



County of Henrico, Virginia

Department of Building Construction and Inspections
P.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.us



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P.O. Box 90775
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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
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1978
Key Location: SECURITY CONSOLE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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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: _____

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Owner / Agent:

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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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Owner / Agent:
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PO BOX 90775
HENRICO, VA 23273

Building Location:
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4301 E PARHAM RD
HENRICO, VA 23228

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

Elevator Location ID: ELVLOC-2001-00102
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1965/2010
Key Location: SECURITY CONSOLE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Owner / Agent:

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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: _____

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

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

Elevator Location ID: ELVLOC-2001-00103
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1965
Key Location: SECURITY
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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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
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: SECURITRY
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
 ADMINISTRATION ANNEX BLDG. - 4305 E.
 PARHAM RD.
 4301 E PARHAM RD
 HENRICO, VA 23228

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

Elevator Location ID: ELVLOC-2001-00104
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1965
Key Location: SECURITY CONSOLE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Owner / Agent:

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

Building Location:

ADMINISTRATION ANNEX BLDG. - 4305 E. PARHAM RD.
4301 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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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: _____

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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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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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1981
Key Location: STAFF RM. BY ELEV.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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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: _____

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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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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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1990
Key Location: LOBBY DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Owner / Agent:
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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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:
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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: _____

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Owner / Agent:
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 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00222
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for April: **Periodic**

Code in Effect: 1981
Key Location: LOBBY
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00222	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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
UTICA
2701 EMERYWOOD PKWY
HENRICO, VA 23294

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

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



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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:

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

Building Location:

COMMERCE CENTER
2812 EMERYWOOD PKWY
HENRICO, VA 23294

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

Elevator Location ID: ELVLOC-2001-00225

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

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

Code in Effect: 1978

Key Location: BLDG. ENGINEER

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

CHILD FUND INTERNATIONAL
2821 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 756-2700

Email: wparker@childfund.org

Elevator Location ID: ELVLOC-2001-00232
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for April: **Periodic**

Code in Effect: 1984
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00232
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for April: **Periodic**

Code in Effect: 1984
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

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

Phone: (804) 746-0590
 Email: sjohnson@comgirlscout.org

Elevator Location ID: ELVLOC-2001-00234
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

THE ENTERPRISE BUILDING
2727 ENTERPRISE PKWY
HENRICO, VA 23294

Phone: (804) 237-8082

Email: SERENA.MEADOR@COLLIERS.COM

Elevator Location ID: ELVLOC-2001-00235
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1978
Key Location: KEYBOX @ 1ST.FL.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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:
 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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00299
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1987
Key Location: RECPT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 FEDERAL REALTY INVESTMENTS
 1601 WILLOW LAWN DR
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00308
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1971
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

Building Location:

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

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

Elevator Location ID: ELVLOC-2001-00384
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1984
Key Location: LOBBY DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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County of Henrico, Virginia
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00384
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1984
Key Location: LOBBY DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

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

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

Elevator Location ID:	ELVLOC-2001-00384	Code in Effect:	1984
Equipment Sequence:	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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P.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: 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



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00385
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1971
Key Location: MAINT. SHOP
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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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: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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: _____

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 Department of Building Construction and Inspections
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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
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1996/2010
Key Location: MAINT. SHOP
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

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

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

Elevator Location ID: ELVLOC-2001-00386
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1981
Key Location: MAINT SHOP
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

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

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

Elevator Location ID: ELVLOC-2001-00386
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1981
Key Location: MAINT SHOP
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 266-0193
 Email: seymourv@henricofcu.org

Elevator Location ID: ELVLOC-2001-00388 **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
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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:

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

Building Location:

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

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

Elevator Location ID: ELVLOC-2001-00389
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1990
Key Location: MAINT. SHOP
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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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:
CBRE
ATTN: MELISSA PAGE
7650 E PARHAM RD STE 225
HENRICO, VA 23294

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

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

Elevator Location ID: ELVLOC-2001-00389
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1990
Key Location: MAINT. SHOP
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

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

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

Elevator Location ID: ELVLOC-2001-00391
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1993
Key Location:
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
COLLIERS HOLLAND TOWER
2221 EDWARD HOLLAND DR
HENRICO, VA 23230

Phone: (804) 320-5500
Email: carrington.parrish@colliers.com

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



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
COLLIERS HOLLAND TOWER
2221 EDWARD HOLLAND DR
HENRICO, VA 23230

Phone: (804) 320-5500
Email: carrington.parrish@colliers.com

Elevator Location ID: ELVLOC-2001-00399
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 2004
Key Location: SECURITY DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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:

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

Building Location:

COLLIERS HOLLAND TOWER
2221 EDWARD HOLLAND DR
HENRICO, VA 23230

Phone: (804) 320-5500
Email: carrington.parrish@colliers.com

Elevator Location ID: ELVLOC-2001-00399
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 2004
Key Location: SECURITY DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Building Location:
COLLIERS HOLLAND TOWER
2221 EDWARD HOLLAND DR
HENRICO, VA 23230

Phone: (804) 320-5500
Email: carrington.parrish@colliers.com

Elevator Location ID:	ELVLOC-2001-00399	Code in Effect:	2004
Equipment Sequence:	4	Key Location:	SECURITY DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for 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:
 VIBRA HOSPITAL
 ATTN: JOE THOMPSON
 2220 EDWARD HOLLAND DR
 RICHMOND, VA 23230

