



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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 484-8157
 Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2010

Equipment Sequence: 1

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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RICHMOND, VA 23230

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

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2010

Equipment Sequence: 2

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Phone: (804) 484-8157

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Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2010

Equipment Sequence: 3

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Please use a separate sheet for each elevator



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Building Location:

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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2008

Equipment Sequence: 4

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Please use a separate sheet for each elevator



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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2008

Equipment Sequence: 5

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Building Location:
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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2008

Equipment Sequence: 6

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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6601 W BROAD ST
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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2008

Equipment Sequence: 7

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

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

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Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2008

Equipment Sequence: 9

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2013

Equipment Sequence: 10

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200 **Code in Effect:** 2013
Equipment Sequence: 11 **Key Location:** GUARD DSK-CALL MAINT
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for December: Periodic

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ALTRIA HEADQUARTERS
 ATTN: LISA HARRIS
 6641 W BROAD ST SUITE 100
 RICHMOND, VA 23230

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

Phone: (804) 267-3636
 Email: lisa@reydev.com

Elevator Location ID: ELVLOC-2001-00201

Code in Effect: 2010

Equipment Sequence: 1

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ALTRIA HEADQUARTERS
 ATTN: LISA HARRIS
 6641 W BROAD ST SUITE 100
 RICHMOND, VA 23230

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

Phone: (804) 267-3636
 Email: lisa@reydev.com

Elevator Location ID: ELVLOC-2001-00201

Code in Effect: 2010

Equipment Sequence: 2

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
ALTRIA HEADQUARTERS
ATTN: LISA HARRIS
6641 W BROAD ST SUITE 100
RICHMOND, VA 23230

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

Phone: (804) 267-3636
Email: lisa@reydev.com

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

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

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

Inspection / Test Results
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 ATTN: LISA HARRIS
 6641 W BROAD ST SUITE 100
 RICHMOND, VA 23230

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

Phone: (804) 267-3636
 Email: lisa@reydev.com

Elevator Location ID: ELVLOC-2001-00201
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for December: **Periodic**

Code in Effect: 2010
Key Location: GUARD DSK-CALL MAINT
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
ALTRIA HEADQUARTERS
ATTN: LISA HARRIS
6641 W BROAD ST SUITE 100
RICHMOND, VA 23230

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

Phone: (804) 267-3636
Email: lisa@reydev.com

Elevator Location ID: ELVLOC-2001-00201
Equipment Sequence: 5
Elevator Type: Escalator
Inspections for December: **Periodic**

Code in Effect: 2004
Key Location: GUARD DSK-CALL MAINT
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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ATTN: LISA HARRIS
6641 W BROAD ST SUITE 100
RICHMOND, VA 23230

Building Location:

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

Phone: (804) 267-3636
Email: lisa@reydev.com

Elevator Location ID: ELVLOC-2001-00201

Code in Effect: 2004

Equipment Sequence: 6

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 267-3636
 Email: lisa@reydev.com

Elevator Location ID: ELVLOC-2001-00214
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

Code in Effect: 2000
Key Location: NOT LOCKED
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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Owner / Agent:
REYNOLDS DEVELOPMENT LLC
ATTN: LISA HARRIS
6641 W BROAD ST SUITE 100
RICHMOND, VA 23230

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

Phone: (804) 267-3636
Email: lisa@reydev.com

Elevator Location ID: ELVLOC-2001-00214
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic, Category 1**

Code in Effect: 1965
Key Location: NOT LOCKED
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494
Email: francine.rivera@thalhimer.com

Elevator Location ID: ELVLOC-2001-00217

Code in Effect: 1971/2010

Equipment Sequence: 1

Key Location: LOWER LOBBY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
 BROOKFIELD PLACE
 6606 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 697-3494
 Email: francine.rivera@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00217	Code in Effect:	1971/2010
Equipment Sequence:	3	Key Location:	LOWER LOBBY
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed

Inspections for December: Periodic, Category 1

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

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

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



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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 BROOKFIELD PLACE
 6606 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 697-3494
 Email: francine.rivera@thalhimer.com

Elevator Location ID: ELVLOC-2001-00217

Code in Effect: 1971/2010

Equipment Sequence: 4

Key Location: LOWER LOBBY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 BROOKFIELD PLACE
 6606 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 697-3494
 Email: francine.rivera@thalhimer.com

Elevator Location ID: ELVLOC-2001-00217

Code in Effect: 1971

Equipment Sequence: 5

Key Location: LOWER LOBBY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
 VIRGINIA BAPTIST BUILDING
 2828 EMERYWOOD PKWY
 HENRICO, VA 23294

Phone: (804) 514-5637
 Email: noah.rogers@bgav.org

Elevator Location ID: ELVLOC-2001-00226
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 VIRGINIA BAPTIST BUILDING
 2828 EMERYWOOD PKWY
 HENRICO, VA 23294

Phone: (804) 514-5637
 Email: noah.rogers@bgav.org

Elevator Location ID: ELVLOC-2001-00226
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 AFFINITY FUNERAL SERVICE
 2720 ENTERPRISE PKWY
 HENRICO, VA 23294

Phone: (804) 477-3136
 Email: affinityfh@gmail.com

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

Inspections for December: Category 1, Periodic

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

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

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 AETNA
 9881 MAYLAND DR
 HENRICO, VA 23233

Phone: (804) 968-7280
 Email: jalevesque@aetna.com

Elevator Location ID: ELVLOC-2001-00340
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

Code in Effect: 1987
Key Location: 1ST.FL. - FIRE BOX
Alarm Status: Not Alarmed

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

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

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

Building Location:
 2810 BUILDING
 2810 N PARHAM RD
 HENRICO, VA 23294

Phone: (240) 630-4000
 Email: kledesma@premierinvestment.com

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

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

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

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

Building Location:
 2810 BUILDING
 2810 N PARHAM RD
 HENRICO, VA 23294

Phone: (240) 630-4000
 Email: kledesma@premierinvestment.com

Elevator Location ID:	ELVLOC-2001-00366	Code in Effect:	1981
Equipment Sequence:	2	Key Location:	SECURITY DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com

Elevator Location ID: ELVLOC-2001-00366

Code in Effect: 1981

Equipment Sequence: 3

Key Location: SECURITY DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000
Email: kledesma@premierinvestment.com

Elevator Location ID: ELVLOC-2001-00366 **Code in Effect:** 1981
Equipment Sequence: 4 **Key Location:** SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: Category 1, Periodic

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

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

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:
HOLLAND ASSOCIATES LLC
ATTN: JOE MARCHETTI
PO BOX 17055
RICHMOND, VA 23226

Building Location:
VA ENDOSCOPY CENTER
2369 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 320-5500
Email: joe.marchetti@colliers.com

Elevator Location ID: ELVLOC-2001-00407
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

