTH FINANCIAL - BLDG. 3
0 W BROAD ST
HENRICO, VA 23230

Phone: (804) 289-6831
Email: mark.tereyla@genworth.com

Elevator Location ID:	ELVLOC-2001-00222	**Code in Effect:**	1981
Equipment Sequence:	2	**Key Location:**	LOBBY
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.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

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
UTICA
2701 EMERYWOOD PKWY
HENRICO, VA 23294

Elevator Location ID:	ELVLOC-2001-00223	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	LOBBY LOCK BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
BRANDYWINE REALTY TRUST
ATTN: BRANDON MALONE
300 ARBORETUM PL SUITE 300
RICHMOND, VA 23236

Phone: (804) 521-1828
Email: brandon.malone@bdnreit.com

Building Location:
COMMERCE CENTER
2812 EMERYWOOD PKWY
HENRICO, VA 23294

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
MARRIOTT COURTYARD
6400 W BROAD ST
HENRICO, VA 23230

Phone: (804) 282-1881
Email: jerry.atkins@marriott.com

Elevator Location ID:	ELVLOC-2001-00231	**Code in Effect:**	1984
Equipment Sequence:	1	**Key Location:**	FRT.DSK\CALL MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
CHILD FUND INTERNATIONAL
ATTN: WAYNE PARKER
2821 EMERYWOOD PKWY
HENRICO, VA 23229

Building Location:
CHILD FUND INTERNATIONAL
2821 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 756-2700
Email: wparker@childfund.org

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
CHILD FUND INTERNATIONAL
2821 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 756-2700
Email: wparker@childfund.org

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 756-2700
Email: wparker@childfund.org

Building Location:
CHILD FUND INTERNATIONAL
2821 EMERYWOOD PKWY
HENRICO, VA 23294

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Girl Scouts of the commonwealth of VA
ATTN: Sheila Johnston
3214 SKIPWITH RD
Henrico, VA 23294

Phone: (804) 746-0590
Email: sjohnston@comgirlscouts.org

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

Elevator Location ID:	ELVLOC-2001-00234	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 237-8082
Email: SERENA.MEADOR@COLLIERS.COM

Building Location:
THE ENTERPRISE BUILDING
2727 ENTERPRISE PKWY
HENRICO, VA 23294

Elevator Location ID:	ELVLOC-2001-00235	**Code in Effect:**	1978
Equipment Sequence:	1	**Key Location:**	KEYBOX @ 1ST.FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
WESTWOOD CLUB
ATTN: BRADFORD JONES
6200 WEST CLUB LA
RICHMOND, VA 23226

Building Location:
WESTWOOD CLUB
6200 WEST CLUB LN
HENRICO, VA 23226

Phone: (804) 502-3599
Email: esherwood@westwoodclub.net

Elevator Location ID:	ELVLOC-2001-00295	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	ENGINEERING
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WILLIS HUTCHENS
ATTN: WILLIS HUTCHENS
8914 RIVER RD
RICHMOND, VA 23229

Phone: (804) 513-0362
Email: hutchens313@gmail.com

Building Location:
LIBBIE LAW BUILDING
2201 LIBBIE AVE
HENRICO, VA 23230

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (434) 977-0100
Email: tfunari@federalrealty.com

Building Location:
PHENIX SALON
1601 WILLOW LAWN DR
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2001-00308	**Code in Effect:**	1971
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 967-5447
Email: melissa.page@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00384	**Code in Effect:**	1984
Equipment Sequence:	1	**Key Location:**	LOBBY DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 967-5447
Email: melissa.page@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00384	**Code in Effect:**	1984
Equipment Sequence:	2	**Key Location:**	LOBBY DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 967-5447
Email: melissa.page@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00384	**Code in Effect:**	1984
Equipment Sequence:	3	**Key Location:**	LOBBY DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 967-5447
Email: melissa.page@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00384	**Code in Effect:**	1984
Equipment Sequence:	4	**Key Location:**	LOBBY DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

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

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

Phone: (804) 747-5640
Email: dwight.mckee@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00385	**Code in Effect:**	1971
Equipment Sequence:	1	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 747-5640
Email: dwight.mckee@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00385	**Code in Effect:**	1971
Equipment Sequence:	2	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HCA/PARHAM DOCTORS HOSPITAL
ATTN: DWIGHT MCKEE
7700 E PARHAM RD
HENRICO, VA 23294

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

Phone: (804) 747-5640
Email: dwight.mckee@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00385	**Code in Effect:**	1971
Equipment Sequence:	3	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HCA/PARHAM DOCTORS HOSPITAL
ATTN: DWIGHT MCKEE
7700 E PARHAM RD
HENRICO, VA 23294

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

Phone: (804) 747-5640
Email: dwight.mckee@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00385	**Code in Effect:**	1971/2010
Equipment Sequence:	4	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 747-5640
Email: dwight.mckee@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00385	**Code in Effect:**	1996/2010
Equipment Sequence:	5	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 967-5447
Email: melissa.page@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00386	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	MAINT SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Owner / Agent:
CBRE
ATTN: MELISSA PAGE
7650 E PARHAM RD STE 225
HENRICO, VA 23294

Phone: (804) 967-5447
Email: melissa.page@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00386	**Code in Effect:**	1981
Equipment Sequence:	2	**Key Location:**	MAINT SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO FCU
ATTN: Annalisa Grant
9401 W. Broad St
Henrico, VA 23294

Building Location:
HENRICO FCU
9401 W BROAD ST
HENRICO, VA 23294

Phone: (804) 266-0193 Ext. 1509
Email: granta@henricofcu.org

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 967-5447
Email: melissa.page@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00389	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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

Phone: (804) 967-5447
Email: melissa.page@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00389	**Code in Effect:**	1990
Equipment Sequence:	2	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PARHAM PARK SENIORS APARTMENTS
ATTN: THERESA CARNEAL
7600 E PARHAM RD
HENRICO, VA 23294

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

Phone: (804) 672-7718
Email: parhampark@epochinc.com

Elevator Location ID:	ELVLOC-2001-00391	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MARWAHA INVESTMENTS
ATTN: CHARLES WEBSTER
1950 E. PARHAM RD
SUITE 200
Richmond, VA 23228

Phone: (804) 466-3118
Email: CWEBSTER@MARWAHAINVESTME

Building Location:
MARWAHA INVESTMENTS
2221 EDWARD HOLLAND DR
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2001-00399	**Code in Effect:**	2004
Equipment Sequence:	1	**Key Location:**	SECURITY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
MARWAHA INVESTMENTS
ATTN: CHARLES WEBSTER
1950 E. PARHAM RD
SUITE 200
Richmond, VA 23228

Phone: (804) 466-3118
Email: CWEBSTER@MARWAHAINVESTME

Building Location:
MARWAHA INVESTMENTS
2221 EDWARD HOLLAND DR
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2001-00399	**Code in Effect:**	2004
Equipment Sequence:	2	**Key Location:**	SECURITY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
MARWAHA INVESTMENTS
ATTN: CHARLES WEBSTER
1950 E. PARHAM RD
SUITE 200
Richmond, VA 23228

Phone: (804) 466-3118
Email: CWEBSTER@MARWAHAINVESTME

Building Location:
MARWAHA INVESTMENTS
2221 EDWARD HOLLAND DR
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2001-00399	**Code in Effect:**	2004
Equipment Sequence:	3	**Key Location:**	SECURITY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
MARWAHA INVESTMENTS
ATTN: CHARLES WEBSTER
1950 E. PARHAM RD
SUITE 200
Richmond, VA 23228

Phone: (804) 466-3118
Email: CWEBSTER@MARWAHAINVESTME

Building Location:
MARWAHA INVESTMENTS
2221 EDWARD HOLLAND DR
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2001-00399	**Code in Effect:**	2004
Equipment Sequence:	4	**Key Location:**	SECURITY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
SELECT SPECIALTY HOSPITAL
2220 EDWARD HOLLAND DR
HENRICO, VA 23230

Phone: (804) 678-7094
Email: jthompson@vhrichmond.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
SELECT SPECIALTY HOSPITAL
2220 EDWARD HOLLAND DR
HENRICO, VA 23230