Building Location:
 KINDRED HOSPITAL RICHMOND
 2220 EDWARD HOLLAND DR
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00400
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1984
Key Location: MAINT. DEPT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 KINDRED HOSPITAL RICHMOND
 2220 EDWARD HOLLAND DR
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00400
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1984
Key Location: MAINT. DEPT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Building Location:
 KINDRED HOSPITAL RICHMOND
 2220 EDWARD HOLLAND DR
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00400
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1984
Key Location: MAINT. DEPT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

Building Location:

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

Phone: (804) 359-6061

Email: geogr.mealer@kmhotels.com

Elevator Location ID: ELVLOC-2001-00401

Code in Effect: 1993

Equipment Sequence: 2

Key Location: LOBBY DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for 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.us



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 UKROPS
 2001 MAYWILL ST
 HENRICO, VA 23230

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

Elevator Location ID:	ELVLOC-2001-00405	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SERVICE DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for 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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 2001 MAYWILL ST SUITE 100
 RICHMOND, VA 23230

Building Location:
 UKROPS
 2001 MAYWILL ST
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00405
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: SERVICE DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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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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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: _____

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Please use a separate sheet for each elevator



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EMBASSY SUITES
 ATTN: KATHLEEN LYONS
 2925 EMERYWOOD PKY.
 RICHMOND, VA 23294

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

Phone: (804) 672-8585
 Email: kathleen.lyons@hilton.com

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: _____

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Owner / Agent:
 EMBASSY SUITES
 ATTN: KATHLEEN LYONS
 2925 EMERYWOOD PKY.
 RICHMOND, VA 23294

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

Phone: (804) 672-8585
 Email: kathleen.lyons@hilton.com

Elevator Location ID: ELVLOC-2001-00480
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1981
Key Location: FRT.DSK.\ CALL MAINT
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 ATTN: KATHLEEN LYONS
 2925 EMERYWOOD PKY.
 RICHMOND, VA 23294

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

Phone: (804) 672-8585
 Email: kathleen.lyons@hilton.com

Elevator Location ID: ELVLOC-2001-00480
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1981
Key Location: FRT.DSK.\ CALL MAINT
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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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 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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 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, Category 5, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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5875 BREMO RD. SUITE 510
RICHMOND, VA 23226

Building Location:

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

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

Elevator Location ID: ELVLOC-2001-00548

Code in Effect: 1993/2013

Equipment Sequence: 3

Key Location: ENG. OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for 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



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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00548	Code in Effect:	1993/2013
Equipment Sequence:	4	Key Location:	ENG. OFFICE
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for 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) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST. MARY'S HOSPITAL
ATTN: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00549
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1987
Key Location: MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST. MARY'S HOSPITAL
ATTN: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00549
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1987
Key Location: MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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ATTN: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

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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ATTN: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00549
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00550	Code in Effect:	1965
Equipment Sequence:	1	Key Location:	ENGR. OFFICE
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for 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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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00550
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1965
Key Location: ENGR. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

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

Elevator Location ID: ELVLOC-2001-00550
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1965
Key Location: ENGR. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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ATTN: KAREN ANDERSON
8220 MEADOWBRIDGE RD, STE 301
MECHANICSVILLE, VA 23116

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

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

Elevator Location ID:	ELVLOC-2001-00550	Code in Effect:	1965
Equipment Sequence:	4	Key Location:	ENGR. OFFICE
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for 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:
 ST. MARY'S HOSPITAL
 ATTN: JASON COLLINS
 5801 BREMO RD
 RICHMOND, VA 23226

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

Phone: (804) 285-2011
 Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00551
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: ENG. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST. MARY'S HOSPITAL
ATTN: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

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**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
 ST. MARY'S HOSPITAL
 ATTN: JASON COLLINS
 5801 BREMO RD
 RICHMOND, VA 23226

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

Phone: (804) 285-2011
 Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00551
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: ENG. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ST. MARY'S HOSPITAL
 ATTN: JASON COLLINS
 5801 BREMO RD
 RICHMOND, VA 23226

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

Phone: (804) 285-2011
 Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00551
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: ENG. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ST. MARY'S HOSPITAL
 ATTN: JASON COLLINS
 5801 BREMO RD
 RICHMOND, VA 23226

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

Phone: (804) 285-2011
 Email: jason_collins@bshsi.org

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST. MARY'S HOSPITAL
ATTN: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

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		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST. MARY'S HOSPITAL
ATTN: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00551
Equipment Sequence: 7
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: ENG. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ST. MARY'S HOSPITAL
 ATTN: JASON COLLINS
 5801 BREMO RD
 RICHMOND, VA 23226

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

Phone: (804) 285-2011
 Email: jason_collins@bshsi.org

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 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:
 ST. MARY'S HOSPITAL
 ATTN: JASON COLLINS
 5801 BREMO RD
 RICHMOND, VA 23226

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

Phone: (804) 285-2011
 Email: jason_collins@bshsi.org

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, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 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: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00551
Equipment Sequence: 10
Elevator Type: Electric Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 2010
Key Location: ENG. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ST. MARY'S HOSPITAL
 ATTN: JASON COLLINS
 5801 BREMO RD
 RICHMOND, VA 23226