Code in Effect: 1993
Key Location: RECP.DESK 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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
VIRGINIA FOODSERVICE GROUP , LLC
7420 RANCO RD
HENRICO, VA 23228

Phone: (804) 237-1001
Email: gkosko@pfgc.com

Elevator Location ID: ELVLOC-2001-00411

Code in Effect: 1993/2010

Equipment Sequence: 1

Key Location: RECPT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
 GLENSIDE GREEN OFFICE BLDG
 3991 GLENSIDE DR
 HENRICO, VA 23228

Phone: (804) 502-3673
 Email: ifemida@aol.com

Elevator Location ID: ELVLOC-2001-00416
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: 1987
Key Location: BEAUTY 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: _____

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 LAKESIDE UNITED METHODIST CHURCH
 2333 HILLIARD RD
 HENRICO, VA 23228

Phone: (804) 266-7016
 Email: office@lakesideum.org

Elevator Location ID: ELVLOC-2001-00607

Code in Effect: 1981

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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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
Attn: Director of Maintenance
HENRICO, VA 23250

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

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

Elevator Location ID: ELVLOC-2001-00612

Code in Effect: 1993

Equipment Sequence: 1

Key Location: AIRPORT SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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
Attn: Director of Maintenance
HENRICO, VA 23250

Building Location:

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

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00612

Code in Effect: 1993

Equipment Sequence: 2

Key Location: AIRPORT SECURITY

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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
Attn: Director of Maintenance
HENRICO, VA 23250

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

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

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

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

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

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
 Attn: Director of Maintenance
 HENRICO, VA 23250

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

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

Elevator Location ID: ELVLOC-2001-00612 **Code in Effect:** ASME A18.1 - 2014
Equipment Sequence: 4 **Key Location:**
Elevator Type: Platform Lift **Alarm Status:**
Inspections for December: Periodic

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

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

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 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
Attn: Director of Maintenance
HENRICO, VA 23250

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

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

Elevator Location ID: ELVLOC-2001-00613

Code in Effect: 1993

Equipment Sequence: 1

Key Location: AIRPORT SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 HENRICO, VA 23250

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

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

Elevator Location ID: ELVLOC-2001-00613

Code in Effect: 1993

Equipment Sequence: 2

Key Location: AIRPORT SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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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-2001-00613

Code in Effect: 1993

Equipment Sequence: 3

Key Location: AIRPORT SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

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

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

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 1 RICHARD E BYRD TERMINAL DR
 HENRICO, VA 23250

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

Elevator Location ID: ELVLOC-2001-00613

Code in Effect: 1993

Equipment Sequence: 5

Key Location: AIRPORT SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 Attn: Director of Maintenance
 HENRICO, VA 23250

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

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

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

Inspections for December: Periodic

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

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

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Attn: Director of Maintenance
HENRICO, VA 23250

Building Location:

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

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

Elevator Location ID: ELVLOC-2001-00613

Code in Effect: 2004

Equipment Sequence: 7

Key Location: AIRPORT SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:
CAPITAL REGION AIRPORT COMMISSION
ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
Attn: Director of Maintenance
HENRICO, VA 23250

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

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

Elevator Location ID: ELVLOC-2001-00621

Code in Effect: 1993

Equipment Sequence: 1

Key Location: AIRPORT SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2006

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2006

Equipment Sequence: 2

Key Location: OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:

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600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2006

Equipment Sequence: 3

Key Location: OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
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 600 E LABURNUM AVE
 HENRICO, VA 23222

Phone: (804) 228-7501
 Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for December: **Periodic**

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

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

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

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 RICHMOND, VA 23222

Building Location:
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 600 E LABURNUM AVE
 HENRICO, VA 23222

Phone: (804) 228-7501
 Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622 **Code in Effect:** 1993
Equipment Sequence: 5 **Key Location:** OFFICE
Elevator Type: Dumbwaiter **Alarm Status:** Not Alarmed
Inspections for December: Periodic

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

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

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 RICHMOND, VA 23222

Building Location:
 RICHMOND INTERNATIONAL RACEWAY
 600 E LABURNUM AVE
 HENRICO, VA 23222

Phone: (804) 228-7501
 Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622 **Code in Effect:** 2004
Equipment Sequence: 6 **Key Location:** OFFICE
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for December: **Periodic**

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

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

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 600 E LABURNUM AVE
 RICHMOND, VA 23222

Building Location:
 RICHMOND INTERNATIONAL RACEWAY
 600 E LABURNUM AVE
 HENRICO, VA 23222

Phone: (804) 228-7501
 Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2004

Equipment Sequence: 7

Key Location: OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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RICHMOND, VA 23222

Building Location:
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600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2004

Equipment Sequence: 8

Key Location: OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	Code in Effect:	2000
Equipment Sequence:	9	Key Location:	OFFICE
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for December: Periodic			

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

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

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RICHMOND, VA 23222

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622 **Code in Effect:** 2000
Equipment Sequence: 10 **Key Location:** OFFICE
Elevator Type: Escalator **Alarm Status:** Not Alarmed
Inspections for December: Periodic

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

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

Inspection / Test Results
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ATTN: LAUREN DANEKER
600 E LABURNUM AVE
RICHMOND, VA 23222

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	Code in Effect:	2000
Equipment Sequence:	12	Key Location:	OFFICE
Elevator Type:	Escalator	Alarm Status:	Not Alarmed

Inspections for December: Periodic

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

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

Inspection / Test Results
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Owner / Agent:
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 ATTN: LAUREN DANEKER
 600 E LABURNUM AVE
 RICHMOND, VA 23222

Building Location:
 RICHMOND INTERNATIONAL RACEWAY
 600 E LABURNUM AVE
 HENRICO, VA 23222

Phone: (804) 228-7501
 Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622
Equipment Sequence: 13
Elevator Type: Escalator
Inspections for December: Periodic

Code in Effect: 2000
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



County of Henrico, Virginia

Department of Building Construction and Inspections
 P.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 INTERNATIONAL RACEWAY
 ATTN: LAUREN DANEKER
 600 E LABURNUM AVE
 RICHMOND, VA 23222

Building Location:
 RICHMOND INTERNATIONAL RACEWAY
 600 E LABURNUM AVE
 HENRICO, VA 23222

Phone: (804) 228-7501
 Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622 **Code in Effect:** 2000
Equipment Sequence: 14 **Key Location:** OFFICE
Elevator Type: Escalator **Alarm Status:** Not Alarmed
Inspections for December: **Periodic**

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

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

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622
Equipment Sequence: 21
Elevator Type: Electric Elevator
Inspections for December: **Periodic**

Code in Effect: 2007
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



County of Henrico, Virginia

Department of Building Construction and Inspections
P.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 INTERNATIONAL RACEWAY
ATTN: LAUREN DANEKER
600 E LABURNUM AVE
RICHMOND, VA 23222