Phone: (804) 678-7094
Email: jthompson@vhrichmond.com

Elevator Location ID:	ELVLOC-2001-00400	**Code in Effect:**	1984
Equipment Sequence:	2	**Key Location:**	MAINT. DEPT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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
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ATTN: JOE THOMPSON
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RICHMOND, VA 23230

Building Location:
SELECT SPECIALTY HOSPITAL
2220 EDWARD HOLLAND DR
HENRICO, VA 23230

Phone: (804) 678-7094
Email: jthompson@vhrichmond.com

Elevator Location ID:	ELVLOC-2001-00400	**Code in Effect:**	1984
Equipment Sequence:	3	**Key Location:**	MAINT. DEPT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HOLIDAY INN EXPRESS MIDTOWN
ATTN: GEORGE MEALER
2000 STAPLES MILL RD
RICHMOND, VA 23230

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

Phone: (804) 359-6061
Email: georgr.mealer@kmhotels.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

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

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

Phone: (804) 359-6061
Email: georgr.mealer@kmhotels.com

Elevator Location ID:	ELVLOC-2001-00401	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	LOBBY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

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

Phone: (804) 340-4094
Email: susan.heath@ukrops.com

Building Location:
UKROPS
2001 MAYWILL ST
HENRICO, VA 23230

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

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

Inspector Name (Print): _____ Inspection Agency: _____

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

Phone: (804) 340-4094
Email: susan.heath@ukrops.com

Building Location:
UKROPS
2001 MAYWILL ST
HENRICO, VA 23230

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

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

Inspector Name (Print): _____ Inspection Agency: _____

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

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

Phone: (804) 672-7007
Email: bwexecutivehotel@gmail.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 672-7007
Email: bwexecutivehotel@gmail.com

Elevator Location ID:	ELVLOC-2001-00475	**Code in Effect:**	1981/2010
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EMBASSY SUITES
ATTN: Journey Labenza
300 E Franklin st.
RICHMOND, VA 23219

Building Location:
EMBASSY SUITES
2925 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 672-8585
Email: journey.labenza@shaminhotels.co

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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Fax: (804) 501-4984

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Owner / Agent:
EMBASSY SUITES
ATTN: Journey Labenza
300 E Franklin st.
RICHMOND, VA 23219

Building Location:
EMBASSY SUITES
2925 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 672-8585
Email: journey.labenza@shaminhotels.co

Elevator Location ID:	ELVLOC-2001-00480	**Code in Effect:**	1981
Equipment Sequence:	2	**Key Location:**	FRT.DSK.\ CALL MAINT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Owner / Agent:
EMBASSY SUITES
ATTN: Journey Labenza
300 E Franklin st.
RICHMOND, VA 23219

Phone: (804) 672-8585
Email: journey.labenza@shaminhotels.co

Building Location:
EMBASSY SUITES
2925 EMERYWOOD PKWY
HENRICO, VA 23294

Elevator Location ID:	ELVLOC-2001-00480	**Code in Effect:**	1981
Equipment Sequence:	4	**Key Location:**	FRT.DSK.\ CALL MAINT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
MEADOWS AND OHLY
ATTN: JEFF MERKLE
5875 BREMO RD. SUITE 510
RICHMOND, VA 23226

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

Phone: (804) 282-5392
Email: jeff.merkle@meadowsandohly.com

Elevator Location ID:	ELVLOC-2001-00548	**Code in Effect:**	1993/2013
Equipment Sequence:	1	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Owner / Agent:
MEADOWS AND OHLY
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5875 BREMO RD. SUITE 510
RICHMOND, VA 23226

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

Phone: (804) 282-5392
Email: jeff.merkle@meadowsandohly.com

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

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Building Representation Contacted (Print): _____

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Building Location:
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5875 BREMO RD
HENRICO, VA 23226

Phone: (804) 282-5392
Email: jeff.merkle@meadowsandohly.com

Elevator Location ID:	ELVLOC-2001-00548	**Code in Effect:**	1993/2013
Equipment Sequence:	3	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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5875 BREMO RD
HENRICO, VA 23226

Phone: (804) 282-5392
Email: jeff.merkle@meadowsandohly.com

Elevator Location ID:	ELVLOC-2001-00548	**Code in Effect:**	1993/2013
Equipment Sequence:	4	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
ST. MARY'S HOSPITAL
ATTN: HAUJII DAVIS
5801 BREMO RD
ENGINEERING DEPT
HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00549	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
ST. MARY'S HOSPITAL
ATTN: HAUJII DAVIS
5801 BREMO RD
ENGINEERING DEPT
HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00549	**Code in Effect:**	1987
Equipment Sequence:	2	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
ST. MARY'S HOSPITAL
ATTN: HAUJII DAVIS
5801 BREMO RD
ENGINEERING DEPT
HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00549	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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

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ATTN: HAUJII DAVIS
5801 BREMO RD
ENGINEERING DEPT
HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

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

Elevator Location ID:	ELVLOC-2001-00549	**Code in Effect:**	1993
Equipment Sequence:	4	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
LILLIBRIDGE HEALTHCARE SERVICES INC.
ATTN: KAREN ANDERSON
8220 MEADOWBRIDGE RD, STE 301
MECHANICSVILLE, VA 23116

Phone: (804) 559-8805
Email: karen.anderson@lillibridge.com

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

Elevator Location ID:	ELVLOC-2001-00550	**Code in Effect:**	1965
Equipment Sequence:	1	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 5, 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) 559-8805
Email: karen.anderson@lillibridge.com

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

Elevator Location ID:	ELVLOC-2001-00550	**Code in Effect:**	1965
Equipment Sequence:	2	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 5, Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
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5855 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00550	**Code in Effect:**	1965
Equipment Sequence:	3	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 5, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
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5855 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00550	**Code in Effect:**	1965
Equipment Sequence:	4	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 1, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
ST MARY'S HOSPITAL (CBRE)
ATTN: HAUJII DAVIS
5801 BREMO RD
ENGINEERING DEPT
HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 5, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 1, Periodic, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 5, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	4	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 1, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	5	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 5, Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Elevator Periodic Inspection and Test Report Form

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5801 BREMO RD
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HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	6	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 1, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Elevator Periodic Inspection and Test Report Form

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5801 BREMO RD
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HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	7	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 1, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	8	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 5, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	2010
Equipment Sequence:	9	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 1, Category 5, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	2010
Equipment Sequence:	10	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 1, Periodic, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1987
Equipment Sequence:	11	**Key Location:**	ENG. OFFICE
Elevator Type:	Dumbwaiter	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Building Location:
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5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1987/2013
Equipment Sequence:	12	**Key Location:**	ENG. OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Building Location:
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Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	16	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 5, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
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5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	17	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 5, Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST MARY'S HOSPITAL (CBRE)
ATTN: HAUJII DAVIS
5801 BREMO RD
ENGINEERING DEPT
HENRICO, VA 23226

Phone: (804) 489-4150
Email: haujii.davis@cbre.com

Building Location:
ST MARY'S HOSPITAL
5801 BREMO RD
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00551	**Code in Effect:**	1993
Equipment Sequence:	18	**Key Location:**	ENG. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 1, Periodic, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH CATHOLIC CHARITIES
ATTN: PAM HOBSON
1601 ROLLING HILLS DR
RICHMOND, VA 23229

Building Location:
COMMONWEALTH CATHOLIC CHARITIES
1307 LAKESIDE AVE
HENRICO, VA 23228

Phone: (804) 285-5900
Email: pam.hobson@cccofva.org

Elevator Location ID:	ELVLOC-2001-00603	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SISTERS
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BEST WESTERN PLUS
ATTN: Nihar Sai
5300 AIRPORT SQUARE LN
SANDSTON, VA 23150

Building Location:
BEST WESTERN PLUS HOTEL
5300 AIRPORT SQUARE LN
SANDSTON, VA 23150

Phone: (804) 222-8200
Email: bestwesternplus23150@gmail.com

Elevator Location ID:	ELVLOC-2001-00615	**Code in Effect:**	1978
Equipment Sequence:	1	**Key Location:**	LOBBY DESK.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Owner / Agent:
BEST WESTERN PLUS
ATTN: Nihar Sai
5300 AIRPORT SQUARE LN
SANDSTON, VA 23150