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

Phone: (804) 285-2011
 Email: jason_collins@bshsi.org

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
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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST. MARY'S HOSPITAL
ATTN: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00551
Equipment Sequence: 12
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1987/2013
Key Location: ENG. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
Department of Building Construction and Inspections
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST. MARY'S HOSPITAL
ATTN: JASON COLLINS
5801 BREMO RD
RICHMOND, VA 23226

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

Phone: (804) 285-2011
Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00551
Equipment Sequence: 16
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: ENG. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ST. MARY'S HOSPITAL
 ATTN: JASON COLLINS
 5801 BREMO RD
 RICHMOND, VA 23226

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

Phone: (804) 285-2011
 Email: jason_collins@bshsi.org

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:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ST. MARY'S HOSPITAL
 ATTN: JASON COLLINS
 5801 BREMO RD
 RICHMOND, VA 23226

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

Phone: (804) 285-2011
 Email: jason_collins@bshsi.org

Elevator Location ID: ELVLOC-2001-00551
Equipment Sequence: 18
Elevator Type: Electric Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1993
Key Location: ENG. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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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@cccovva.org

Elevator Location ID: ELVLOC-2001-00603
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: SISTERS
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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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: CHINTAN MAJMUDAR
 5300 AIRPORT SQUARE LN
 SANDSTON, VA 23150

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

Phone: (518) 636-9735
 Email: firstbrandcorporation@gmail.com

Elevator Location ID: ELVLOC-2001-00615
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1978
Key Location: LOBBY DESK.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (518) 636-9735
 Email: firstbrandcorporation@gmail.com

Elevator Location ID:	ELVLOC-2001-00615	Code in Effect:	1978
Equipment Sequence:	2	Key Location:	LOBBY DESK.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for 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:

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

Building Location:

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

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1960

Equipment Sequence: 1

Key Location: BLDG11/FIS/GATE B/15

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for 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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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 226-8507
 Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1984
Key Location: BLDG11/FIS/GATE B/15
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1984/2010

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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CAPITAL REGION AIRPORT COMMISSION

ATTN: Brad Christopher

1 RICHARD E BYRD TERMINAL DR

HENRICO, VA 23250

Building Location:

RICHMOND INTERNATIONAL AIRPORT

1 RICHARD E BYRD TERMINAL DR

HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1984

Equipment Sequence: 4

Key Location: BLDG11/FIS/GATE B/15

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for 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

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

Phone: (804) 226-8507
 Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1984
Key Location: BLDG11/FIS/GATE B/15
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

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

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1984

Equipment Sequence: 6

Key Location: BLDG11/FIS/GATE B/15

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for 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) 226-8507

Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1984

Equipment Sequence: 7

Key Location: BLDG11/FIS/GATE B/15

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for 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:
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ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

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

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1984

Equipment Sequence: 8

Key Location: BLDG11/FIS/GATE B/15

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for 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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Elevator Periodic Inspection and Test Report Form

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 ATTN: Brad Christopher
 1 RICHARD E BYRD TERMINAL DR
 HENRICO, VA 23250

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

Phone: (804) 226-8507
 Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1993

Equipment Sequence: 9

Key Location: BLDG11/FIS/GATE B/15

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for 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:
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ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

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

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620
Equipment Sequence: 11
Elevator Type: Escalator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: BLDG11/FIS/GATE B/15
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

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

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620
Equipment Sequence: 12
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: BLDG11/FIS/GATE B/15
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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HENRICO, VA 23250

Building Location:

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1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1993

Equipment Sequence: 13

Key Location: BLDG11/FIS/GATE B/15

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for 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: Brad Christopher
 1 RICHARD E BYRD TERMINAL DR
 HENRICO, VA 23250

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

Phone: (804) 226-8507
 Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620
Equipment Sequence: 14
Elevator Type: Escalator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: BLDG11/FIS/GATE B/15
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1993

Equipment Sequence: 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
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HENRICO, VA 23250

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

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620
Equipment Sequence: 17
Elevator Type: Escalator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: BLDG11/FIS/GATE B/15
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:

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

Building Location:

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

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 1993

Equipment Sequence: 18

Key Location: BLDG11/FIS/GATE B/15

Elevator Type: Escalator

Alarm Status: Not Alarmed

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

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

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Elevator Location ID:	ELVLOC-2001-00620	Code in Effect:	1993
Equipment Sequence:	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: _____

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ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

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

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620
Equipment Sequence: 20
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 2013
Key Location: BLDG11/FIS/GATE B/15
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:

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

Building Location:

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

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620

Code in Effect: 2013

Equipment Sequence: 22

Key Location: BLDG11/FIS/GATE B/15

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for 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: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

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

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00620
Equipment Sequence: 23
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 2013
Key Location: BLDG11/FIS/GATE B/15
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00633
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1984
Key Location: MAINT. SHOP
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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



County of Henrico, Virginia

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00636	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for 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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTMINSTER CANTERBURY CORP
ATTN: Facilities Services
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:
WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: facilityservices@wcrichmond.org

Elevator Location ID:	ELVLOC-2001-00654	Code in Effect:	2013
Equipment Sequence:	24	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



County of Henrico, Virginia

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: Facilities Services
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: facilityservices@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: ASME A17.1 - 2013