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2010

Equipment Sequence: 101

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	Code in Effect:	2010
Equipment Sequence:	102	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
602 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00629
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: 1987
Key Location: ADMIN. BLDG.
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:
SHAMIN HOTELS
ATTN: OMAR ANSARI
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HOLIDAY INN EXPRESS
491 INTERNATIONAL CENTRE DR
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00634

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 HOLIDAY INN EXPRESS
 491 INTERNATIONAL CENTRE DR
 HENRICO, VA 23231

Phone: (804) 777-9000
 Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00634	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for December: Category 1, Periodic			

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
Accounts Receivable
ATTN: 5711 Chamberlayne Realty LLC
311 S ARTHUR ASHE BLVD
Richmond, VA 23220

Building Location:
5711 CHAMBERLAYNE REALTY LLC
5711 CHAMBERLAYNE RD
HENRICO, VA 23227

Phone:
Email:

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

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

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

Inspection / Test Results
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:

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

Building Location:

BAYBERRY BUILDING
 1700 BAYBERRY CT
 HENRICO, VA 23226

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

Elevator Location ID: ELVLOC-2001-00702

Code in Effect: 1993

Equipment Sequence: 1

Key Location: BOX AT LOBBY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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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:
 JLL
 ATTN: JACOB PRINCE
 7201 GLEN FOREST DR
 RICHMOND, VA 23226

Building Location:
 BAYBERRY BUILDING
 1700 BAYBERRY CT
 HENRICO, VA 23226

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

Elevator Location ID: ELVLOC-2001-00702 **Code in Effect:** 1993
Equipment Sequence: 2 **Key Location:** BOX AT LOBBY
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: Category 1, Periodic

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

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

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:

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

Building Location:

MERIDIAN BUILDING
 1800 BAYBERRY CT
 HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00725

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

FOREST PLAZA I
7201 GLEN FOREST DR
HENRICO, VA 23226

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

Elevator Location ID: ELVLOC-2001-00735

Code in Effect: 1981

Equipment Sequence: 2

Key Location: KEYBOX AT LOBBY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
 EQUITABLE REALESTATE PARTNERS
 ATTN: Chris Napoli
 P.O. BOX 70037
 RICHMOND, VA 23229

Building Location:
 LEE BUILDING
 8004 FRANKLIN FARMS DR
 HENRICO, VA 23229

Phone: (804) 658-3168
 Email: cnapoli@equitable realestate.com

Elevator Location ID: ELVLOC-2001-00782
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: 1971 / 2010
Key Location: BREAK GLASS KEYBOX
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

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

Building Location:

BLAIR BUILDING
8007 DISCOVERY DR
HENRICO, VA 23229

Phone: (704) 749-7242

Email: kyle.kneeland@flagshiphp.com

Elevator Location ID: ELVLOC-2001-00783

Code in Effect: 2013

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:
UNIVERSITY OF RICHMOND
ATTN: MCKINLEY WOOD
131 UR DR
RICHMOND, VA 23173

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

Phone: (804) 287-6834
Email: mwood@richmond.edu

Elevator Location ID: ELVLOC-2001-00791

Code in Effect: 1984

Equipment Sequence: 1

Key Location: PHYSICAL PLANT

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
 TRINITY METHODIST CHURCH
 903 FOREST AVE
 HENRICO, VA 23229

Phone: (804) 288-6056
 Email: bpiketrinityumc.net

Elevator Location ID:	ELVLOC-2001-00795	Code in Effect:	1987/2010
Equipment Sequence:	1	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for December: Periodic, Category 1			

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

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

Inspection / Test Results
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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:
TRINITY METHODIST CHURCH
ATTN: B. PIKE
903 FOREST AVE
HENRICO, VA 23229

Building Location:
TRINITY METHODIST CHURCH
903 FOREST AVE
HENRICO, VA 23229

Phone: (804) 288-6056
Email: bpiketrinityumc.net

Elevator Location ID: ELVLOC-2001-00795
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: Category 1, Periodic

Code in Effect: 2004
Key Location: OFFICE
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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:
 TRINITY METHODIST CHURCH
 ATTN: B. PIKE
 903 FOREST AVE
 HENRICO, VA 23229

Building Location:
 TRINITY METHODIST CHURCH
 903 FOREST AVE
 HENRICO, VA 23229

Phone: (804) 288-6056
 Email: bpiketrinityumc.net

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

Code in Effect: 2004
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
EXTRA ATTIC MINI STORAGE
ATTN: DIANE MCNAMEE
7113 THREE CHOPT RD SUITE 209
HENRICO, VA 23226-3644

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

Phone: (804) 282-6640
Email: dmcnamee@extraattic.net

Elevator Location ID: ELVLOC-2001-00809
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

Code in Effect: 1984
Key Location: IN OFFICE # 103
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
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
RIVER ROAD BAPTIST CHURCH
8000 RIVER RD
HENRICO, VA 23229

Phone: (804) 288-1131
Email: danielingram@rrcb.org

Elevator Location ID: ELVLOC-2001-00810

Code in Effect: 1978/2010

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
RIVER ROAD BAPTIST CHURCH
8000 RIVER RD
HENRICO, VA 23229

Phone: (804) 288-1131
Email: danielingram@rrcb.org

Elevator Location ID: ELVLOC-2001-00810

Code in Effect: 1978/2010

Equipment Sequence: 2

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
RIDGE BAPTIST CHURCH
ATTN: DEANNA JANS
1515 EASTRIDGE RD
HENRICO, VA 23229

Building Location:
RIDGE BAPTIST CHURCH
1515 EASTRIDGE RD
HENRICO, VA 23229

Phone: (804) 288-5805
Email: ridgefinance@comcast.net

Elevator Location ID: ELVLOC-2001-00835
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic**

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

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

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

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

Building Location:
PARHAM MEDICAL VILLAGE
2103 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 346-4578
Email: parhamraidology@hotmail.com

Elevator Location ID: ELVLOC-2001-00845
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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

Building Location:
MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 965-9500
Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID: ELVLOC-2001-00849 **Code in Effect:** 1993/2010
Equipment Sequence: 1 **Key Location:** MAINT.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: Periodic

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

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

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

Building Location:
MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 965-9500

Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID: ELVLOC-2001-00849

Code in Effect: 1993/2010

Equipment Sequence: 2

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 965-9500
Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID:	ELVLOC-2001-00849	Code in Effect:	1993/2010
Equipment Sequence:	3	Key Location:	MAINT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for December: Periodic			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Elevator Periodic Inspection and Test Report Form

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

Building Location:
MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 965-9500
Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID: ELVLOC-2001-00849

Code in Effect: 1993

Equipment Sequence: 4

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
MARK A. DANKOS
ATTN: MARK A. DANKOS
1360 E PARHAM RD
HENRICO, VA 23228