Building Location:
BEST WESTERN PLUS HOTEL
5300 AIRPORT SQUARE LN
SANDSTON, VA 23150

Phone: (804) 222-8200
Email: bestwesternplus23150@gmail.com

Elevator Location ID:	ELVLOC-2001-00615	**Code in Effect:**	1978
Equipment Sequence:	2	**Key Location:**	LOBBY DESK.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1984
Equipment Sequence:	2	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1984/2010
Equipment Sequence:	3	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1984
Equipment Sequence:	4	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1984
Equipment Sequence:	5	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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) 226-8534
Email: swalker@flyrichmond.com

Building Location:
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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1984
Equipment Sequence:	6	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1984
Equipment Sequence:	7	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1984
Equipment Sequence:	8	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	9	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	10	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	11	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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) 226-8534
Email: swalker@flyrichmond.com

Building Location:
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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	12	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
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HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	13	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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) 226-8534
Email: swalker@flyrichmond.com

Building Location:
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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	14	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	15	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	16	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	17	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Email: swalker@flyrichmond.com

Building Location:
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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	18	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	1993
Equipment Sequence:	19	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	2013
Equipment Sequence:	20	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 5, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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Henrico, VA 23250

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	2013
Equipment Sequence:	21	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 5, Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	2013
Equipment Sequence:	22	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 1, Periodic, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:
RICHMOND INTERNATIONAL AIRPORT
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Phone: (804) 226-8534
Email: swalker@flyrichmond.com

Elevator Location ID:	ELVLOC-2001-00620	**Code in Effect:**	2013
Equipment Sequence:	23	**Key Location:**	BLDG11/FIS/GATE B/15
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic, Category 1, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RPS FACILITIES SERVICES
ATTN: RONALD HATHAWAY JR.
1461 A COMMERCE RD
RICHMOND, VA 23224

Building Location:
ARMSTRONG HIGH SCHOOL
2300 COOL LN
HENRICO, VA 23223

Phone: (804) 780-6293
Email: ireynold@rvaschools.net

Elevator Location ID:	ELVLOC-2001-00624	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SCHOOL OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

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:
ALFA-LAVAL, INC.
ATTN: Gary Davis
5400 INTERNATIONAL TRADE DR
HENRICO, VA 23231

Phone: (804) 236-1301
Email: gary.davis@alfalaval.com

Building Location:
ALFA-LAVAL, INC.
5400 INTERNATIONAL TRADE DR
HENRICO, VA 23231

Elevator Location ID:	ELVLOC-2001-00633	**Code in Effect:**	1984
Equipment Sequence:	1	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MARRIOTT COURTYARD
ATTN: Shayne LaBenz
5400 WILLIAMSBURG RD
SANDTON, VA 23150

Building Location:
MARRIOTT HOTEL
5400 WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 652-0500
Email: shayne.labenz@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00636	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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MARRIOTT COURTYARD
ATTN: Shayne LaBenz
5400 WILLIAMSBURG RD
SANDTON, VA 23150

Building Location:
MARRIOTT HOTEL
5400 WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 652-0500
Email: shayne.labenz@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00636	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
ARRINGTON BUILDING
1802 BAYBERRY CT
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00718	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SEE MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

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

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
ARRINGTON BUILDING
1802 BAYBERRY CT
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00718	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SEE MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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JLL
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7201 GLEN FOREST DR
RICHMOND, VA 23226

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
ARRINGTON BUILDING
1802 BAYBERRY CT
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00718	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	SEE MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
CAPSTONE OFFICE BLDG
7100 FOREST AVE
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00724	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SEE MAINT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
CAPSTONE OFFICE BLDG
7100 FOREST AVE
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00724	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SEE MAINT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
WILTON PROPERTIES, INC
ATTN: JIMMY FITCH
PO Box 6895
RICHMOND, VA 23230

Phone: (804) 237-1370
Email: jimmy@tehwiltonco.com

Building Location:
OFFICES AT PARHAM & PATTERSON
8545 PATTERSON AVE
HENRICO, VA 23229

Elevator Location ID:	ELVLOC-2001-00807	**Code in Effect:**	1971
Equipment Sequence:	1	**Key Location:**	2ND.FL.W.S.LOGAN
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
REGENCY INN
ATTN: CHRYSTAL LEIGH
1500 EASTRIDGE RD
HENRICO, VA 23229

Building Location:
REGENCY INN
1500 EASTRIDGE RD
HENRICO, VA 23229

Phone: (804) 285-9061
Email: regencyinnrichmond@gmail.com

Elevator Location ID:	ELVLOC-2001-00815	**Code in Effect:**	1965
Equipment Sequence:	1	**Key Location:**	ENGRS. OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: AMY ROWE
PO BOX 13470
RICHMOND, VA 23235

Building Location:
RIVER ROAD S\C
6243 RIVER RD
HENRICO, VA 23229

Phone: (804) 320-5500
Email: amy.rowe@colliers.com

Elevator Location ID:	ELVLOC-2001-00826	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	BOX @ OUTSIDE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PREMIER INVESTMENT
ATTN: ADAM SANTOS
7910 WOODMONT AVE. SUITE 1405
BETHESDA, MD 20814

Phone: (240) 630-4000 Ext. 89
Email: asantos@premierinvestment.com

Building Location:
ONE COLONIAL PLACE
10571 TELEGRAPH RD
GLEN ALLEN, VA 23059

Elevator Location ID:	ELVLOC-2001-00837	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	BLDG.ENGR. AT SITE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SPRINGHILL SUITES
ATTN: Larry Robbins
9701 BROOK RD
GLEN ALLEN, VA 23059

Phone: (804) 218-2670
Email: larry@jphospitality.com

Building Location:
SPRINGHILL SUITES
9701 BROOK RD
GLEN ALLEN, VA 23059

Elevator Location ID:	ELVLOC-2001-00856	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
SPRINGHILL SUITES
ATTN: Larry Robbins
9701 BROOK RD
GLEN ALLEN, VA 23059

Phone: (804) 218-2670
Email: larry@jphospitality.com

Building Location:
SPRINGHILL SUITES
9701 BROOK RD
GLEN ALLEN, VA 23059

Elevator Location ID:	ELVLOC-2001-00856	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
AMERISOURCE BERGEN
ATTN: MIKE HARPER
9900 JEB STUART PARKWAY
GLEN ALLEN, VA 23060

Building Location:
AMERISOURCE BERGEN
9900 JEB STUART PKWY
GLEN ALLEN, VA 23059

Phone: (804) 253-6638
Email: mharper@amerisourcebergen.com

Elevator Location ID:	ELVLOC-2001-00858	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	OPER.MGR.DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HIGHWOODS PROPERTIES
ATTN: LISA HARRIS
4991 Lake Brook Dr
Suite G90
Glen Allen, VA 23060

Phone: (804) 290-2162
Email: Lisa.Harris@highwoods.com

Building Location:
NORTH SHORE COMMONS I
4951 LAKE BROOK DR
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00885	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	BOX ON M.R.DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 290-2162
Email: Lisa.Harris@highwoods.com

Building Location:
NORTH SHORE COMMONS I
4951 LAKE BROOK DR
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00885	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	BOX ON M.R.DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
HILTON HOTEL
ATTN: Rick Hibbs
3200 Olympus Blvd, Suite 400
Dallas, TX 75019

Phone: (972) 355-6751
Email:

Building Location:
HILTON HOTEL
4050 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00888	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HILTON HOTEL
ATTN: Rick Hibbs
3200 Olympus Blvd, Suite 400
Dallas, TX 75019

Phone: (972) 355-6751
Email:

Building Location:
HILTON HOTEL
4050 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00888	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Colliers
ATTN: AMY ROWE
PO BOX 13470
RICHMOND, VA 23235