Equipment Sequence: 27

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for 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.us



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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: Facilities Services
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: facilityservices@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: ASME A17.1 - 2013

Equipment Sequence: 28

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00718	Code in Effect:	1993
Equipment Sequence:	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: _____

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00718
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: SEE MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00718
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: SEE MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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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

Building Location:

CAPSTONE OFFICE BLDG
7100 FOREST AVE
HENRICO, VA 23226

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

Elevator Location ID: ELVLOC-2001-00724

Code in Effect: 1993

Equipment Sequence: 1

Key Location: SEE MAINT

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00724
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: SEE MAINT
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WILTON PROPERTIES, INC
ATTN: JIMMY FITCH
PO Box 6895
RICHMOND, VA 23230

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

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

Elevator Location ID: ELVLOC-2001-00807
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1971
Key Location: 2ND.FL.W.S.LOGAN
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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P.O. Box 90775
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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
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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
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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SPRINGHILL SUITES
ATTN: LAURA SHIROONI
9701 BROOK RD
GLEN ALLEN, VA 23059

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

Phone: (804) 266-9403
Email: lshirooni@gmail.com

Elevator Location ID: ELVLOC-2001-00856
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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:
 SPRINGHILL SUITES
 ATTN: LAURA SHIROONI
 9701 BROOK RD
 GLEN ALLEN, VA 23059

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

Phone: (804) 266-9403
 Email: lshirooni@gmail.com

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



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 Department of Building Construction and Inspections
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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:
 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



County of Henrico, Virginia
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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.
Glen Allen, VA 23060

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

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

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

**County of Henrico, Virginia**

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

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

Elevator Location ID: ELVLOC-2001-00885
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: BOX ON M.R.DOOR
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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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:
 HILTON HOTEL
 ATTN: Rick Hibbs
 3200 Olympus Blvd, Suite 400
 Dallas, TX 75019

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

Phone: (972) 355-6751
 Email:

Elevator Location ID: ELVLOC-2001-00888
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (972) 355-6751
Email:

Elevator Location ID: ELVLOC-2001-00888
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00899	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



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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:
THALHIMER
ATTN: PATRICIA HOGAN
4198 COX RD
SUITE 200
GLEN ALLEN, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00924	Code in Effect:	1987
Equipment Sequence:	1	Key Location:	1ST/FL, FIRE BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for 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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THALHIMER
ATTN: PATRICIA HOGAN
4198 COX RD
SUITE 200
GLEN ALLEN, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00924	Code in Effect:	1987
Equipment Sequence:	2	Key Location:	1ST/FL, FIRE BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for 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
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COMMONWEALTH COMMERCIAL PARTNERS
 ATTN: Brian BERKY
 5806 GROVE AVE.
 SUITE 259
 Richmond, VA 23226

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH COMMERCIAL PARTNERS
ATTN: Brian BERKY
5806 GROVE AVE.
SUITE 259
Richmond, VA 23226

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

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

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



County of Henrico, Virginia

Department of Building Construction and Inspections
P.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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1987
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

Elevator Location ID: ELVLOC-2001-00933
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1984/2010
Key Location: ENGR. OFFICE
Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

DEEP RUN I
9950 MAYLAND DR
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

Elevator Location ID: ELVLOC-2001-00933

Code in Effect: 1984/2010

Equipment Sequence: 2

Key Location: ENGR. OFFICE

Elevator Type: Electric Elevator

Alarm Status: Alarmed

Inspections for 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



County of Henrico, Virginia

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

DEEP RUN I
9950 MAYLAND DR
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

Elevator Location ID: ELVLOC-2001-00933

Code in Effect: 1984/2010

Equipment Sequence: 3

Key Location: ENGR. OFFICE

Elevator Type: Electric Elevator

Alarm Status: Alarmed

Inspections for 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.us



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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone:
Email: jefferyb@corporatefacilitiesgroup.c

Elevator Location ID: ELVLOC-2001-00933
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1984/2010
Key Location: ENGR. OFFICE
Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone:
 Email: jefferyb@corporatelifefacilitiesgroup.c

Elevator Location ID: ELVLOC-2001-00933 **Code in Effect:** 1984/2010
Equipment Sequence: 5 **Key Location:** ENGR. OFFICE
Elevator Type: Electric Elevator **Alarm Status:** Alarmed
Inspections for 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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone:
Email: jefferyb@corporatelifefacilitiesgroup.c

Elevator Location ID:	ELVLOC-2001-00933	Code in Effect:	1984/2010
Equipment Sequence:	6	Key Location:	ENGR. OFFICE
Elevator Type:	Electric Elevator	Alarm Status:	Alarmed
Inspections for 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:
DEEP RUN SPE, LLC
ATTN: Jeffrey Bublitz
9550 Mayland Drive
Henrico, VA 23233

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

Phone:
Email: jefferyb@corporatelifecare.com

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 1		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GPT PROPERTIES / THE RMR GROUP LLC
ATTN: WENDY WALTON-SMITH
9930 INDEPENDENCE PK. DR SUITE 200
HENRICO, VA 23233

Building Location:

THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 349-7403

Email: lhogate@rmrgroup.com

Elevator Location ID: ELVLOC-2001-00939

Code in Effect: 1987/2013

Equipment Sequence: 1

Key Location: ENGINEERS OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GPT PROPERTIES / THE RMR GROUP LLC
ATTN: WENDY WALTON-SMITH
9930 INDEPENDENCE PK. DR SUITE 200
HENRICO, VA 23233