Building Location:
DANKOS OFFICE PARK
1360 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 262-8000
Email: mdankos@dankosgordon.com

Elevator Location ID: ELVLOC-2001-00851 **Code in Effect:** 1990
Equipment Sequence: 1 **Key Location:** RM 100 WOODY HOGG
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: Periodic

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

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

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



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VIRGINIA ASSOCIATION OF REALTORS
 ATTN: DAWN FREEMAN
 10231 TELEGRAPH RD
 GLEN ALEN, VA 23060

Building Location:
 VIRGINIA ASSOCIATION OF REALTORS
 10231 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Phone: (804) 264-5033
 Email: dfreeman@virginiarealtors.org

Elevator Location ID: ELVLOC-2001-00859

Code in Effect: 1990

Equipment Sequence: 1

Key Location: RECPT. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

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

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



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:
 COLLIERS INTERNATIONAL
 ATTN: Colliers International
 ATTN: Amy Rowe
 PO Box 13470
 Richmond, VA 23235

Building Location:
 HAMILTON BEACH BUILDING
 4421 WATERFRONT DR
 GLEN ALLEN, VA 23060

Phone: (804) 320-5500
 Email: Amy.Rowe@colliers.com

Elevator Location ID: ELVLOC-2001-00911
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic**

Code in Effect: 1978/2013
Key Location: RECPT.DSK\CALL MAINT
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
 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:
 COLLIERS INTERNATIONAL
 ATTN: Colliers International
 ATTN: Amy Rowe
 PO Box 13470
 Richmond, VA 23235

Building Location:
 HAMILTON BEACH BUILDING
 4421 WATERFRONT DR
 GLEN ALLEN, VA 23060

Phone: (804) 320-5500
 Email: Amy.Rowe@colliers.com

Elevator Location ID:	ELVLOC-2001-00911	Code in Effect:	1978/2013
Equipment Sequence:	2	Key Location:	RECPT.DSK\CALL MAINT
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for December: Periodic

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

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

Inspection / Test Results
 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:
VIRGINIA HOSPITAL/HEALTHCARE ASSOC.
ATTN: JAY ANDREWS
PO BOX 31394
HENRICO, VA 23294

Building Location:
VIRGINIA CENTER FOR HEALTH AFFAIRS
4200 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 965-1229
Email: jandrews@vhha.com

Elevator Location ID: ELVLOC-2001-00913
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic**

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

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

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

Inspection / Test Results
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:
VIRGINIA HOSPITAL/HEALTHCARE ASSOC.
ATTN: JAY ANDREWS
PO BOX 31394
HENRICO, VA 23294

Building Location:
VIRGINIA CENTER FOR HEALTH AFFAIRS
4200 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 965-1229
Email: jandrews@vhha.com

Elevator Location ID: ELVLOC-2001-00913
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

Inspection / Test Results
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:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 1978/2010

Equipment Sequence: 1

Key Location: GUARD DSK.CALL MAINT

Elevator Type: Hydraulic Elevator

Alarm Status: Notify Security

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:**

DOMINION VIRGINIA POWER - CORP. DISP
 ATTN: BILL SPICER
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:

VIRGINIA POWER COMPANY
 5000 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 1978/2010

Equipment Sequence: 2

Key Location: GUARD DSK.CALL MAINT

Elevator Type: Hydraulic Elevator

Alarm Status: Notify Security

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
 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:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

Elevator Location ID: ELVLOC-2001-00919
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic, Category 1**

Code in Effect: 1978/2010
Key Location: GUARD DSK.CALL MAINT
Alarm Status: Notify Security

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

Elevator Location ID:	ELVLOC-2001-00919	Code in Effect:	1978/2010
Equipment Sequence:	4	Key Location:	GUARD DSK.CALL MAINT
Elevator Type:	Hydraulic Elevator	Alarm Status:	Notify Security

Inspections for December: Category 1, Periodic

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

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DOMINION VIRGINIA POWER - CORP. DISP
 ATTN: BILL SPICER
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 VIRGINIA POWER COMPANY
 5000 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 921-8563
 Email: william.j.spicer@dominionenergy.c

Elevator Location ID: ELVLOC-2001-00919 **Code in Effect:** 1978/2010
Equipment Sequence: 5 **Key Location:** GUARD DSK.CALL MAINT
Elevator Type: Escalator **Alarm Status:** Notify Security
Inspections for December: Periodic, Category 1

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

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

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



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Phone: (804) 501-4360
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DOMINION VIRGINIA POWER - CORP. DISP
 ATTN: BILL SPICER
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 VIRGINIA POWER COMPANY
 5000 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 921-8563
 Email: william.j.spicer@dominionenergy.c

Elevator Location ID:	ELVLOC-2001-00919	Code in Effect:	1978
Equipment Sequence:	6	Key Location:	GUARD DSK.CALL MAINT
Elevator Type:	Escalator	Alarm Status:	Notify Security

Inspections for December: Periodic, Category 1

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DOMINION VIRGINIA POWER - CORP. DISP
 ATTN: BILL SPICER
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 VIRGINIA POWER COMPANY
 5000 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 921-8563
 Email: william.j.spicer@dominionenergy.c

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 1978

Equipment Sequence: 7

Key Location: GUARD DSK.CALL MAINT

Elevator Type: Escalator

Alarm Status: Notify Security

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
 DOMINION VIRGINIA POWER - CORP. DISP
 ATTN: BILL SPICER
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 VIRGINIA POWER COMPANY
 5000 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 921-8563
 Email: william.j.spicer@dominionenergy.c

Elevator Location ID:	ELVLOC-2001-00919	Code in Effect:	1978
Equipment Sequence:	8	Key Location:	GUARD DSK.CALL MAINT
Elevator Type:	Escalator	Alarm Status:	Notify Security

Inspections for December: Periodic, Category 1

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

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

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



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Owner / Agent:
 DOMINION VIRGINIA POWER - CORP. DISP
 ATTN: BILL SPICER
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 VIRGINIA POWER COMPANY
 5000 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 921-8563
 Email: william.j.spicer@dominionenergy.c

Elevator Location ID: ELVLOC-2001-00919 **Code in Effect:** 1978
Equipment Sequence: 9 **Key Location:** GUARD DSK.CALL MAINT
Elevator Type: Escalator **Alarm Status:** Notify Security
Inspections for December: Category 1, Periodic

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

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

Inspection / Test Results
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Owner / Agent:
 DOMINION VIRGINIA POWER - CORP. DISP
 ATTN: BILL SPICER
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 VIRGINIA POWER COMPANY
 5000 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 921-8563
 Email: william.j.spicer@dominionenergy.c

Elevator Location ID: ELVLOC-2001-00919
Equipment Sequence: 10
Elevator Type: Escalator
Inspections for December: Periodic, Category 1