Phone: (804) 320-5500
Email: amy.rowe@colliers.com

Building Location:
WATERFRONT PLAZA
4401 WATERFRONT DR
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00899	**Code in Effect:**	1984/2010
Equipment Sequence:	1	**Key Location:**	LOCK BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
THALHIMER
ATTN: PATRICIA HOGAN
4198 COX RD
SUITE 200
GLEN ALLEN, VA 23060

Phone: (804) 433-1804
Email: PHOGAN@COMMONWEALTHCOMM

Building Location:
WESTERRE I OFFICE BUILDING
3951 WESTERRE PKWY
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00924	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	1ST/FL, FIRE BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
THALHIMER
ATTN: PATRICIA HOGAN
4198 COX RD
SUITE 200
GLEN ALLEN, VA 23060

Phone: (804) 433-1804
Email: PHOGAN@COMMONWEALTHCOMM

Building Location:
WESTERRE I OFFICE BUILDING
3951 WESTERRE PKWY
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00924	**Code in Effect:**	1987
Equipment Sequence:	2	**Key Location:**	1ST/FL, FIRE BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RE GAIN INVESTMENT FUND, LLC
ATTN: Brian BERKY
895 Island Dr.
SUITE 202
Daniel Island, SC 29492

Phone: (202) 664-2295
Email: bryan.berky@regainfund.com

Building Location:
FORTY EIGHT HUNDRED BUILDING
4800 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00926	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	FIRE CAB. @ 1ST\FL
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RE GAIN INVESTMENT FUND, LLC
ATTN: Brian BERKY
895 Island Dr.
SUITE 202
Daniel Island, SC 29492

Phone: (202) 664-2295
Email: bryan.berky@regainfund.com

Building Location:
FORTY EIGHT HUNDRED BUILDING
4800 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00926	**Code in Effect:**	1987
Equipment Sequence:	2	**Key Location:**	FIRE CAB. @ 1ST\FL
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH COMMERCIAL
ATTN: Alex Crouch
PO BOX 71150
RICHMOND, VA 23255

Building Location:
4301 DOMINION BLVD LLC
4301 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 346-4966
Email: dcreek@commonwealthcommercial

Elevator Location ID:	ELVLOC-2001-00928	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
DEEP RUN SPE, LLC
ATTN: Jeffrey Bublitz
9550 Mayland Drive
Henrico, VA 23233

Phone:
Email: jefferyb@corporatefacilitiesgroup.c

Building Location:
DEEP RUN I
9950 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00933	**Code in Effect:**	1984/2010
Equipment Sequence:	1	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Category 5, 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:
DEEP RUN SPE, LLC
ATTN: Jeffrey Bublitz
9550 Mayland Drive
Henrico, VA 23233

Phone:
Email: jefferyb@corporatefacilitiesgroup.c

Building Location:
DEEP RUN I
9950 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00933	**Code in Effect:**	1984/2010
Equipment Sequence:	2	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic, Category 1, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DEEP RUN SPE, LLC
ATTN: Jeffrey Bublitz
9550 Mayland Drive
Henrico, VA 23233

Phone:
Email: jefferyb@corporatefacilitiesgroup.c

Building Location:
DEEP RUN I
9950 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00933	**Code in Effect:**	1984/2010
Equipment Sequence:	3	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Category 5, Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DEEP RUN SPE, LLC
ATTN: Jeffrey Bublitz
9550 Mayland Drive
Henrico, VA 23233

Phone:
Email: jefferyb@corporatefacilitiesgroup.c

Building Location:
DEEP RUN I
9950 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00933	**Code in Effect:**	1984/2010
Equipment Sequence:	4	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Category 5, 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:
DEEP RUN SPE, LLC
ATTN: Jeffrey Bublitz
9550 Mayland Drive
Henrico, VA 23233

Phone:
Email: jefferyb@corporatefacilitiesgroup.c

Building Location:
DEEP RUN I
9950 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00933	**Code in Effect:**	1984/2010
Equipment Sequence:	5	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Category 5, 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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ATTN: Jeffrey Bublitz
9550 Mayland Drive
Henrico, VA 23233

Phone:
Email: jefferyb@corporatefacilitiesgroup.c

Building Location:
DEEP RUN I
9950 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00933	**Code in Effect:**	1984/2010
Equipment Sequence:	6	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic, Category 5, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:
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ATTN: Jeffrey Bublitz
9550 Mayland Drive
Henrico, VA 23233

Phone:
Email: jefferyb@corporatefacilitiesgroup.c

Building Location:
DEEP RUN I
9950 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00933	**Code in Effect:**	1984/2010
Equipment Sequence:	7	**Key Location:**	ENGR. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic, Category 5, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GPT PROPERTIES / THE RMR GROUP LLC
ATTN: MARCY MCDEVITT
6160 Kempsville Circle
Suite 316A
Norfolk, VA 23502

Phone: (757) 716-0039
Email: mmcdevitt@rmrgroup.com

Building Location:
THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00939	**Code in Effect:**	1987/2013
Equipment Sequence:	1	**Key Location:**	ENGINEERS OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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ATTN: MARCY MCDEVITT
6160 Kempsville Circle
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Norfolk, VA 23502

Phone: (757) 716-0039
Email: mmcdevitt@rmrgroup.com

Building Location:
THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00939	**Code in Effect:**	1987/2013
Equipment Sequence:	2	**Key Location:**	ENGINEERS OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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: (757) 716-0039
Email: mmcdevitt@rmrgroup.com

Building Location:
THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00939	**Code in Effect:**	1987/2013
Equipment Sequence:	3	**Key Location:**	ENGINEERS OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Norfolk, VA 23502

Phone: (757) 716-0039
Email: mmcdevitt@rmrgroup.com

Building Location:
THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00939	**Code in Effect:**	1987/2013
Equipment Sequence:	4	**Key Location:**	ENGINEERS OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

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Norfolk, VA 23502

Phone: (757) 716-0039
Email: mmcdevitt@rmrgroup.com

Building Location:
THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00939	**Code in Effect:**	1987/2013
Equipment Sequence:	5	**Key Location:**	ENGINEERS OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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

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Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: MIKE JAMES
2221 EDWARD HOLLAND DR
SUITE 600
RICHMOND, VA 23230

Phone: (804) 796-0500
Email: mike.james@colliers.com

Building Location:
RIDGEFIELD MEDICAL BUILDING
2200 PUMP RD
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00941	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	2ND.FL.\ RM.205
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
WESTDALE REAL ESTATE MGT.
ATTN: TREY BRANCH
11551 Nuckols Road
Suite O
Glen Allen, VA 23059

Phone: (804) 747-1551
Email: trey.branchl@westdale.com

Building Location:
WEST SHORE II BUILDING
201 CONCOURSE BLVD
GLEN ALLEN, VA 23059

Elevator Location ID:	ELVLOC-2001-00943	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	M.R. DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CARMAX AUTO SUPERSTORES
ATTN: JOHN SABER
12800 TUCKAHOE CREEK PKWY
RICHMOND, VA 23238

Building Location:
CAR/MAX
11090 W BROAD ST
GLEN ALLEN, VA 23060

Phone: (804) 400-4381
Email: chris_baker@carmax.com

Elevator Location ID:	ELVLOC-2001-00954	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	SERVICE DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

Building Location:
4480 BUILDING
4480 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00956	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	3RD.FL.\VA.MUTUAL RC
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

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

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

Building Location:
4480 BUILDING
4480 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00956	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	3RD.FL.\VA.MUTUAL RC
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
GAYTON BAPTIST CHURCH
ATTN: DIANE BELDEN
13501 N GAYTON RD
HENRICO, VA 23233

Building Location:
GAYTON BAPTIST CHURCH
13501 N GAYTON RD
HENRICO, VA 23233-7057

Phone: (804) 360-2801
Email: diane@gayton.church

Elevator Location ID:	ELVLOC-2001-00959	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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

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

Phone: (804) 290-2169
Email: brian.egan@highwoods.com

Building Location:
HIGHWOODS ONE
10900 NUCKOLS RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00961	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	KEYBOX ON#3DOOR (MR)
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

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

Phone: (804) 290-2169
Email: brian.egan@highwoods.com

Building Location:
HIGHWOODS ONE
10900 NUCKOLS RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00961	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	KEYBOX ON#3DOOR (MR)
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