Building Location:

THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 349-7403

Email: lhogate@rmrgroup.com

Elevator Location ID: ELVLOC-2001-00939

Code in Effect: 1987/2013

Equipment Sequence: 2

Key Location: ENGINEERS OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for 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



County of Henrico, Virginia
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GPT PROPERTIES / THE RMR GROUP LLC
ATTN: WENDY WALTON-SMITH
9930 INDEPENDENCE PK. DR SUITE 200
HENRICO, VA 23233

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

Phone: (804) 349-7403
Email: lhogate@rmrgroup.com

Elevator Location ID:	ELVLOC-2001-00939	Code in Effect:	1987/2013
Equipment Sequence:	3	Key Location:	ENGINEERS OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for 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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GPT PROPERTIES / THE RMR GROUP LLC
 ATTN: WENDY WALTON-SMITH
 9930 INDEPENDENCE PK. DR SUITE 200
 HENRICO, VA 23233

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

Phone: (804) 349-7403
 Email: lhogate@rmrgroup.com

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



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00941
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1987
Key Location: 2ND.FL.\ RM.205
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 747-1551

Email: karen.mitchell@westdale.com

Elevator Location ID: ELVLOC-2001-00943

Code in Effect: 1993

Equipment Sequence: 1

Key Location: M.R. DOOR

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for 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



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
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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: _____

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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

4480 BUILDING
4480 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00956
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: 3RD.FL.\VA.MUTUAL RC
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

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

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

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

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: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

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

Elevator Location ID: ELVLOC-2001-00959
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1987
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00961
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: KEYBOX ON#3DOOR (MR)
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00961
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: KEYBOX ON#3DOOR (MR)
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00961
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: KEYBOX ON#3DOOR (MR)
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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.
Glen Allen, VA 23060

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

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

Elevator Location ID: ELVLOC-2001-00964
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: Periodic

Code in Effect: 1993
Key Location: LOCK BOX
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THALHIMER
ATTN: PATRICIA HOGAN
4198 COX RD
SUITE 200
GLEN ALLEN, VA 23060

Building Location:
WESTERRE II OFFICE BUILDING
3957 WESTERRE PKWY
HENRICO, VA 23233

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

Elevator Location ID:	ELVLOC-2001-00969	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	1ST/FL. FIRE BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for 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.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMER
 ATTN: PATRICIA HOGAN
 4198 COX RD
 SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 WESTERRE II OFFICE BUILDING
 3957 WESTERRE PKWY
 HENRICO, VA 23233

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

Elevator Location ID:	ELVLOC-2001-00969	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	1ST/FL. FIRE BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for 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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 Henrico, VA 23273-0775

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 TWC RICHMOND, LLC
 ATTN: BETH WILDER
 5301 HEADQUARTERS DR.
 PLANO, TX 75024

Building Location:
 CANDLEWOOD SUITES
 4120 TOM LEONARD DR
 GLEN ALLEN, VA 23060

Phone: (972) 616-8343
 Email: licensing@aimhosp.com

Elevator Location ID: ELVLOC-2001-00990
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

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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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: SEE MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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P.O. Box 90775
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Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ST PAULS BAPTIST CHURCH
ATTN: Howard Eley
4247 Creighton Rd
Henrico, VA 23223

Building Location:

ST PAULS BAPTIST CHURCH
4247 CREIGHTON RD
HENRICO, VA 23223

Phone: (804) 362-6545

Email: howard.eley@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



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 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:
 ST PAULS BAPTIST CHURCH
 ATTN: Howard Eley
 4247 Creighton Rd
 Henrico, VA 23223

Building Location:
 ST PAULS BAPTIST CHURCH
 4247 CREIGHTON RD
 HENRICO, VA 23223

Phone: (804) 362-6545
 Email: howard.eley@myspbc.org

Elevator Location ID: ELVLOC-2002-01007
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 1993
Key Location: CHURCH OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ST PAULS BAPTIST CHURCH
ATTN: Howard Eley
4247 Creighton Rd
Henrico, VA 23223

Building Location:

ST PAULS BAPTIST CHURCH
4247 CREIGHTON RD
HENRICO, VA 23223

Phone: (804) 362-6545

Email: howard.eley@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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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.us



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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:	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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WEINSTEIN COMMUNITY CENTER INC
ATTN: ALLISON SNYDER
5403 MONUMENT AVE
RICHMOND, VA 23226

Building Location:

JEWISH COMMUNITY CENTER
5403 MONUMENT AVE
HENRICO, VA 23226

Phone: (804) 285-6500

Email: asnyder@weinsteinjcc.org

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



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
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Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RICHMOND AFFORDABLE HOUSING
ATTN: LYNDA WILLIAMS
301 DABBS HOUSE RD
RICHMOND, VA 23223

Building Location:

CARTER WOODS SENIOR APTS
301 DABBS HOUSE RD
HENRICO, VA 23223

Phone: (804) 222-4395

Email: L.WILLIAMS@BETTERHOUSINGCO

Elevator Location ID: ELVLOC-2004-01139

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for 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