Code in Effect: 1978
Key Location: GUARD DSK.CALL MAINT
Alarm Status: Notify Security

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

Elevator Location ID: ELVLOC-2001-00919 **Code in Effect:** 2013
Equipment Sequence: 11 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for December: Periodic, Category 1

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DOMINION VIRGINIA POWER - CORP. DISP
 ATTN: BILL SPICER
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 VIRGINIA POWER COMPANY
 5000 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 921-8563
 Email: william.j.spicer@dominionenergy.c

Elevator Location ID:	ELVLOC-2001-00919	Code in Effect:	2013
Equipment Sequence:	12	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	

Inspections for December: Category 1, Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 MARKEL 4600
 4600 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00934
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic, Category 1**

Code in Effect: 1984
Key Location: 1ST\FL.MAINT.OFFICE
Alarm Status: Not Alarmed

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

MARKEL 4600
4600 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00934

Code in Effect: 1984

Equipment Sequence: 2

Key Location: 1ST\FL.MAINT.OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HYATT PLACE
4100 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00935

Code in Effect: 1990/2009

Equipment Sequence: 1

Key Location: FRT.DSK.CALL MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Phone: (804) 501-4360
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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 HYATT PLACE
 4100 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 777-9000
 Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00935 **Code in Effect:** 1990/2009
Equipment Sequence: 2 **Key Location:** FRT.DSK.CALL MAINT.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
MARKEL 4521
4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00938
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 MARKEL 4521
 4521 HIGHWOODS PKWY
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00938
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic, Category 1**

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

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

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

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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 MARKEL 4521
 4521 HIGHWOODS PKWY
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00938

Code in Effect: 1993

Equipment Sequence: 3

Key Location: MAINT. OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 11100 W BROAD ST LC
 ATTN: MICHELLE SPAHR
 P.O. BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 THALHIMER
 11100 W BROAD ST
 GLEN ALLEN, VA 23060

Phone: (804) 697-3468
 Email: Michelle.Spahr@thalhimer.com

Elevator Location ID: ELVLOC-2001-00945
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HIGHWOOD PROPERTIES
 ATTN: CINDY BEAZLEY
 4490 COX RD
 GLEN ALLEN, VA 23060

Building Location:
 VIRGINIA BANKERS BUILDING
 4490 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 819-4749
 Email: cindtbeazley@highwoods.com

Elevator Location ID: ELVLOC-2001-00957

Code in Effect: 1993

Equipment Sequence: 1

Key Location: LOCK BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

ESA MGMT - C/O LERCHBATES
ATTN: LERCH BATES
9780 S MERIDIAN BLVD SUITE 450
ENGLEWOOD, CO 80112

Building Location:

EXTENDED STAY AMERICA
10060 W BROAD ST
GLEN ALLEN, VA 23060

Phone: (303) 795-7956

Email: extendedstay.elevators@lerchbates

Elevator Location ID: ELVLOC-2001-00966

Code in Effect: 1993/2013

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
THE RMR GROUP
ATTN: LAURA FREMAN
9930 INDEPENDENCE PARK DR STE 200
HENRICO, VA 23233

Building Location:
DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID: ELVLOC-2001-00967

Code in Effect: 1990/2010

Equipment Sequence: 1

Key Location: MAINT DEPT

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE RMR GROUP
 ATTN: LAURA FREMAN
 9930 INDEPENDENCE PARK DR STE 200
 HENRICO, VA 23233

Building Location:
 DEEP RUN III
 9954 MAYLAND DR
 HENRICO, VA 23233

Phone: (804) 527-0718
 Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:	ELVLOC-2001-00967	Code in Effect:	1990/2010
Equipment Sequence:	2	Key Location:	MAINT DEPT
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed

Inspections for December: Periodic

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

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

Inspection / Test Results
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County of Henrico, Virginia

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: LAURA FREMAN
9930 INDEPENDENCE PARK DR STE 200
HENRICO, VA 23233

Building Location:
DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:	ELVLOC-2001-00967	Code in Effect:	1990/2010
Equipment Sequence:	3	Key Location:	MAINT DEPT
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE RMR GROUP
 ATTN: LAURA FREMAN
 9930 INDEPENDENCE PARK DR STE 200
 HENRICO, VA 23233

Building Location:
 DEEP RUN III
 9954 MAYLAND DR
 HENRICO, VA 23233

Phone: (804) 527-0718
 Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID: ELVLOC-2001-00967 **Code in Effect:** /2010/2010
Equipment Sequence: 4 **Key Location:** MAINT DEPT
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for December: Periodic

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE RMR GROUP
 ATTN: LAURA FREMAN
 9930 INDEPENDENCE PARK DR STE 200
 HENRICO, VA 23233

Building Location:
 DEEP RUN III
 9954 MAYLAND DR
 HENRICO, VA 23233

Phone: (804) 527-0718
 Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:	ELVLOC-2001-00967	Code in Effect:	1990/2010
Equipment Sequence:	5	Key Location:	MAINT DEPT
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for December: Periodic			

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

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

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:
 THE RMR GROUP
 ATTN: LAURA FREMAN
 9930 INDEPENDENCE PARK DR STE 200
 HENRICO, VA 23233

Building Location:
 DEEP RUN III
 9954 MAYLAND DR
 HENRICO, VA 23233

Phone: (804) 527-0718
 Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:	ELVLOC-2001-00967	Code in Effect:	1990
Equipment Sequence:	7	Key Location:	MAINT DEPT
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for December: Periodic			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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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 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
 4100 INNSLAKE DR
 GLEN ALLEN, VA 23060

Building Location:
 HOMEWOOD SUITES
 4100 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 777-9000
 Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00974	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for December: Periodic			

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

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

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
4100 INNSLAKE DR
GLEN ALLEN, VA 23060

Building Location:
HOMWOOD SUITES
4100 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00974
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WESTDALE ASSET MANAGEMENT LP
 ATTN: James Hicks

Building Location:
 EAST SHORE OFFICE BLDG. II
 120 EASTSHORE DR
 GLEN ALLEN, VA 23059

Phone: (804) 747-1551
 Email: james.hicks@westdale.com

Elevator Location ID: ELVLOC-2001-00983
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTDALE ASSET MANAGEMENT LP
ATTN: James Hicks

Building Location:
EAST SHORE OFFICE BLDG. II
120 EASTSHORE DR
GLEN ALLEN, VA 23059

Phone: (804) 747-1551
Email: james.hicks@westdale.com

Elevator Location ID: ELVLOC-2001-00983

Code in Effect: 1993

Equipment Sequence: 2

Key Location: GUARD DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 FRANKLIN COMMONS II
 5620 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00987
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic**

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

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

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

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



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P.O. Box 90775
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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 MARYS WEST MEDICAL OFFICE
BUILDING
5899 BREMO RD
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