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

Phone: (804) 290-2169
Email: brian.egan@highwoods.com

Building Location:
HIGHWOODS ONE
10900 NUCKOLS RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00961	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	KEYBOX ON#3DOOR (MR)
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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: LISA HARRIS
4991 Lake Brook Dr
Suite G90
Glen Allen, VA 23060

Phone: (804) 290-2162
Email: Lisa.Harris@highwoods.com

Building Location:
LAKE BROOK COMMONS
4851 LAKE BROOK DR
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00964	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	LOCK BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
THALHIMER
ATTN: PATRICIA HOGAN
4198 COX RD
SUITE 200
GLEN ALLEN, VA 23060

Phone: (804) 433-1804
Email: PHOGAN@COMMONWEALTHCOMM

Building Location:
WESTERRE II OFFICE BUILDING
3957 WESTERRE PKWY
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00969	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	1ST/FL. FIRE BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
THALHIMER
ATTN: PATRICIA HOGAN
4198 COX RD
SUITE 200
GLEN ALLEN, VA 23060

Phone: (804) 433-1804
Email: PHOGAN@COMMONWEALTHCOMM

Building Location:
WESTERRE II OFFICE BUILDING
3957 WESTERRE PKWY
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2001-00969	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	1ST/FL. FIRE BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TWC RICHMOND, LLC
ATTN: BETH WILDER
5301 HEADQUARTERS DR.
PLANO, TX 75024

Phone: (972) 616-8343
Email: licensing@aimhosp.com

Building Location:
CANDLEWOOD SUITES
4120 TOM LEONARD DR
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00990	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
NEW BRIDGE BAPTIST CHURCH
ATTN: JEFF YATES
5701 ELKO RD
SANDSTON, VA 23150

Building Location:
NEW BRIDGE BAPTIST CHURCH
5701 ELKO RD
SANDSTON, VA 23150

Phone: (804) 737-7331
Email: y8sfishin@yahoo.com

Elevator Location ID:	ELVLOC-2002-01000	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SEE MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST PAULS BAPTIST CHURCH
ATTN: Greg Harris
4247 Creighton Rd
Henrico, VA 23223

Building Location:
ST PAULS BAPTIST CHURCH
4247 CREIGHTON RD
HENRICO, VA 23223

Phone: (804) 463-2455
Email: greg.harris@myspbc.org

Elevator Location ID:	ELVLOC-2002-01007	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST PAULS BAPTIST CHURCH
ATTN: Greg Harris
4247 Creighton Rd
Henrico, VA 23223

Building Location:
ST PAULS BAPTIST CHURCH
4247 CREIGHTON RD
HENRICO, VA 23223

Phone: (804) 463-2455
Email: greg.harris@myspbc.org

Elevator Location ID:	ELVLOC-2002-01007	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST PAULS BAPTIST CHURCH
ATTN: Greg Harris
4247 Creighton Rd
Henrico, VA 23223

Building Location:
ST PAULS BAPTIST CHURCH
4247 CREIGHTON RD
HENRICO, VA 23223

Phone: (804) 463-2455
Email: greg.harris@myspbc.org

Elevator Location ID:	ELVLOC-2002-01007	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
ECONOMIC DEVELOPMENT BUILDING -
4300 E PARHAM RD
4300 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2002-01024	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
MEMORIAL TRUST./THE VA. DIOCESE
ATTN: BRUCE PARTRIDGE
8727 RIVER RD
RICHMOND, VA 23229

Building Location:
ROSLYN DINING HALL
8727 RIVER RD
HENRICO, VA 23229

Phone: (804) 288-6045
Email: brucep@roslyncenter.org

Elevator Location ID:	ELVLOC-2002-01026	**Code in Effect:**	
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Dumbwaiter	**Alarm Status:**	
Inspections for April:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CHESTNUT GROVE LP
ATTN: LEONARD WILKINSON
9010 WOODMAN RD
HENRICO, VA 23228

Building Location:
CHESTNUT GROVE ASSISTED LIVING
9010 WOODMAN RD
HENRICO, VA 23228

Phone: (804) 262-7333
Email: lwilkinson@chestnutgroveliving.co

Elevator Location ID:	ELVLOC-2003-01076	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CHESTNUT GROVE LP
ATTN: LEONARD WILKINSON
9010 WOODMAN RD
HENRICO, VA 23228

Building Location:
CHESTNUT GROVE ASSISTED LIVING
9010 WOODMAN RD
HENRICO, VA 23228

Phone: (804) 262-7333
Email: lwilkinson@chestnutgroveliving.co

Elevator Location ID:	ELVLOC-2003-01076	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CHESTNUT GROVE LP
ATTN: LEONARD WILKINSON
9010 WOODMAN RD
HENRICO, VA 23228

Building Location:
CHESTNUT GROVE ASSISTED LIVING
9010 WOODMAN RD
HENRICO, VA 23228

Phone: (804) 262-7333
Email: lwilkinson@chestnutgroveliving.co

Elevator Location ID:	ELVLOC-2003-01076	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
WEINSTEIN COMMUNITY CENTER INC
ATTN: JEFF SECHREST
5403 MONUMENT AVE
RICHMOND, VA 23226

Phone: (804) 502-1139
Email: jsechrest@weinsteinjcc.org

Building Location:
JEWISH COMMUNITY CENTER
5403 MONUMENT AVE
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2003-01107	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
CARTER WOODS SENIOR APARTMENTS
ATTN: ISRAEL FLEMING
301 DABBS HOUSE RD
RICHMOND, VA 23223

Building Location:
CARTER WOODS SENIOR APTS
301 DABBS HOUSE RD
HENRICO, VA 23223

Phone: (804) 222-4395
Email: i.fleming@betterhousingcoalition.or

Elevator Location ID:	ELVLOC-2004-01139	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CARTER WOODS SENIOR APARTMENTS
ATTN: ISRAEL FLEMING
301 DABBS HOUSE RD
RICHMOND, VA 23223

Building Location:
CARTER WOODS SENIOR APTS
301 DABBS HOUSE RD
HENRICO, VA 23223

Phone: (804) 222-4395
Email: i.fleming@betterhousingcoalition.or

Elevator Location ID:	ELVLOC-2004-01139	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MEADOWS AND OHLY
ATTN: JEFF MERKLE
5875 BREMO RD
RICHMOND, VA 23226

Building Location:
ST MARY'S MOB NW
1501 MAPLE AVE
HENRICO, VA 23226

Phone: (804) 282-5392
Email: jeff.merkle@meadowsandohly.com

Elevator Location ID:	ELVLOC-2004-01152	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MEADOWS AND OHLY
ATTN: JEFF MERKLE
5875 BREMO RD
RICHMOND, VA 23226

Building Location:
ST MARY'S MOB NW
1501 MAPLE AVE
HENRICO, VA 23226

Phone: (804) 282-5392
Email: jeff.merkle@meadowsandohly.com

Elevator Location ID:	ELVLOC-2004-01152	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
DEEP RUN RECREATION CENTER
9910 RIDGEFIELD PKWY
HENRICO, VA 23233

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2005-01172	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
PARHAM PARK PLACE SENIOR APTS 1
ATTN: THERESA CARNEAL
7600 E PARHAM RD
HENRICO, VA 23294

Building Location:
PARHAM PARK PLACE II
7590 E PARHAM RD
HENRICO, VA 23294-4120

Phone: (804) 672-7718
Email: parhampark@epochinc.com

Elevator Location ID:	ELVLOC-2005-01174	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
WALKERTON TAVERN
2892 MOUNTAIN RD
GLEN ALLEN, VA 23060

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2005-01185	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TUCKAHOE LIBRARY
1901 STARLING DR
HENRICO, VA 23229

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2005-01193	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TUCKAHOE LIBRARY
1901 STARLING DR
HENRICO, VA 23229

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2005-01193	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GENESIS COMMUNITY MANAGEMENT
ATTN: JOANNE BOSTON
11237 NUCKOLS RD
GLEN ALLEN, VA 23059

Building Location:
HICKORY PARK BLDG F
11237 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 762-0038 Ext. 81208
Email: jmboston@genisesmgt.net