County of Henrico, Virginia

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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RICHMOND AFFORDABLE HOUSING
ATTN: LYNDA WILLIAMS
301 DABBS HOUSE RD
RICHMOND, VA 23223

Building Location:

CARTER WOODS SENIOR APTS
301 DABBS HOUSE RD
HENRICO, VA 23223

Phone: (804) 222-4395

Email: L.WILLIAMS@BETTERHOUSINGCO

Elevator Location ID: ELVLOC-2004-01139

Code in Effect: 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



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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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 5, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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:	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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
DEEP RUN RECREATION CENTER
9910 RIDGFIELD 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.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

Department of Building Construction and Inspections
P.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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TWIN HICKORY AREA LIBRARY
5001 TWIN HICKORY RD
GLEN ALLEN, VA 23059

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

Elevator Location ID: ELVLOC-2006-01212
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 1996
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RICHMOND RESOURCES/HICKORY PARK
ATTN: STUART CANTOR
5300 HICKORY PARK DR SUITE 210
GLEN ALLEN, VA 23059

Building Location:

HICKORY PARK BLDG H
5300 HICKORY PARK DR
GLEN ALLEN, VA 23059

Phone: (804) 262-7601

Email: scantor@trustmore.com

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.us



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 Department of Building Construction and Inspections
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VRSA INSURANCE PROGRAMS
 ATTN: Lisa Heart
 11243 NUCKOLS RD
 GLEN ALLEN, VA 23059

Building Location:
 VRSA INSURANCE BLDG.
 11243 NUCKOLS RD
 GLEN ALLEN, VA 23059

Phone: (804) 237-7331
 Email: lhear@vrsa.us

Elevator Location ID: ELVLOC-2008-01356
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 2000
Key Location: KEYBOX
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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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:
DBC ATLANTIC RICHMOND BSD
ATTN: TIFFANY MORGAN
6000 BROOK RD
RICHMOND, VA 23227

Building Location:
BROOK RUN SENIOR APTS
6000 BROOK RD
HENRICO, VA 23227-2280

Phone: (804) 261-1006
Email: tmorgan@starockgroup.com

Elevator Location ID: ELVLOC-2008-01367
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 2005/2006
Key Location: MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

DBC ATLANTIC RICHMOND BSD
ATTN: TIFFANY MORGAN
6000 BROOK RD
RICHMOND, VA 23227

Building Location:

BROOK RUN SENIOR APTS
6000 BROOK RD
HENRICO, VA 23227-2280

Phone: (804) 261-1006
Email: tmorgan@starockgroup.com

Elevator Location ID: ELVLOC-2008-01367
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 2005/2006
Key Location: MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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 Department of Building Construction and Inspections
 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHAMIN HOTELS
 ATTN: KATHRIN SPILLMAN
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 DOUBLETREE HOTEL
 445 INTERNATIONAL CENTRE DR
 HENRICO, VA 23231

Phone: (804) 777-9000
 Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2008-01368	Code in Effect:	2005
Equipment Sequence:	2	Key Location:	MAINT.
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for 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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: KATHRIN SPILLMAN
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
DOUBLETREE HOTEL
445 INTERNATIONAL CENTRE DR
HENRICO, VA 23231

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2008-01368	Code in Effect:	2005
Equipment Sequence:	3	Key Location:	MAINT.
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for 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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Department of Building Construction and Inspections
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HYATT PLACE 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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 HYATT PLACE 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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VERENA AT THE GLEN
 ATTN: SHAMAINE DAVIS
 10286 BROOK RD
 GLEN ALLEN, VA 23059

Building Location:
 VERENA AT THE GLEN
 10282 BROOK RD
 HENRICO, VA 23060

Phone: (804) 261-1100

Email: SDAVIS@VERENAATTHEGLEN.COM

Elevator Location ID: ELVLOC-2009-01396

Code in Effect: 2004/2005

Equipment Sequence: 1

Key Location: MAINT.

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for 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.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BEST WESTERN
ATTN: Paritosh Patel
8507 BROOK RD
GLEN ALLEN, VA 23060-4019

Building Location:
BEST WESTERN
8507 BROOK RD
GLEN ALLEN, VA 23060

Phone: (804) 266-3500
Email: bw47142@gmail.com

Elevator Location ID: ELVLOC-2009-01408
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 2004
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 2004/2005
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia
Department of Building Construction and Inspections
P.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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 2005
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FOREST MEDICAL OFFICE BLDG. LLC
ATTN: SUSAN MCLANE
6641 W BROAD ST SUITE 100
HENRICO, VA 23230

Building Location:
REYNOLDS CROSSING MOB 2
6900 FOREST AVE
HENRICO, VA 23226

Phone: (804) 267-3636
Email: Susan@reydev.com

Elevator Location ID: ELVLOC-2012-01551 **Code in Effect:** 2007
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for 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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FOREST MEDICAL OFFICE BLDG. LLC
 ATTN: SUSAN MCLANE
 6641 W BROAD ST SUITE 100
 HENRICO, VA 23230

Building Location:
 REYNOLDS CROSSING MOB 2
 6900 FOREST AVE
 HENRICO, VA 23226

Phone: (804) 267-3636
 Email: Susan@reydev.com

Elevator Location ID:	ELVLOC-2012-01551	Code in Effect:	2007
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for 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.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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.us



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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:
 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.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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.us