Elevator Location ID: ELVLOC-2002-01031

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK / MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
 ESA MGT - C/O LERCHBATES
 ATTN: AHNA BROWN VELEZ
 9780 S MERDIAN BLVD SUITE 450
 ENGLEWOOD, CO 80112

Building Location:
 EXTENDED STAY AMERICA #410
 6811 PARAGON PL
 HENRICO, VA 23230

Phone: (303) 723-7963
 Email: extendedstay.elevators@lerchbates

Elevator Location ID: ELVLOC-2003-01105 **Code in Effect:** 1993/2010/2013
Equipment Sequence: 1 **Key Location:** FRONT DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: Periodic, Category 1

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 YMCA OF GREATER RICHMOND
 ATTN: KAITLIN WATKINS
 201 W 7TH ST SUITE 110
 RICHMOND, VA 23224

Building Location:
 SHADY GROVE YMCA
 11255 NUCKOLS RD
 GLEN ALLEN, VA 23059

Phone: (804) 474-4371
 Email: lowek@ymcarichmond.org

Elevator Location ID: ELVLOC-2004-01130
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
NISSAN OF RICHMOND
ATTN: PAM APEL
11401 W BROAD ST
HENRICO, VA 23233

Building Location:
NISSAN OF RICHMOND
11401 W BROAD ST
HENRICO, VA 23233

Phone: (804) 346-4200 Ext. 1104
Email: papel@nissanrva.com

Elevator Location ID: ELVLOC-2004-01137

Code in Effect: 1996

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:
 NOVA GLEN ALLEN HOTELS LLC
 ATTN: Ciara Gonzales
 1101 Techology Park Dr.
 Glen Allen, VA 23059

Building Location:
 HAMPTON INN & SUITES - VA. CENTER
 1101 TECHNOLOGY PARK DR
 GLEN ALLEN, VA 23059

Phone: (804) 896-3571
 Email: Ciara.gonzales@hilton.com

Elevator Location ID: ELVLOC-2004-01144

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
 NOVA GLEN ALLEN HOTELS LLC
 ATTN: Ciara Gonzales
 1101 Technology Park Dr.
 Glen Allen, VA 23059

Building Location:
 HAMPTON INN & SUITES - VA. CENTER
 1101 TECHNOLOGY PARK DR
 GLEN ALLEN, VA 23059

Phone: (804) 896-3571
 Email: Ciara.gonzales@hilton.com

Elevator Location ID: ELVLOC-2004-01144
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: **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:

SANDSTON SENIOR RETIREMENT
ATTN: Monique Ferrell
600 E. Williamsburg
Sandston, VA 23150

Building Location:

SANDSTON PLATEAU RETIREMENT
600 E WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 428-7830

Email: sandstonplateaumgr@slnusbaum.n

Elevator Location ID: ELVLOC-2005-01170

Code in Effect: 1996

Equipment Sequence: 1

Key Location: MGR. OFFICE - 0514

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
 ORTHO VIRGINIA
 ATTN: BECKY HINES
 7858 SHRADER RD
 RICHMOND, VA 23294

Building Location:
 ORTHO VIRGINIA
 7858 SHRADER RD
 HENRICO, VA 23294

Phone: (804) 270-1305
 Email: bridget.murrell@orthovirginia.com

Elevator Location ID: ELVLOC-2005-01182 **Code in Effect:** 1996
Equipment Sequence: 1 **Key Location:** RECPT.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: Category 1, Periodic

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

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

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



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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:
 ORTHO VIRGINIA
 ATTN: BECKY HINES
 7858 SHRADER RD
 RICHMOND, VA 23294

Building Location:
 ORTHO VIRGINIA
 7858 SHRADER RD
 HENRICO, VA 23294

Phone: (804) 270-1305
 Email: bridget.murrell@orthovirginia.com

Elevator Location ID: ELVLOC-2005-01182 **Code in Effect:** 1996
Equipment Sequence: 2 **Key Location:** RECPT.
Elevator Type: Dumbwaiter **Alarm Status:** Not Alarmed
Inspections for December: Periodic, Category 1

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

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

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:
COMMONWEALTH AUTISM
ATTN: CLAUDETTE GLADSEN
4108 E PARHAM ROAD
HENRICO, VA 23228

Building Location:
COMMONWEALTH AUTISM
4108 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 649-8481
Email: claudette.gadsden@cahumanservic

Elevator Location ID: ELVLOC-2005-01183
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic**

Code in Effect: 1996
Key Location: RECPT. DESK
Alarm Status: Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COMMONWEALTH AUTISM
 ATTN: CLAUDETTE GLADSEN
 4108 E PARHAM ROAD
 HENRICO, VA 23228

Building Location:
 COMMONWEALTH AUTISM
 4108 E PARHAM RD
 HENRICO, VA 23228

Phone: (804) 649-8481
 Email: claudette.gadsden@cahumanservic

Elevator Location ID: ELVLOC-2005-01183
Equipment Sequence: 2
Elevator Type: Dumbwaiter
Inspections for December: Periodic

Code in Effect: 1996
Key Location: RECPT. DESK
Alarm Status: Alarmed

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

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

Inspection / Test Results
 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:
CHRIST CHURCH EPISCOPAL
ATTN: DAVID ELLIS
5000 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:
CHRIST CHURCH EPISCOPAL
5000 POUNCEY TRACT RD
GLEN ALLEN, VA 23059-5301

Phone: (804) 364-0394
Email: d.ellis@ccerva.org

Elevator Location ID: ELVLOC-2005-01188

Code in Effect: 1996

Equipment Sequence: 1

Key Location: EQUIP. ROOM

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SNH INDEPENDENCE PARK LLC
ATTN: Laura Freeman
9930 INDEPENDENCE PARK DR SUITE 200
HENRICO, VA 23233

Building Location:
INDEPENDENCE PARK BLDG 3
9930 INDEPENDENCE PARK DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: smelcherts@rmrgroup.com

Elevator Location ID: ELVLOC-2006-01199

Code in Effect: 1993

Equipment Sequence: 1

Key Location: 1 S/T FL. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
THREE PARAGON PLACE
6806 PARAGON PL
HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2006-01211 **Code in Effect:** 1996
Equipment Sequence: 1 **Key Location:** MAINT SHOP LOCK BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: Periodic

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

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

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

Building Location:
THREE PARAGON PLACE
6806 PARAGON PL
HENRICO, VA 23230

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

Elevator Location ID:	ELVLOC-2006-01211	Code in Effect:	1996
Equipment Sequence:	2	Key Location:	MAINT SHOP LOCK BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for December: Periodic			

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

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

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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WAL-MART
ATTN: NICK CARVER
1504 N PARHAM
HENRICO, VA 23229

Building Location:

WAL-MART # 3869
1504 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 270-6034