Elevator Location ID:	ELVLOC-2006-01201	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TWIN HICKORY AREA LIBRARY
5001 TWIN HICKORY RD
GLEN ALLEN, VA 23059

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2006-01212	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TWIN HICKORY AREA LIBRARY
5001 TWIN HICKORY RD
GLEN ALLEN, VA 23059

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2006-01212	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RICHMOND RESOURCES/HICKORY PARK
ATTN: STUART CANTOR
5300 HICKORY PARK DR SUITE 210
GLEN ALLEN, VA 23059

Phone: (804) 262-7601
Email: scantor@trustmore.com

Building Location:
HICKORY PARK BLDG H
5300 HICKORY PARK DR
GLEN ALLEN, VA 23059

Elevator Location ID:	ELVLOC-2006-01235	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEYBOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HENRICO THEATRE
305 E NINE MILE RD
HENRICO, VA 23075

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2007-01274	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
BJ'S WHOLESALE CLUB
ATTN: John Little
350 Campus Dr.
Marlborough, MA 01752

Phone: (757) 641-8775
Email: jlyttle@bjs.com

Building Location:
BJ'S WHOLESALE CLUB #198
1320 STARLING DR
HENRICO, VA 23229

Elevator Location ID:	ELVLOC-2008-01351	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	STORE MGR
Elevator Type:	Roped Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VRSA INSURANCE PROGRAMS
ATTN: Lisa Heart
11243 NUCKOLS RD
GLEN ALLEN, VA 23059

Building Location:
VRSA INSURANCE BLDG.
11243 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 237-7331
Email: lheart@vrsa.us

Elevator Location ID:	ELVLOC-2008-01356	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEYBOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
DBC ATLANTIC RICHMOND BSD
ATTN: TIFFANY MORGAN
6000 BROOK RD
RICHMOND, VA 23227

Building Location:
BROOK RUN SENIOR APTS
6000 BROOK RD
HENRICO, VA 23227-2280

Phone: (804) 261-1006
Email: tmorgan@starockgroup.com

Elevator Location ID:	ELVLOC-2008-01367	**Code in Effect:**	2005/2006
Equipment Sequence:	1	**Key Location:**	MAINT.
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
DBC ATLANTIC RICHMOND BSD
ATTN: TIFFANY MORGAN
6000 BROOK RD
RICHMOND, VA 23227

Building Location:
BROOK RUN SENIOR APTS
6000 BROOK RD
HENRICO, VA 23227-2280

Phone: (804) 261-1006
Email: tmorgan@starockgroup.com

Elevator Location ID:	ELVLOC-2008-01367	**Code in Effect:**	2005/2006
Equipment Sequence:	2	**Key Location:**	MAINT.
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: KATHRIN SPILLMAN
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Building Location:
DOUBLETREE HOTEL
445 INTERNATIONAL CENTRE DR
HENRICO, VA 23231

Elevator Location ID:	ELVLOC-2008-01368	**Code in Effect:**	2005
Equipment Sequence:	1	**Key Location:**	MAINT.
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: KATHRIN SPILLMAN
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Building Location:
DOUBLETREE HOTEL
445 INTERNATIONAL CENTRE DR
HENRICO, VA 23231

Elevator Location ID:	ELVLOC-2008-01368	**Code in Effect:**	2005
Equipment Sequence:	2	**Key Location:**	MAINT.
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: KATHRIN SPILLMAN
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Building Location:
DOUBLETREE HOTEL
445 INTERNATIONAL CENTRE DR
HENRICO, VA 23231

Elevator Location ID:	ELVLOC-2008-01368	**Code in Effect:**	2005
Equipment Sequence:	3	**Key Location:**	MAINT.
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HYATT PLACE HOTEL
4401 S LABURNUM AVE
HENRICO, VA 23231

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2009-01385	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HYATT PLACE HOTEL
4401 S LABURNUM AVE
HENRICO, VA 23231

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2009-01385	**Code in Effect:**	2000
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VERENA AT THE GLEN
ATTN: SHAMAINE DAVIS
10286 BROOK RD
GLEN ALLEN, VA 23059

Phone: (804) 261-1100
Email: sdavis@verenaattheglenva.com

Building Location:
VERENA AT THE GLEN
10290 BROOK RD
HENRICO, VA 23060

Elevator Location ID:	ELVLOC-2009-01395	**Code in Effect:**	2004/2005
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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:
VERENA AT THE GLEN
ATTN: STEHANIE CRABBE
10286 BROOK RD
GLEN ALLEN, VA 23059

Phone: (804) 261-1100
Email: SCRABBE@VERENAATTHEGLEN.CO

Building Location:
VERENA AT THE GLEN
10282 BROOK RD
HENRICO, VA 23060

Elevator Location ID:	ELVLOC-2009-01396	**Code in Effect:**	2004/2005
Equipment Sequence:	1	**Key Location:**	MAINT.
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
BEST WESTERN
ATTN: Paritosh Patel
8507 BROOK RD
GLEN ALLEN, VA 23060-4019

Phone: (804) 266-3500
Email: bw47142@gmail.com

Building Location:
BEST WESTERN
8507 BROOK RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2009-01408	**Code in Effect:**	2004
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HINDU CENTER OF VA INC
ATTN: Ram Gonela
6051 Springfield Rd.
Glen Allen, VA 23060

Building Location:
HINDU CENTER OF VA
6051 SPRINGFIELD RD
GLEN ALLEN, VA 23060

Phone: (804) 332-1001
Email: gonela.ram@gmail.com

Elevator Location ID:	ELVLOC-2009-01435	**Code in Effect:**	2004/2005
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
EASTERN HENRICO RECREATION CENTER
1440 N LABURNUM AVE
HENRICO, VA 23223

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2010-01462	**Code in Effect:**	2005
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for April:	**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:
FOREST MEDICAL OFFICE BLDG. LLC
ATTN: KATIE Welch
800 W. MADISON.ST
SUITE 400
CHICAGO, IL 60607

Phone: (757) 580-6680
Email: kwelch@remedymed.com

Building Location:
REYNOLDS CROSSING MOB 2
6900 FOREST AVE
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2012-01551	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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:
FOREST MEDICAL OFFICE BLDG. LLC
ATTN: KATIE Welch
800 W. MADISON.ST
SUITE 400
CHICAGO, IL 60607

Phone: (757) 580-6680
Email: kwelch@remedymed.com

Building Location:
REYNOLDS CROSSING MOB 2
6900 FOREST AVE
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2012-01551	**Code in Effect:**	2007
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LIBRARY HEADQUARTERS
1700 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2012-01554	**Code in Effect:**	2009
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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:
MINI PRICE STORAGE
ATTN: MELISSA OXENDINE
2900 SABRE ST SUITE 75
VIRGINIA BEACH, VA 23452

Building Location:
MINI PRICE WAREHOUSE
4300 W BROAD ST
HENRICO, VA 23230

Phone: (757) 468-7509
Email: melissa.oxendine@minipricestorag

Elevator Location ID:	ELVLOC-2012-01597	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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:
MINI PRICE STORAGE
ATTN: MELISSA OXENDINE
2900 SABRE ST SUITE 75
VIRGINIA BEACH, VA 23452

Building Location:
MINI PRICE WAREHOUSE
4300 W BROAD ST
HENRICO, VA 23230

Phone: (757) 468-7509
Email: melissa.oxendine@minipricestorag

Elevator Location ID:	ELVLOC-2012-01597	**Code in Effect:**	2007
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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:
MINI PRICE STORAGE
ATTN: MELISSA OXENDINE
2900 SABRE ST SUITE 75
VIRGINIA BEACH, VA 23452

Building Location:
MINI PRICE WAREHOUSE
4300 W BROAD ST
HENRICO, VA 23230

Phone: (757) 468-7509
Email: melissa.oxendine@minipricestorag

Elevator Location ID:	ELVLOC-2012-01597	**Code in Effect:**	2007
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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:
MINI PRICE STORAGE
ATTN: MELISSA OXENDINE
2900 SABRE ST SUITE 75
VIRGINIA BEACH, VA 23452