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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:
 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



County of Henrico, Virginia

Department of Building Construction and Inspections
P.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



County of Henrico, Virginia

Department of Building Construction and Inspections
P.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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LIBBIE MILL LIBRARY
2100 LIBBIE LAKE EAST ST
HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2015-01726
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 2010
Key Location: FRON DESK
Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 2010
Key Location: FRONT DESK
Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 2010
Key Location: FRONT DESK
Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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:
GUMENICK PROPERTIES
ATTN: ADAM JOHNSTON
4901 LIBBIE MILL E. BLVD UNIT 200
RICHMOND, VA 23230

Building Location:
LIBBIE MILL BLDG B
4900 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Phone: (804) 288-0011
Email: ajohnsaton@gumprop.com

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.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 Commonwealth Commercial
 ATTN: Brian BERKY
 5806 GROVE AVE.
 SUITE 259
 Richmond, VA 23226

Building Location:
 WEST BROAD MEDICAL
 11934 W BROAD ST
 HENRICO, VA 23233

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

Elevator Location ID:	ELVLOC-2016-01763	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for 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.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 REYNOLDS INTL. MGT. SERV.
 ATTN: SUSAN MCLANE
 6641 W BROAD ST SUITE 100
 HENRICO, VA 23230

Building Location:
 FOREST MEDICAL MOB 4
 6946 FOREST AVE
 HENRICO, VA 23230

Phone: (804) 267-3636
 Email: Susan@reydev.com

Elevator Location ID: ELVLOC-2017-01868
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Category 1, Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 REYNOLDS INTL. MGT. SERV.
 ATTN: SUSAN MCLANE
 6641 W BROAD ST SUITE 100
 HENRICO, VA 23230

Building Location:
 FOREST MEDICAL MOB 4
 6946 FOREST AVE
 HENRICO, VA 23230

Phone: (804) 267-3636
 Email: Susan@reydev.com

Elevator Location ID: ELVLOC-2017-01868
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
Department of Building Construction and Inspections
P.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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for April: **Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PUBLIC STORAGE
ATTN: CHRIS STINNETT
11530 NUCKOLS RE
GLEN ALLEN, VA 23059

Building Location:
PUBLIC STORAGE
11530 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 553-6019
Email: cstinnett@publicstorage.com

Elevator Location ID: ELVLOC-2017-01869 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for 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.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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



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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
12320 W BROAD ST
HENRICO, VA 23233

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



County of Henrico, Virginia

Department of Building Construction and Inspections

P.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
12320 W BROAD ST
HENRICO, VA 23233

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.us



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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.us



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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
4655 S. 2300 E ST. SUITE 205
HOLLADAY, UT 84117

Building Location:
INNSLAKE APARTMENTS 1
4245 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (215) 744-1200
Email:

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, Category 5, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

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Department of Building Construction and Inspections
P.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

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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:
 ROCKETTS BLOCK 17 LLC
 ATTN: TIFFANY NOWAK
 5101 OLD MAIN ST
 HENRICO, VA 23231

Building Location:
 ROCKETTS LANDING BLOCK 17
 5050 OLD MAIN ST
 HENRICO, VA 23231

Phone: (804) 335-1413
 Email: tnowak@prgreaalestate.com

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.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ROCKETTS BLOCK 17 LLC
 ATTN: TIFFANY NOWAK
 5101 OLD MAIN ST
 HENRICO, VA 23231

Building Location:
 ROCKETTS LANDING BLOCK 17
 5050 OLD MAIN ST
 HENRICO, VA 23231

Phone: (804) 335-1413
 Email: tnowak@prgrealstate.com

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHOLOGY OF TUCKAHOE
ATTN: Marsha Sottung
567 N. Parham Rd.
Henrico, VA 23229

Building Location:
PARHAM SENIOR LIVING
567 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 210-2548
Email: ed.tuckahoe@barclayseniorliving.c

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.us



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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:
ANTHOLOGY OF TUCKAHOE
ATTN: Marsha Sottung
567 N. Parham Rd.
Henrico, VA 23229

Building Location:
PARHAM SENIOR LIVING
567 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 210-2548
Email: ed.tuckahoe@barclayseniorliving.c

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

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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:
ANTHOLOGY OF TUCKAHOE
ATTN: Marsha Sottung
567 N. Parham Rd.
Henrico, VA 23229

Building Location:
PARHAM SENIOR LIVING
567 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 210-2548
Email: ed.tuckahoe@barclayseniorliving.c

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ANTHOLOGY OF TUCKAHOE
ATTN: Marsha Sottung
567 N. Parham Rd.
Henrico, VA 23229

Building Location:

PARHAM SENIOR LIVING
567 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 210-2548

Email: ed.tuckahoe@barclayseniorliving.c

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.us



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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

Building Location:
HOME2 SUITES HOTEL
209 TOWNE CENTER WEST BLVD
HENRICO, VA 23233

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2022-000001
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for April: **Periodic**

Code in Effect: 2013
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHAMIN HOTELS
 ATTN: OMAR ANSARI
 1001 Boulders Pkwy, STE 400
 N. Chesterfield, VA 23225

Building Location:
 HOME2 SUITES HOTEL
 209 TOWNE CENTER WEST BLVD
 HENRICO, VA 23233

Phone: (804) 777-9000
 Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2022-000001 **Code in Effect:** 2013
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for 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



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



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.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: KATIE HATCHER
 1321 FARRELLS WEST AVE
 HENRICO, VA 23229

Building Location:
 REGENCY APARTMENTS - PHASE 1
 1321 FARRELLS WEST AVE
 HENRICO, VA 23229-5513

Phone: (804) 387-7921
 Email: therisemgr@thalhimer.com

Elevator Location ID:	ELVLOC-2022-000060	Code in Effect:	2013
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for 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



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.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: KATIE HATCHER
 1321 FARRELLS WEST AVE
 HENRICO, VA 23229

Building Location:
 REGENCY APARTMENTS - PHASE 1
 1321 FARRELLS WEST AVE
 HENRICO, VA 23229-5513

Phone: (804) 387-7921
 Email: therisemgr@thalhimer.com

Elevator Location ID:	ELVLOC-2022-000060	Code in Effect:	2013
Equipment Sequence:	2	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for 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.us



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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:
 REGENCY ACQUISITIONS LLC.
 ATTN: KATIE HATCHER
 1321 FARRELLS WEST AVE
 HENRICO, VA 23229

Building Location:
 REGENCY APARTMENTS - PHASE 1
 1321 FARRELLS WEST AVE
 HENRICO, VA 23229-5513

Phone: (804) 387-7921
 Email: therisemgr@thalhimer.com

Elevator Location ID: ELVLOC-2022-000060
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for April: **Periodic, Category 1**

Code in Effect: 2013
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
Department of Building Construction and Inspections
P.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) 877-3393
Email: kvalentine@druckerandfalk.com

Elevator Location ID: ELVLOC-2023-000029 **Code in Effect:** 2016
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for 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



County of Henrico, Virginia
Department of Building Construction and Inspections
P.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) 877-3393
Email: kvalentine@druckerandfalk.com

Elevator Location ID: ELVLOC-2023-000029 **Code in Effect:** 2016
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for 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.us



County of Henrico, Virginia

Department of Building Construction and Inspections

P.O. Box 90775

Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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) 877-3393
Email: kvalentine@druckerandfalk.com

Elevator Location ID: ELVLOC-2023-000029 **Code in Effect:** 2016
Equipment Sequence: 3 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for 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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GREYSTAR
ATTN: SHIRAE GASPORRA
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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GREYSTAR
ATTN: SHIRAE GASPORRA
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



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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:
 ESH INNSBROOK LLC
 ATTN: MELANIE DAWSON
 10945 NUCKOLS RD
 GLEN ALLEN, VA 23060

Building Location:
 SILVER HILLS AT INNSBROOK
 10945 NUCKOLS RD
 GLEN ALLEN, VA 23060

Phone: (410) 703-6206
 Email: melanie.huntley@tritonglen.com

Elevator Location ID:	ELVLOC-2023-000064	Code in Effect:	2016
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for 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:
 ESH INNSBROOK LLC
 ATTN: MELANIE DAWSON
 10945 NUCKOLS RD
 GLEN ALLEN, VA 23060

Building Location:
 SILVER HILLS AT INNSBROOK
 10945 NUCKOLS RD
 GLEN ALLEN, VA 23060

Phone: (410) 703-6206
 Email: melanie.huntley@tritonglen.com

Elevator Location ID:	ELVLOC-2023-000064	Code in Effect:	2013
Equipment Sequence:	2	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for 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:
 GREYSTAR
 ATTN: SHIRAE GASPORRA
 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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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Biltmore Baptist Church
 ATTN: BILTMORE BAPTIST CHURCH TRUSTEES
 1300 NEW YORK AVE
 GLEN ALLEN, VA 23060

Building Location:

Biltmore Baptist Church
 1300 NEW YORK AVE
 GLEN ALLEN, VA 23060

Phone: _____

Email: _____

Elevator Location ID: ELVLOC-2024-000019

Code in Effect: 1996

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Building Location:

ATTN: VA CENTER PARTNERS LLC
 2800 PATTERSON AVE
 STE 200
 RICHMOND, VA 23221

10600 LIVY LN
 GLEN ALLEN, VA 23059

Phone:

Email:

Elevator Location ID: ELVLOC-2024-000021 **Code in Effect:** ASME A17.1 - 2016
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for 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:

Building Location:

ATTN: VA CENTER PARTNERS LLC
2800 PATTERSON AVE
STE 200
RICHMOND, VA 23221

10600 LIVY LN
GLEN ALLEN, VA 23059

Phone:
Email:

Elevator Location ID:	ELVLOC-2024-000021	Code in Effect:	ASME A17.1 - 2016
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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 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

Building Location:
 THE COMPASS AT SPRINGDALE PARK BLDG
 9
 4121 CONCORD CREEK PL
 HENRICO, VA 23222

Phone: (804) 286-6802

Email: DCLARKE@STEELHEADMANAGEME

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



County of Henrico, Virginia
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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

Building Location:
THE COMPASS AT SPRINGDALE PARK BLDG
9
4121 CONCORD CREEK PL
HENRICO, VA 23222

Phone: (804) 286-6802
Email: DCLARKE@STEELHEADMANAGEMENT

Elevator Location ID: ELVLOC-2024-000022 **Code in Effect:** ASME A17.1 - 2016
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for 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