Email: n0c00t4.s03869.us@wal-mart.com

Elevator Location ID: ELVLOC-2006-01224

Code in Effect: 2004

Equipment Sequence: 1

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
 HRLP LLC
 ATTN: MONIQUE DOUCETTE
 4991 LAKE BROOK DR
 SUITE G90
 GLEN ALLEN, VA 23060

Building Location:
 NORTH SHORE COMMONS II
 4991 LAKE BROOK DR
 GLEN ALLEN, VA 23060

Phone: (804) 290-2174
 Email: monique.doucette@highwoods.com

Elevator Location ID: ELVLOC-2006-01233
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

Code in Effect: 1996
Key Location: KEYBOX - M.R. DOOR
Alarm Status: Not Alarmed

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

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

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:
HRLP LLC
ATTN: MONIQUE DOUCETTE
4991 LAKE BROOK DR
SUITE G90
GLEN ALLEN, VA 23060

Building Location:
NORTH SHORE COMMONS II
4991 LAKE BROOK DR
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: monique.doucette@highwoods.com

Elevator Location ID:	ELVLOC-2006-01233	Code in Effect:	1996
Equipment Sequence:	2	Key Location:	KEYBOX - M.R. DOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for December: Periodic, Category 1			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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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:
 TRINITY LUTHERAN CHURCH
 ATTN: DAVID CONRAD
 2315 N PARHAM RD
 HENRICO, VA 23229

Building Location:
 TRINITY LUTHERAN CHURCH
 2315 N PARHAM RD
 HENRICO, VA 23229

Phone: (804) 270-4626
 Email: admin@tlcrva.com

Elevator Location ID: ELVLOC-2007-01292 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for December: Periodic

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

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

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

Building Location:
 MONUMENT SQUARE CONDO. BLDG.-11 -
 1231 BYRD AVE
 275 FINIAL AVE
 HENRICO, VA 23226

Phone: (804) 288-3905
 Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2007-01308 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for December: Periodic

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

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

Inspection / Test Results
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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:

TRINITY CHURCH
ATTN: CHAD MORRIS
2811 FENDALL AVE
RICHMOND, VA 23222

Building Location:

TRINITY FAMILY LIFE CENTER
3601 DILL RD
RICHMOND, VA 23222

Phone: (804) 321-6761

Email: cmorris@tflconline.org

Elevator Location ID: ELVLOC-2008-01321

Code in Effect: 2000

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:
1420 N PARHAM RD LLC
1404 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 754-4724
Email: cl@broadsnymgmt.com

Elevator Location ID: ELVLOC-2009-01428
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic**

Code in Effect: 2005
Key Location: CUST. SERV.
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:

1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:

1420 N PARHAM RD LLC
1404 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 754-4724
Email: cl@broadskymgmt.com

Elevator Location ID: ELVLOC-2009-01428

Code in Effect: 2005

Equipment Sequence: 2

Key Location: CUST. SERV.

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:

1420 N PARHAM RD LLC
1404 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 754-4724

Email: cl@broadsnymgmt.com

Elevator Location ID: ELVLOC-2009-01428

Code in Effect: 2005

Equipment Sequence: 3

Key Location: CUST. SERV.

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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:
LIBBIE ASSOCIATES
ATTN: LAURA BABIK
7900 SHRADER RD
HENRICO, VA 23294

Building Location:
LIBBIE ASSOCIATES
7900 SHRADER RD
HENRICO, VA 23294-4215

Phone: (804) 241-0542
Email: lbabik@thesaonline.com

Elevator Location ID: ELVLOC-2010-01481
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: 2004/2005
Key Location: BLDG. ENGR.
Alarm Status: Alarmed

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

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

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:

COLLEGIATE SCHOOL
ATTN: CARROLL CAMPBELL
103 N MOORELAND RD
HENRICO, VA 23229

Building Location:

COLLEGIATE SCHOOL - LUCK HALL
103 N MOORELAND RD
HENRICO, VA 23229

Phone: (804) 741-9733

Email: carroll_campbell@collegiate-va.org

Elevator Location ID: ELVLOC-2011-01524

Code in Effect: 2005

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
 ACAC SHORT PUMP LLC
 ATTN: ERIC KIRKPATRICK
 2201 OLD BRICK RD
 GLEN ALLEN, VA 23060

Building Location:
 ACAC
 2201 OLD BRICK RD
 GLEN ALLEN, VA 23060

Phone: (804) 464-0990
 Email: erick@acac.com

Elevator Location ID: ELVLOC-2012-01575
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for December: **Category 1, Periodic**

Code in Effect: 2004
Key Location: FRONT DECK
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:
 MONUMENT SQUARE CONDO ASSN.
 ATTN: MARY SINGER
 275 FINIAL AVE.
 HENRICO, VA 23226

Building Location:
 MONUMENT SQUARE CONDO. BLDG 4 -
 5225 MONUMENT AVE
 275 FINIAL AVE
 HENRICO, VA 23226

Phone: (804) 288-3905
 Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2013-01609 **Code in Effect:** 2007
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for December: Periodic

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

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

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:
 ARTCRAFT MANAGEMENT
 ATTN: FELICIA WALKER
 4447 COX RD
 GLEN ALLEN, VA 23060

Building Location:
 FAISON RESIDENCE
 5215 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 387-4184
 Email: fwalker@artcraftmanagement.com

Elevator Location ID:	ELVLOC-2014-01673	Code in Effect:	2007
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for December: Periodic			

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

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

Inspection / Test Results
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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:
 UNIVERSITY OF RICHMOND
 ATTN: MCKINLEY WOOD
 27 WESTHAMPTON WAY
 RICHMOND, VA 23173

Building Location:
 UR SOUTH CAMPUS APTS - BLDG 3
 151 UR DR
 RICHMOND, VA 23173

Phone: (804) 289-8600
 Email: mwood2@richmond.edu

Elevator Location ID:	ELVLOC-2014-01679	Code in Effect:	2007
Equipment Sequence:	1	Key Location:	PHYSICAL PLANT
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for December: Category 1, Periodic			

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

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

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



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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:
 UNIVERSITY OF RICHMOND
 ATTN: MCKINLEY WOOD
 27 WESTHAMPTON WAY
 RICHMOND, VA 23173

Building Location:
 UR SOUTH CAMPUS APTS - BLDG 4
 151 UR DR
 RICHMOND, VA 23173

Phone: (804) 289-8600
 Email: mwood2@richmond.edu

Elevator Location ID: ELVLOC-2014-01680
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

Code in Effect: 2007
Key Location: PHYSICAL PLANT
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:
CAPITAL REGION AIRPORT COMMISSION
ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
Attn: Director of Maintenance
HENRICO, VA 23250

Building Location:
HANGER 3649 - 3649 THUNDERCHIEF DR
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Phone: (804) 226-8507