Building Location:
MINI PRICE WAREHOUSE
4300 W BROAD ST
HENRICO, VA 23230

Phone: (757) 468-7509
Email: melissa.oxendine@minipricestorag

Elevator Location ID:	ELVLOC-2012-01597	**Code in Effect:**	2010
Equipment Sequence:	4	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
LIBBIE MILL LIBRARY
2100 LIBBIE LAKE EAST ST
HENRICO, VA 23230

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2015-01726	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	FRON DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LIBBIE MILL LIBRARY
2100 LIBBIE LAKE EAST ST
HENRICO, VA 23230

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2015-01726	**Code in Effect:**	2010
Equipment Sequence:	2	**Key Location:**	FRON DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
VARINA LIBRARY
1875 NEW MARKET RD
HENRICO, VA 23231

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2015-01741	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
VARINA LIBRARY
1875 NEW MARKET RD
HENRICO, VA 23231

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2015-01741	**Code in Effect:**	2010
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GUMENICK PROPERTIES
ATTN: ADAM JOHNSTON
4901 LIBBIE MILL E. BLVD UNIT 200
RICHMOND, VA 23230

Phone: (804) 288-0011
Email: ajohnsaton@gumprop.com

Building Location:
LIBBIE MILL BLDG B
4900 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2015-01753	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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:
11934 W Broad LLC
ATTN: Please provide Contact Name
12230 Iron Bridge Rd., STE C
Chester, VA 23831

Phone:
Email:

Building Location:
WEST BROAD MEDICAL
11934 W BROAD ST
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2016-01763	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
REYNOLDS INTL. MGT. SERV.
ATTN: KATIE Welch
800 W. MADISON.ST
SUITE 400
CHICAGO, IL 60607

Phone: (757) 580-6680
Email: kwelch@remedymed.com

Building Location:
FOREST MEDICAL MOB 4
6946 FOREST AVE
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2017-01868	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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:
REYNOLDS INTL. MGT. SERV.
ATTN: KATIE Welch
800 W. MADISON.ST
SUITE 400
CHICAGO, IL 60607

Phone: (757) 580-6680
Email: kwelch@remedymed.com

Building Location:
FOREST MEDICAL MOB 4
6946 FOREST AVE
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2017-01868	**Code in Effect:**	2010
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PUBLIC STORAGE
ATTN: CHRIS STINNETT
11530 NUCKOLS RE
GLEN ALLEN, VA 23059

Building Location:
PUBLIC STORAGE
11530 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 553-6019
Email: cstinnett@publicstorage.com

Elevator Location ID:	ELVLOC-2017-01869	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PUBLIC STORAGE
ATTN: CHRIS STINNETT
11530 NUCKOLS RE
GLEN ALLEN, VA 23059

Phone: (804) 553-6019
Email: cstinnett@publicstorage.com

Building Location:
PUBLIC STORAGE
11530 NUCKOLS RD
GLEN ALLEN, VA 23059

Elevator Location ID:	ELVLOC-2017-01869	**Code in Effect:**	2010
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FAISON CENTER
ATTN: STEVE DAILEY
1701 BYRD AVE
RICHMOND, VA 23230

Building Location:
FAISON SCHOOL FOR AUTISM
1701 BYRD AVE
HENRICO, VA 23230

Phone: (804) 612-1947
Email: sdailey@faisoncenter.org

Elevator Location ID:	ELVLOC-2017-01871	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BON SECOURS HEALTH SYSTEMS
ATTN: DAREL KELSEY
1701 Mercy Health P
Cincinnati, OH 45237

Building Location:
BON SECOURS RICH. HEALTH SYSTEMS
12320 W BROAD ST
HENRICO, VA 23233-7642

Phone: (804) 807-1498
Email: darel.kelsey@cushwake.com

Elevator Location ID:	ELVLOC-2018-01904	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BON SECOURS HEALTH SYSTEMS
ATTN: DAREL KELSEY
1701 Mercy Health P
Cincinnati, OH 45237

Building Location:
BON SECOURS RICH. HEALTH SYSTEMS
12320 W BROAD ST
HENRICO, VA 23233-7642

Phone: (804) 807-1498
Email: darel.kelsey@cushwake.com

Elevator Location ID:	ELVLOC-2018-01904	**Code in Effect:**	2010
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
FAIRFIELD LIBRARY
1401 N LABURNUM AVE
HENRICO, VA 23223

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID:	ELVLOC-2018-01977	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
INNSLAKE MILLPOND NR LLC ET AL
ATTN: Landon Beir
11820 State St. Suite 310
Draper, UT 84020

Phone: (215) 744-1200
Email: innslakeplace-pm@pegasusresiden

Building Location:
INNSLAKE APARTMENTS 1
4245 INNSLAKE DR
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2019-02066	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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:
FAISON CENTER
ATTN: STEVE DAILEY
1701 BYRD AVE
HENRICO, VA 23230

Building Location:
FAISON SCHOOL FOR AUTISM BLDG 3
5311 MARKEL RD
HENRICO, VA 23230

Phone: (804) 612-1947
Email: sdailey742@faisoncenter.org

Elevator Location ID:	ELVLOC-2020-02082	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	MAINTENANCE SHOP
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ROCKETTS BLOCK 17 LLC
ATTN: TIFFANY NOWAK
5101 OLD MAIN ST
HENRICO, VA 23231

Phone: (804) 335-1413
Email: tnowak@prgrealestate.com

Building Location:
ROCKETTS LANDING BLOCK 17
5050 OLD MAIN ST
HENRICO, VA 23231

Elevator Location ID:	ELVLOC-2020-02083	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ROCKETTS BLOCK 17 LLC
ATTN: TIFFANY NOWAK
5101 OLD MAIN ST
HENRICO, VA 23231

Phone: (804) 335-1413
Email: tnowak@prgrealestate.com

Building Location:
ROCKETTS LANDING BLOCK 17
5050 OLD MAIN ST
HENRICO, VA 23231

Elevator Location ID:	ELVLOC-2020-02083	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE BARCLAY OF TUCKAHOE
ATTN: NATASHA CHRISTIAN
567 N PARHAM RD
HENRICO, VA 23229

Building Location:
THE BARCLAY OF TUCKAHOE
567 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 210-2548
Email: NATASHA.CHRISTIAN@QSLMSENI

Elevator Location ID:	ELVLOC-2021-000030	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE BARCLAY OF TUCKAHOE
ATTN: NATASHA CHRISTIAN
567 N PARHAM RD
HENRICO, VA 23229

Building Location:
THE BARCLAY OF TUCKAHOE
567 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 210-2548
Email: NATASHA.CHRISTIAN@QSLMSENI

Elevator Location ID:	ELVLOC-2021-000030	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE BARCLAY OF TUCKAHOE
ATTN: NATASHA CHRISTIAN
567 N PARHAM RD
HENRICO, VA 23229

Building Location:
THE BARCLAY OF TUCKAHOE
567 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 210-2548
Email: NATASHA.CHRISTIAN@QSLMSENI

Elevator Location ID:	ELVLOC-2021-000030	**Code in Effect:**	2013
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE BARCLAY OF TUCKAHOE
ATTN: NATASHA CHRISTIAN
567 N PARHAM RD
HENRICO, VA 23229

Building Location:
THE BARCLAY OF TUCKAHOE
567 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 210-2548
Email: NATASHA.CHRISTIAN@QSLMSENI

Elevator Location ID:	ELVLOC-2021-000030	**Code in Effect:**	2013
Equipment Sequence:	4	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: OMAR ANSARI
1001 Boulders Pkwy, STE 400
N. Chesterfield, VA 23225

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Building Location:
HOME2 SUITES HOTEL
209 TOWNE CENTER WEST BLVD
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2022-000001	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: OMAR ANSARI
1001 Boulders Pkwy, STE 400
N. Chesterfield, VA 23225

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Building Location:
HOME2 SUITES HOTEL
209 TOWNE CENTER WEST BLVD
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2022-000001	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CHURCH OF JESUS CHRIST
ATTN: RUSSELL DAVENPORT
10915 STAPLES MILL RD
GLEN ALLEN, VA 23060