Email: bchristopher@flyrichmond.com

Elevator Location ID: ELVLOC-2015-01737

Code in Effect: 2010

Equipment Sequence: 1

Key Location: MAINT. SHOP

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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. MICHAELS CHURCH
 ATTN: Rob Hiller
 4495 SPRINGFIELD RD
 GLEN ALLEN, VA 23060

Building Location:
 ST. MICHAELS CHURCH
 4495 SPRINGFIELD RD
 GLEN ALLEN, VA 23060

Phone: (804) 527-1037
 Email: scott.guy@saint-mikes.org

Elevator Location ID:	ELVLOC-2017-01817	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed

Inspections for December: Periodic, Category 1

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
 ARWB LLC
 ATTN: ARWB LLC
 6115 STAPLES MILL RD
 HENRICO, VA 23228

Building Location:
 ARCO IRIS LATINO MART
 6115 STAPLES MILL RD
 HENRICO, VA 23228

Phone: (804) 338-5294
 Email: info@terrazarva.com

Elevator Location ID: ELVLOC-2017-01832 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for December: Periodic, Category 1

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

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

Inspection / Test Results
 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:
 CORINTH UNITED METHODIST CHURCH
 ATTN: SUE BUCK
 23 W WILLIAMSBURG RD
 SANDSTON, VA 23150-2009

Building Location:
 CORINTH UNITED METHODIST CHURCH
 23 W WILLIAMSBURG RD
 SANDSTON, VA 23150

Phone: (804) 737-4837
 Email: office@cornithumchurch.org

Elevator Location ID: ELVLOC-2018-01923

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
 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:
ASPIRE AT WEST END
ATTN: Sherri Seal
5020 Sulky Dr
Henrico, VA 23228

Building Location:
ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 624-7150
Email: sseal@seniorlifestyle.com

Elevator Location ID: ELVLOC-2018-01930
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: 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
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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:
ASPIRE AT WEST END
ATTN: Sherri Seal
5020 Sulky Dr
Henrico, VA 23228

Building Location:
ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 624-7150
Email: sseal@seniorlifestyle.com

Elevator Location ID: ELVLOC-2018-01930

Code in Effect: 2010

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
ASPIRE AT WEST END
ATTN: Sherri Seal
5020 Sulky Dr
Henrico, VA 23228

Building Location:
ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 624-7150
Email: sseal@seniorlifestyle.com

Elevator Location ID: ELVLOC-2018-01930
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for December: **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

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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:
DRURY DEVELOPMENT CORPORATION
ATTN: ERIC HYRE
11049 W BROAD ST
GLEN ALLEN, VA 23060-5937

Building Location:
DRURY PLAZA HOTEL
11049 W BROAD ST
HENRICO, VA 23233

Phone: (804) 354-1542
Email: eric.hyre@druryhotels.com

Elevator Location ID: ELVLOC-2018-01975 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for December: Category 1, Category 5, Periodic

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DRURY DEVELOPMENT CORPORATION
 ATTN: ERIC HYRE
 11049 W BROAD ST
 GLEN ALLEN, VA 23060-5937

Building Location:
 DRURY PLAZA HOTEL
 11049 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 354-1542
 Email: eric.hyre@druryhotels.com

Elevator Location ID: ELVLOC-2018-01975 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for December: Category 1, 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:
 DRURY DEVELOPMENT CORPORATION
 ATTN: ERIC HYRE
 11049 W BROAD ST
 GLEN ALLEN, VA 23060-5937

Building Location:
 DRURY PLAZA HOTEL
 11049 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 354-1542
 Email: eric.hyre@druryhotels.com

Elevator Location ID: ELVLOC-2018-01975 **Code in Effect:** 2010
Equipment Sequence: 3 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for December: Category 5, Category 1, Periodic

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

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

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

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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:
FACEBOOK RVA
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:
FACEBOOK RVA
0 ELKO RD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolina.maxwell@fb.com

Elevator Location ID: ELVLOC-2019-01985 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for December: Periodic, Category 1, Category 5

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

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

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



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:
FACEBOOK RVA
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:
FACEBOOK RVA
0 ELKO RD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolina.maxwell@fb.com

Elevator Location ID: ELVLOC-2019-01985 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for December: Periodic, Category 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
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RICHMOND WSP LLC
ATTN: STEVE WINTER
14399 N GAYTON RD
GLEN ALLEN, VA 23059

Building Location:

WESTMONT AT SHORT PUMP
14399 N GAYTON RD
GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140
Email: matther.winningham@rui.net

Elevator Location ID: ELVLOC-2019-02057

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 WSP LLC
 ATTN: STEVE WINTER
 14399 N GAYTON RD
 GLEN ALLEN, VA 23059

Building Location:
 WESTMONT AT SHORT PUMP
 14399 N GAYTON RD
 GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140
 Email: matther.winningham@rui.net

Elevator Location ID: ELVLOC-2019-02057

Code in Effect: 2013

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
 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:
 MUDS ASSOCIATES LLP
 ATTN: SUSAN HEATH
 2001 MAYWILL ST SUITE 100
 RICHMOND, VA 23230

Building Location:
 UKROPS MARKET HALL
 7250 PATTERSON AVE
 HENRICO, VA 23229

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

Elevator Location ID: ELVLOC-2020-02135
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: 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



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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:
QUALITY TECHNOLOGY
ATTN: JEFF LYNN
12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:
QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000015

Code in Effect: ASME A17.1 - 2016

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for December: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:
QUALITY TECHNOLOGY
ATTN: JEFF LYNN
12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:
QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000015
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: ASME A17.1 – 2016
Key Location:
Alarm Status:

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

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

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:
QUALITY TECHNOLOGY
ATTN: JEFF LYNN
12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:
QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000015
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: ASME A17.1 - 2016
Key Location:
Alarm Status:

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

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

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:
 RVA FACEBOOK
 ATTN: CAROLINA MAXWELL
 6200 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Building Location:
 RVA FACEBOOK 5 & 6
 7301 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (650) 541-9632
 Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2023-000021
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for December: **Category 1, 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
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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:
 RVA FACEBOOK
 ATTN: CAROLINA MAXWELL
 6200 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Building Location:
 RVA FACEBOOK 5 & 6
 7301 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (650) 541-9632
 Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2023-000021
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for December: Category 1, 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



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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:
RVA FACEBOOK
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:
RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2023-000021 **Code in Effect:** 2013
Equipment Sequence: 4 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for December: Category 1, Periodic

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

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

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: PLEASE PROVIDE A CONTACT NAME
 2000 WARE BOTTOM RD, STE 212
 CHESTER, VA 23836

Building Location:
 HOME 2 SUITES GLENSIDE
 2915 EMERYWOOD PKWY
 HENRICO, VA 23294

Phone:
 Email:

Elevator Location ID:	ELVLOC-2023-000048	Code in Effect:	2013
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	

Inspections for December: Periodic

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us