Building Location:
CHURCH OF JESUS CHRIST
10915 STAPLES MILL RD
GLEN ALLEN, VA 23060

Phone: (443) 340-2656
Email: russell.davenport@churckofjesusch

Elevator Location ID:	ELVLOC-2022-000050	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
REGENCY ACQUISITIONS LLC
ATTN: Laurie Cassidy
1321 Farrells West Ave.
Attn: Leasing Office
Henrico, VA 23229

Phone: (804) 362-6075
Email: laurie.cassidy@thalhimer.com

Building Location:
THE RISE AT REGENCY
1321 FARRELLS WEST AVE
HENRICO, VA 23229-5513

Elevator Location ID:	ELVLOC-2022-000060	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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:
REGENCY ACQUISITIONS LLC
ATTN: Laurie Cassidy
1321 Farrells West Ave.
Attn: Leasing Office
Henrico, VA 23229

Phone: (804) 362-6075
Email: laurie.cassidy@thalhimer.com

Building Location:
THE RISE AT REGENCY
1321 FARRELLS WEST AVE
HENRICO, VA 23229-5513

Elevator Location ID:	ELVLOC-2022-000060	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
REGENCY ACQUISITIONS LLC
ATTN: Laurie Cassidy
1321 Farrells West Ave.
Attn: Leasing Office
Henrico, VA 23229

Phone: (804) 362-6075
Email: laurie.cassidy@thalhimer.com

Building Location:
THE RISE AT REGENCY
1321 FARRELLS WEST AVE
HENRICO, VA 23229-5513

Elevator Location ID:	ELVLOC-2022-000060	**Code in Effect:**	2013
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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:
METROPOLIS APTS
ATTN: KIRSTEN VALENTINE
4500 METROPOLIS DR
GLEN ALLEN, VA 23060

Building Location:
METROPOLIS APTS, BLD A1
4500 METROPOLIS DR
GLEN ALLEN, VA 23060

Phone: (804) 256-5000
Email: kvalentine@druckerandfalk.com

Elevator Location ID:	ELVLOC-2023-000029	**Code in Effect:**	2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
METROPOLIS APTS
ATTN: KIRSTEN VALENTINE
4500 METROPOLIS DR
GLEN ALLEN, VA 23060

Building Location:
METROPOLIS APTS, BLD A1
4500 METROPOLIS DR
GLEN ALLEN, VA 23060

Phone: (804) 256-5000
Email: kvalentine@druckerandfalk.com

Elevator Location ID:	ELVLOC-2023-000029	**Code in Effect:**	2016
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
METROPOLIS APTS
ATTN: KIRSTEN VALENTINE
4500 METROPOLIS DR
GLEN ALLEN, VA 23060

Building Location:
METROPOLIS APTS, BLD A1
4500 METROPOLIS DR
GLEN ALLEN, VA 23060

Phone: (804) 256-5000
Email: kvalentine@druckerandfalk.com

Elevator Location ID:	ELVLOC-2023-000029	**Code in Effect:**	2016
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
INNSBROOK SQUARE APARTMENTS
ATTN: COURTNEY WOFFORD
4301 DOMINION FOREST CIRCLE
GLEN ALLEN, VA 23060

Building Location:
INNSBROOK SQUARE APARTMENTS BLD 1
4301 DOMINION FOREST CIR
GLEN ALLEN, VA 23060

Phone: (804) 988-8000
Email: innsbrooksquaremgr@greystar.com

Elevator Location ID:	ELVLOC-2023-000061	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
INSSBROOK SQUARE APARTMENTS
ATTN: COURTNEY WOFFORD
4301 DOMINION FOREST CIRCLE
GLEN ALLEN, VA 23060

Building Location:
INNSBROOK SQUARE APARTMENTS BLDG 2
4361 DOMINION FOREST CIR
GLEN ALLEN, VA 23060

Phone: (804) 988-8000
Email: innsbrooksquaremgr@greystar.com

Elevator Location ID:	ELVLOC-2023-000063	**Code in Effect:**	2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ESH INNSBROOK LLC
ATTN: Trevor Joseph
10945 NUCKOLS RD
GLEN ALLEN, VA 23060

Building Location:
SILVER HILLS AT INNSBROOK
10945 NUCKOLS RD
GLEN ALLEN, VA 23060

Phone: (216) 272-2956
Email: tj@silverhillsre.com

Elevator Location ID:	ELVLOC-2023-000064	**Code in Effect:**	2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ESH INNSBROOK LLC
ATTN: Trevor Joseph
10945 NUCKOLS RD
GLEN ALLEN, VA 23060

Building Location:
SILVER HILLS AT INNSBROOK
10945 NUCKOLS RD
GLEN ALLEN, VA 23060

Phone: (216) 272-2956
Email: tj@silverhillsre.com

Elevator Location ID:	ELVLOC-2023-000064	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
INNSBROOK SQUARE APARTMENTS
ATTN: COURTNEY WOFFORD
4301 DOMINION FOREST CIRCLE
GLEN ALLEN, VA 23060

Building Location:
INNSBROOK SQUARE APARTMENTS BLD 3
4341 DOMINION FOREST CIR
GLEN ALLEN, VA 23060

Phone: (804) 988-8000
Email: innsbrooksquaremgr@greystar.com

Elevator Location ID:	ELVLOC-2023-000065	**Code in Effect:**	2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Biltmore Baptist Church
ATTN: BILTMORE BAPTIST CHURCH TRUSTEES
1300 NEW YORK AVE
GLEN ALLEN, VA 23060

Phone:
Email:

Building Location:
Biltmore Baptist Church
1300 NEW YORK AVE
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2024-000019	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
STEELHEAD MGMT CO
ATTN: D CLARKE
3810 WEST BROAD STREET
SUIT 200
RICHMOND, VA 23230

Phone: (804) 286-6802
Email: DCLARKE@STEELHEADMANAGEME

Building Location:
THE COMPASS AT SPRINGDALE PARK BLDG 9
4121 CONCORD CREEK PL
HENRICO, VA 23222

Elevator Location ID:	ELVLOC-2024-000022	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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:
STEELHEAD MGMT CO
ATTN: D CLARKE
3810 WEST BROAD STREET
SUIT 200
RICHMOND, VA 23230

Phone: (804) 286-6802
Email: DCLARKE@STEELHEADMANAGEME

Building Location:
THE COMPASS AT SPRINGDALE PARK BLDG 9
4121 CONCORD CREEK PL
HENRICO, VA 23222

Elevator Location ID:	ELVLOC-2024-000022	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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:
SWO LOGISTICS LLC
ATTN: KEITH RIGSBY
6601 College Blvd
Overland Park, KS 66211

Phone:
Email: KEITH.RIGSBY@QTSDATACENTERS

Building Location:
QTS RICHMOND I DC5 LLC
3540 PORTUGEE RD
SANDSTON, VA 23150

Elevator Location ID:	ELVLOC-2024-000052	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SWO LOGISTICS LLC
ATTN: KEITH RIGSBY
6601 College Blvd
Overland Park, KS 66211

Phone:
Email: KEITH.RIGSBY@QTSDATACENTERS

Building Location:
QTS RICHMOND I DC5 LLC
3540 PORTUGEE RD
SANDSTON, VA 23150

Elevator Location ID:	ELVLOC-2024-000052	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**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:
SWO LOGISTICS LLC
ATTN: KEITH RIGSBY
6601 College Blvd
Overland Park, KS 66211

Phone:
Email: KEITH.RIGSBY@QTSDATACENTERS

Building Location:
QTS RICHMOND I DC5 LLC
3540 PORTUGEE RD
SANDSTON, VA 23150

Elevator Location ID:	ELVLOC-2024-000052	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for April:	**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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
5701 CHAMBERLAYNE LLC
ATTN: RAY MACK
5661 Chamberlayne rd
Richmond, VA 23227

Building Location:
5701 CHAMBERLAYNE LLC
5671 CHAMBERLAYNE RD
HENRICO, VA 23227

Phone: (540) 287-7364
Email: rmack@steelheadmanagement.co

Elevator Location ID:	ELVLOC-2025-000016	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for April:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov