



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAUREL HILL GLOBAL METHODIST CHURCH
 ATTN: BARBARA WENDELL
 1919 NEW MARKET RD
 HENRICO, VA 23231

Building Location:
 LAUREL HILL GLOBAL METHODIST CHURCH
 1919 NEW MARKET RD
 HENRICO, VA 23231

Phone: (804) 795-2772
 Email: laurelhillchurch.varina@gmail.com

Elevator Location ID:	ELVLOC-2001-00012	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic, Category 1		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE STEWARD SCHOOL
 ATTN: CHAD MONTGOMERY
 11600 GAYTON RD
 HENRICO, VA 23233

Building Location:
 THE STEWARD SCHOOL
 11600 GAYTON RD
 HENRICO, VA 23238-3423

Phone: (804) 740-3394
 Email: chad.montgomery@stewardschool.

Elevator Location ID:	ELVLOC-2001-00015	Code in Effect:	
Equipment Sequence:	1	Key Location:	MAINT SHOP
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector 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 STEWARD SCHOOL
ATTN: CHAD MONTGOMERY
11600 GAYTON RD
HENRICO, VA 23233

Building Location:

THE STEWARD SCHOOL
11600 GAYTON RD
HENRICO, VA 23238-3423

Phone: (804) 740-3394

Email: chad.montgomery@stewardschool.com

Elevator Location ID: ELVLOC-2001-00015

Code in Effect:

Equipment Sequence: 2

Key Location: MAINT SHOP

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Please use a separate sheet for each elevator



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:

DEEP RUN HIGH SCHOOL
4801 TWIN HICKORY RD
GLEN ALLEN, VA 23059

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00016
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 HERMITAGE HIGH SCHOOL
 8301 HUNGARY SPRING RD
 HENRICO, VA 23228

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID:	ELVLOC-2001-00100	Code in Effect:	1965/2000/2010
Equipment Sequence:	1	Key Location:	FRONT OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector 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:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 HERMITAGE HIGH SCHOOL
 8301 HUNGARY SPRING RD
 HENRICO, VA 23228

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00100
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: ASME A17.1 - 2016
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
SHORT PUMP ELEMENTARY SCHOOL
3425 PUMP RD
HENRICO, VA 23233

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00112
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, 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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Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
SHORT PUMP MIDDLE SCHOOL
4701 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00113

Code in Effect: 1993

Equipment Sequence: 1

Key Location: SCHOOL OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 LAKESIDE ELEMENTARY SCHOOL
 6700 CEDAR CROFT ST
 HENRICO, VA 23228

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00114
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1987
Key Location: SCHOOL 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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Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
MT. VERNON MIDDLE SCHOOL
7850 CAROUSEL LN
HENRICO, VA 23294

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00116

Code in Effect: 1993

Equipment Sequence: 1

Key Location: CHURCH OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:

COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:

L. DOUGLAS WILDER MIDDLE SCHOOL
6900 WILKINSON RD
HENRICO, VA 23227

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00122

Code in Effect: 1993

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 ECHO LAKE ELEMENTARY SCHOOL
 5200 FRANCISTOWN RD
 GLEN ALLEN, VA 23060

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00123
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1993
Key Location: SCHOOL 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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Owner / Agent:

COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:

VIRGINIA RANDOLPH SCHOOL
2206 MOUNTAIN RD
GLEN ALLEN, VA 23060

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00124

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 VIRGINIA RANDOLPH SCHOOL
 2206 MOUNTAIN RD
 GLEN ALLEN, VA 23060

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00124
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: ASME A17.1 - 2016
Key Location:
Alarm Status:

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 POCOHANTAS MIDDLE SCHOOL
 12000 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00125
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
MOODY MIDDLE SCHOOL
7800 WOODMAN RD
HENRICO, VA 23228

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00126 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:**
Elevator Type: Roped Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic, Category 5, Category 1**

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DOMINION CORPORATE DISBURSEMENTS
 ATTN: BLAKE BISHOP
 PO BOX 25459
 RICHMOND, VA 23260-5459

Building Location:
 VIRGINIA POWER COMPANY
 7500 W BROAD ST
 HENRICO, VA 23294-3608

Phone: (804) 205-6005
 Email: blake.bishop@dom.com

Elevator Location ID: ELVLOC-2001-00209 **Code in Effect:** 2007
Equipment Sequence: 1 **Key Location:** MAINTENANCE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector 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
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GENWORTH FINANCIAL - BLDG. 2
 ATTN: MARK TEREYLA
 6610 W BROAD ST
 RICHMOND, VA 23230

Building Location:
 GENWORTH FINANCIAL BLDG. 1
 0 W BROAD ST
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00210
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2004/2005
Key Location: RM.100 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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GENWORTH FINANCIAL - BLDG. 2
 ATTN: MARK TEREYLA
 6610 W BROAD ST
 RICHMOND, VA 23230

Building Location:
 GENWORTH FINANCIAL BLDG. 1
 0 W BROAD ST
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00210
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2004/2005
Key Location: RM.100 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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GENWORTH FINANCIAL - BLDG. 2
 ATTN: MARK TEREYLA
 6610 W BROAD ST
 RICHMOND, VA 23230

Building Location:
 GENWORTH FINANCIAL - BLDG. 2
 6610 W BROAD ST
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00215
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1974
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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GENWORTH FINANCIAL - BLDG. 2
ATTN: MARK TEREYLA
6610 W BROAD ST
RICHMOND, VA 23230

Building Location:

GENWORTH FINANCIAL - BLDG. 2
6610 W BROAD ST
HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00215
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for February: Periodic, Category 1

Code in Effect: 1974
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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GENWORTH FINANCIAL - BLDG. 2
ATTN: MARK TEREYLA
6610 W BROAD ST
RICHMOND, VA 23230

Building Location:

GENWORTH FINANCIAL - BLDG. 2
6610 W BROAD ST
HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00215
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 1974
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



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GENWORTH FINANCIAL - BLDG. 2
ATTN: MARK TEREYLA
6610 W BROAD ST
RICHMOND, VA 23230

Building Location:

GENWORTH FINANCIAL - BLDG. 2
6610 W BROAD ST
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

Elevator Location ID: ELVLOC-2001-00215

Code in Effect: 1974

Equipment Sequence: 4

Key Location: GUARD DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

GENWORTH FINANCIAL - BLDG. 2

ATTN: MARK TEREYLA

6610 W BROAD ST

RICHMOND, VA 23230

Building Location:

GENWORTH FINANCIAL PARKING BLD 2

6610 W BROAD ST

HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

Elevator Location ID: ELVLOC-2001-00216

Code in Effect: 1974

Equipment Sequence: 1

Key Location: GUARD DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
 ALLEGIANCE HOSPITALITY LLC
 ATTN: Michelle SCIONE
 6227 W BROAD ST STE 300
 RICHMOND, VA 23230

Building Location:
 CANDELWOOD SUITES
 2100 DICKENS RD
 HENRICO, VA 23230

Phone: (804) 324-3900
 Email: gm.cwdickens@kmhotels.com

Elevator Location ID: ELVLOC-2001-00221
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for February: Category 1, Periodic

Code in Effect: 1978/2010
Key Location: LOBBY DESK
Alarm Status: Not Alarmed

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

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

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



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 Department of Building Construction and Inspections
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ALLEGIANCE HOSPITALITY LLC
 ATTN: Michelle SCIONE
 6227 W BROAD ST STE 300
 RICHMOND, VA 23230

Building Location:
 CANDELWOOD SUITES
 2100 DICKENS RD
 HENRICO, VA 23230

Phone: (804) 324-3900
 Email: gm.cwdickens@kmhotels.com

Elevator Location ID: ELVLOC-2001-00221

Code in Effect: 1978/2010

Equipment Sequence: 2

Key Location: LOBBY DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
 ALLEGIANCE HOSPITALITY LLC
 ATTN: Michelle SCIONE
 6227 W BROAD ST STE 300
 RICHMOND, VA 23230

Building Location:
 CANDELWOOD SUITES
 2100 DICKENS RD
 HENRICO, VA 23230

Phone: (804) 324-3900
 Email: gm.cwdickens@kmhotels.com

Elevator Location ID: ELVLOC-2001-00221
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1978/2010
Key Location: LOBBY DESK
Alarm Status: Not Alarmed

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

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

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 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:
Rainge Commercial
ATTN: Traci Parsley
PO Box 13470
RICHMOND, VA 23225

Building Location:
VISTAS I
5516 FALMOUTH ST
HENRICO, VA 23230

Phone: (804) 320-5500
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00245

Code in Effect: 1971

Equipment Sequence: 1

Key Location: KEYBOX @ MACH.RM.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

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:
Rainge Commercial
ATTN: Traci Parsley
PO Box 13470
RICHMOND, VA 23225

Building Location:
VISTAS II
5516 FALMOUTH ST
HENRICO, VA 23230

Phone: (804) 320-5500
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00270
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1984
Key Location: STE. 200
Alarm Status: Not Alarmed

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

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

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FEDERAL REALTY INVESTMENT
 ATTN: TOM FUNARI
 1117 EMMET ST N
 CHARLOTTESVILLE, VA 22903-4837

Building Location:
 SIMPLY SAFE
 1601 WILLOW LAWN DR
 HENRICO, VA 23230

Phone: (434) 227-5173
 Email: tfunari@federalrealty.com

Elevator Location ID: ELVLOC-2001-00309 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** MAINT. DEPT.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Category 1, Periodic

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FEDERAL REALTY INVESTMENT
 ATTN: TOM FUNARI
 1117 EMMET ST N
 CHARLOTTEVILLE, VA 22903-4837

Building Location:
 SIMPLY SAFE
 1601 WILLOW LAWN DR
 HENRICO, VA 23230

Phone: (434) 227-5173
 Email: tfunari@federalrealty.com

Elevator Location ID: ELVLOC-2001-00309
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 Buck Island LLC
 ATTN: Alyssa Dupay
 P.O. Box 5160
 Glen Allen, VA 23058

Building Location:
 TUCKAHOE MEDICAL CENTER
 8921 THREE CHOPT RD
 HENRICO, VA 23229

Phone: (804) 344-7176
 Email: alyssa.dupay@thalhimer.com

Elevator Location ID: ELVLOC-2001-00371
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1981
Key Location: ROOM 300
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:
 Buck Island LLC
 ATTN: Alyssa Dupay
 P.O. Box 5160
 Glen Allen, VA 23058

Building Location:
 TUCKAHOE MEDICAL CENTER
 8921 THREE CHOPT RD
 HENRICO, VA 23229

Phone: (804) 344-7176
 Email: alyssa.dupay@thalhimer.com

Elevator Location ID: ELVLOC-2001-00371

Code in Effect: 1981

Equipment Sequence: 2

Key Location: ROOM 300

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Derby Berdan
ATTN: Debby Berdan
PO BOX 31800
HENRICO, VA 23294

Building Location:
TUCKAHOE MANAGEMENT LLC
8919 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 223-8449
Email: dberdan@taxva.com

Elevator Location ID: ELVLOC-2001-00373
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1986
Key Location: 2ND\FL LOCKBOX 52219
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:
 PARHAM MANAGEMENT LLC
 ATTN: JENNY HUNDLEY
 1703 N PARHAM RD SUITE 100
 HENRICO, VA 23229

Building Location:
 PARHAM MANAGEMENT LLC
 1703 N PARHAM RD
 HENRICO, VA 23229

Phone: (804) 740-9200
 Email: jhundley@kbjwgroup.com

Elevator Location ID: ELVLOC-2001-00377
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

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



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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:
 U-HAUL COMPANY OF RICHMOND
 ATTN: STACY DONATI
 3133 E PARHAM RD
 HENRICO, VA 23228

Building Location:
 U-HAUL
 3133 E PARHAM RD
 HENRICO, VA 23228

Phone: (804) 342-4296
 Email: stacy_donati@uhaul.com

Elevator Location ID:	ELVLOC-2001-00390	Code in Effect:	1974
Equipment Sequence:	1	Key Location:	MAINTENANCE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Category 1, Periodic			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Commons RVA
ATTN: Joe Miller
2101 MAYWILL ST
RICHMOND, VA 23230

Building Location:
Commons RVA
2101 MAYWILL ST
HENRICO, VA 23230

Phone: (804) 833-7935
Email:

Elevator Location ID: ELVLOC-2001-00404 **Code in Effect:** 1978
Equipment Sequence: 1 **Key Location:** FRONT SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector 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:
BANK STREET ADVISORS
ATTN: Rachel Sargent
10120 W Broad St Suite J
Glen Allen, VA 23060

Building Location:
PBC Dumbarton LLC
5511 STAPLES MILL RD
HENRICO, VA 23228

Phone:
Email: rsargent@bankstreetadvisors.com

Elevator Location ID: ELVLOC-2001-00408 **Code in Effect:** 1981
Equipment Sequence: 1 **Key Location:** FIRE BOX-1/ST.FL
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector 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:
 Poor Boys LLC
 ATTN: Jeanette Turner
 1901 DABNEY RD
 RICHMOND, VA 23230

Building Location:
 VALLEY STAR CREDIT UNION
 1801 DABNEY RD
 HENRICO, VA 23230

Phone: (276) 632-1679
 Email: accounting@gusti-rva.com

Elevator Location ID: ELVLOC-2001-00414

Code in Effect: 1996

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
 TCRE, LLC
 ATTN: OTLEY PROPERTIES
 PO BOX 17901
 RICHMOND, VA 23226

Building Location:
 LIBBIE SQUARE OFFICE BLDG
 1807 LIBBIE AVE
 HENRICO, VA 23226

Phone: (804) 562-7373
 Email: haley@ottleyproperties.com

Elevator Location ID: ELVLOC-2001-00553
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic, Category 1

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHERATON RICHMOND AIRPORT
 ATTN: Ayman Ghaly
 5501 EUBANK RD
 SANDSTON, VA 23150

Building Location:
 SHERATON RICHMOND AIRPORT
 5501 EUBANK RD
 SANDSTON, VA 23150

Phone: (804) 226-6400
 Email: ayman.ghaly@sheratonrichmondair

Elevator Location ID: ELVLOC-2001-00617
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHERATON RICHMOND AIRPORT
 ATTN: Ayman Ghaly
 5501 EUBANK RD
 SANDSTON, VA 23150

Building Location:
 SHERATON RICHMOND AIRPORT
 5501 EUBANK RD
 SANDSTON, VA 23150

Phone: (804) 226-6400
 Email: ayman.ghaly@sheratonrichmondair

Elevator Location ID: ELVLOC-2001-00617 **Code in Effect:** 1987
Equipment Sequence: 2 **Key Location:** LOBBY
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
 SHERATON RICHMOND AIRPORT
 ATTN: Ayman Ghaly
 5501 EUBANK RD
 SANDSTON, VA 23150

Building Location:
 SHERATON RICHMOND AIRPORT
 5501 EUBANK RD
 SANDSTON, VA 23150

Phone: (804) 226-6400
 Email: ayman.ghaly@sheratonrichmondair

Elevator Location ID:	ELVLOC-2001-00617	Code in Effect:	1987
Equipment Sequence:	3	Key Location:	LOBBY
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:

GRAND LODGE AF & AM OF VA
ATTN: Edward Ernouf
4115 NINE MILE RD
RICHMOND, VA 23223

Building Location:

GRAND LODGE ADMIN BLDG
4115 NINE MILE RD
HENRICO, VA 23223

Phone: (804) 222-3110 Ext. 224

Email: officemanager@grandlodgeofvirgini

Elevator Location ID: ELVLOC-2001-00626

Code in Effect: 1955

Equipment Sequence: 1

Key Location: SERVICE DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

MASONIC HOME OF VIRGINIA
ATTN: MICHAEL BUTLER
500 MASONIC LA.
RICHMOND, VA 23223

Building Location:

MASONIC HOME OF VIRGINIA
500 MASONIC LN
HENRICO, VA 23223

Phone: (804) 237-6730
Email: mbutlerjr@mahova.com

Elevator Location ID: ELVLOC-2001-00628
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1960
Key Location: KEYBOX @ ELEV.
Alarm Status: Not Alarmed

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

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

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:
FOUR POINTS RICHMOND AIRPORT
ATTN: PAUL SANDHU
4700 S LABURNUM AV
HENRICO, VA 23231

Building Location:
WYNDHAM GARDEN HOTEL @ RIC
4700 S LABURNUM AVE
HENRICO, VA 23231

Phone: (804) 640-4528
Email: paul@smi-hotelgroup.com

Elevator Location ID: ELVLOC-2001-00660
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1981
Key Location: J.ARTIS \ FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FOUR POINTS RICHMOND AIRPORT
ATTN: PAUL SANDHU
4700 S LABURNUM AV
HENRICO, VA 23231

Building Location:
WYNDHAM GARDEN HOTEL @ RIC
4700 S LABURNUM AVE
HENRICO, VA 23231

Phone: (804) 640-4528
Email: paul@smi-hotelgroup.com

Elevator Location ID: ELVLOC-2001-00660
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

Code in Effect: /1981/2010
Key Location: J.ARTIS \ FRONT DESK
Alarm Status: Not Alarmed

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

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

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



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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FOUR POINTS RICHMOND AIRPORT
ATTN: PAUL SANDHU
4700 S LABURNUM AV
HENRICO, VA 23231

Building Location:

WYNDHAM GARDEN HOTEL @ RIC
4700 S LABURNUM AVE
HENRICO, VA 23231

Phone: (804) 640-4528
Email: paul@smi-hotelgroup.com

Elevator Location ID: ELVLOC-2001-00660

Code in Effect: 1981

Equipment Sequence: 3

Key Location: J.ARTIS \ FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: Traci Parsley
PO Box 13470
RICHMOND, VA 23225

Building Location:
COMMONWEALTH BUILDING
7301 FOREST AVE
HENRICO, VA 23226

Phone: (804) 320-5500
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00703

Code in Effect: 1987

Equipment Sequence: 1

Key Location: ROOM 305

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Department of Building Construction and Inspections
 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: Traci Parsley
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 COMMONWEALTH BUILDING
 7301 FOREST AVE
 HENRICO, VA 23226

Phone: (804) 320-5500
 Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00703

Code in Effect: 1987

Equipment Sequence: 2

Key Location: ROOM 305

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

LINGERFELT OFFICE PROPERTIES LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:

GLEN FOREST BUILDING
7130 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 433-1804

Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00738

Code in Effect: 1981

Equipment Sequence: 1

Key Location: BREAK GLASS BOX

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
 LINGERFELT OFFICE PROPERTIES LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 GLEN FOREST BUILDING
 7130 GLEN FOREST DR
 HENRICO, VA 23226

Phone: (804) 433-1804
 Email: phogan@commonwealthcommerca

Elevator Location ID:	ELVLOC-2001-00738	Code in Effect:	1981
Equipment Sequence:	2	Key Location:	BREAK GLASS BOX
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
 RANGE COMMERCIAL
 ATTN: Traci Parsley
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 U S FINANCIAL GROUP
 7202 GLEN FOREST DR
 HENRICO, VA 23226

Phone: (804) 320-5500
 Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00741 **Code in Effect:** 1981
Equipment Sequence: 1 **Key Location:** M.R. DOOR BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RANGE COMMERCIAL
ATTN: Traci Parsley
PO Box 13470
RICHMOND, VA 23225

Building Location:

U S FINANCIAL GROUP
7202 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 320-5500
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00741

Code in Effect: 1981

Equipment Sequence: 2

Key Location: M.R. DOOR BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Range Commercial
ATTN: Traci Parsley
PO Box 13470
RICHMOND, VA 23225

Building Location:
SIEMENS BUILDING
7204 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 320-5500
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00745
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1981
Key Location: BOX ON MACH.RM.DR
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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:
Range Commercial
ATTN: Traci Parsley
PO Box 13470
RICHMOND, VA 23225

Building Location:
SIEMENS BUILDING
7204 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 320-5500
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00745 **Code in Effect:** 1981
Equipment Sequence: 2 **Key Location:** BOX ON MACH.RM.DR
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Category 1, Periodic

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 8006 DISCOVERY DR. LLC
 ATTN: Ryan Boyer
 4900 Augusta Ave. Ste 101
 Richmond, VA 23230

Building Location:
 8006 DISCOVERY DR. LLC
 8006 DISCOVERY DR
 HENRICO, VA 23229

Phone: (804) 372-3272
 Email: support@peakcommercialmanage

Elevator Location ID:	ELVLOC-2001-00773	Code in Effect:	1978 / 1996
Equipment Sequence:	1	Key Location:	BREAK GLASS BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic			

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 8006 DISCOVERY DR. LLC
 ATTN: Ryan Boyer
 4900 Augusta Ave. Ste 101
 Richmond, VA 23230

Building Location:
 8006 DISCOVERY DR. LLC
 8006 DISCOVERY DR
 HENRICO, VA 23229

Phone: (804) 372-3272
 Email: support@peakcommercialmanage

Elevator Location ID:	ELVLOC-2001-00773	Code in Effect:	1978 / 1996
Equipment Sequence:	2	Key Location:	BREAK GLASS BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:

CCPB LLC
ATTN: JOSEPH SMITH
3131 PIEDMONT RD SUITE 100
ATLANTA, GA 30305

Building Location:

CAPITAL CITY PHYSICIANS BUILDING
8002 DISCOVERY DR
HENRICO, VA 23229

Phone: (404) 266-0900

Email: jsmith@baumanco.com

Elevator Location ID: ELVLOC-2001-00774

Code in Effect: 1971

Equipment Sequence: 1

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

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:
CCPB LLC
ATTN: JOSEPH SMITH
3131 PIEDMONT RD SUITE 100
ATLANTA, GA 30305

Building Location:
CAPITAL CITY PHYSICIANS BUILDING
8002 DISCOVERY DR
HENRICO, VA 23229

Phone: (404) 266-0900
Email: jsmith@baumanco.com

Elevator Location ID: ELVLOC-2001-00774 **Code in Effect:** 1971
Equipment Sequence: 2 **Key Location:** KEY BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Category 1, Periodic

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EQUITABLE REAL ESTATE PARTNERS
 ATTN: Chris Napoli
 P.O. BOX 70037
 RICHMOND, VA 23229

Building Location:
 KOGER BUILDING
 8001 FRANKLIN FARMS DR
 HENRICO, VA 23229

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

Elevator Location ID:	ELVLOC-2001-00775	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	BREAK GLASS BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: 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:
 M & H REALTY FOUR LLC.
 ATTN: AARON BARR
 1500 FOREST AVE STE 100
 HENRICO, VA 23229

Building Location:
 RANDOLPH BUILDING
 1500 FOREST AVE
 HENRICO, VA 23229

Phone: (804) 282-0999
 Email: abarr@marksandharrison.com

Elevator Location ID: ELVLOC-2001-00776

Code in Effect: 1971

Equipment Sequence: 1

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
EQUITABLE REAL ESTATE PARTNERS
ATTN: Chris Napoli
P.O. BOX 70037
RICHMOND, VA 23229

Building Location:
NELSON BUILDING
1503 SANTA ROSA RD
HENRICO, VA 23229

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

Elevator Location ID: ELVLOC-2001-00777 **Code in Effect:** 1978
Equipment Sequence: 1 **Key Location:** BREAK GLASS KEYBOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
 EQUITABLE REAL ESTATE PARTNERS
 ATTN: Chris Napoli
 P.O. BOX 70037
 RICHMOND, VA 23229

Building Location:
 ALMOND BUILDING
 1610 FOREST AVE
 HENRICO, VA 23229

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

Elevator Location ID:	ELVLOC-2001-00778	Code in Effect:	1971 / 2010
Equipment Sequence:	1	Key Location:	BREAK GLASS BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:

COMMONWEALTH CATHOLIC CHARITIES
ATTN: Pam Hobson
1601 ROLLING HILLS DR
HENRICO, VA 23229

Building Location:

COMMONWEALTH CATHOLIC CHARITIES
1601 ROLLING HILLS DR
HENRICO, VA 23229

Phone: (804) 823-9338

Email: pam.hobson@cclfovva.org

Elevator Location ID: ELVLOC-2001-00779

Code in Effect: 1978

Equipment Sequence: 1

Key Location: BREAK GLASS BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
 UDIG
 ATTN: KELLY HOOVER
 8000 FRANKLIN FARMS DR
 HENRICO, VA 23229

Building Location:
 UDIG
 8000 FRANKLIN FARMS DR
 HENRICO, VA 23229

Phone: (804) 527-0005
 Email: kelly.hoover@udig.com

Elevator Location ID:	ELVLOC-2001-00780	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	BREAK GLASS BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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 INC.
 ATTN: Lauren Pennell
 1603 Santa Rosa Rd.
 Henrico, VA 23229

Building Location:
 TYLER BUILDING
 1603 SANTA ROSA RD
 HENRICO, VA 23229

Phone: (717) 572-8222
 Email: information@bigtproperties.com

Elevator Location ID: ELVLOC-2001-00781 **Code in Effect:** 1971
Equipment Sequence: 1 **Key Location:** BREAKGLASS BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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@equitablerealestate.com

Elevator Location ID: ELVLOC-2001-00782

Code in Effect: 1971 / 2010

Equipment Sequence: 1

Key Location: BREAK GLASS KEYBOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE RICHMOND GROUP USA
ATTN: LAURA BURNER
8003 FRANKLIN FARMS DR SUITE 200
RICHMOND, VA 23229

Building Location:

SPOTSWOOD BUILDING
8003 FRANKLIN FARMS DR
HENRICO, VA 23229

Phone: (804) 404-2835
Email: LAURAB@RICHGROUPUSA.COM

Elevator Location ID: ELVLOC-2001-00784 **Code in Effect:** 1971
Equipment Sequence: 1 **Key Location:** BREAK GLASS BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Periodic, Category 1

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

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

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INC.
ATTN: DAWN ROSATO
PO Box 13470
RICHMOND, VA 23225

Building Location:
JEFFERSON BUILDING
8100 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 420-3242
Email: dawn.rosato@colliers.com

Elevator Location ID: ELVLOC-2001-00785
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1978
Key Location: BREAK GLASS BOX
Alarm Status: Not Alarmed

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

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

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

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

Building Location:
RATCLIFFE BUILDING
1602 ROLLING HILLS DR
HENRICO, VA 23229

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

Elevator Location ID: ELVLOC-2001-00786 **Code in Effect:** 1971
Equipment Sequence: 1 **Key Location:** BREAK GLASS BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Category 1, Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: Traci Parsley
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 DALE BUILDING LLC.
 1504 SANTA ROSA RD
 HENRICO, VA 23229

Phone: (804) 320-5500
 Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00787

Code in Effect: 1978

Equipment Sequence: 1

Key Location: BREAK GLASS BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

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:

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

Building Location:

WYTHE BUILDING
1604 SANTA ROSA RD
HENRICO, VA 23229

Phone: (804) 658-3168

Email: cnapoli@equitable realestate.com

Elevator Location ID: ELVLOC-2001-00788

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

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

Code in Effect: 1978

Key Location: BREAK GLASS BOX

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EQUITABLE REAL ESTATE PARTNERS
 ATTN: Chris Napoli
 P.O. BOX 70037
 RICHMOND, VA 23229

Building Location:
 CULPEPPER BUILDING
 1606 SANTA ROSA RD
 HENRICO, VA 23229

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

Elevator Location ID: ELVLOC-2001-00789 **Code in Effect:** 1978
Equipment Sequence: 1 **Key Location:** BREAK GLASS BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
ALL SAINTS EPISCOPAL CHURCH
ATTN: WINSTON HAZELGROVE
8787 RIVER ROAD
HENRICO, VA 23229

Building Location:
ALL SAINTS EPISCOPAL CHURCH
8787 RIVER RD
HENRICO, VA 23229

Phone: (804) 288-7811
Email: whazlegrove@allsaintsrichmond.or

Elevator Location ID: ELVLOC-2001-00796 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** OFFICE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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 LOWER SCHOOL - 103 N
 MORELAND RD
 201 N MOORELAND RD
 HENRICO, VA 23229

Phone: (804) 741-9733
 Email: carroll_campbell@collegiate-va.org

Elevator Location ID:	ELVLOC-2001-00828	Code in Effect:	1990
Equipment Sequence:	1	Key Location:	MAINT OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	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:
OLEY CHILDREN LTD PARTNERSHIP
ATTN: DR. OLEY
9030 THREE CHOPT RD SUITE A
HENRICO, VA 23229

Building Location:
DR. OLEY'S OFFICE
9030 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 282-7011
Email: christina@drgoley.com

Elevator Location ID: ELVLOC-2001-00831
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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:
 COLLEGIATE SCHOOL
 ATTN: CARROLL CAMPBELL
 103 N MOORELAND RD
 HENRICO, VA 23229

Building Location:
 COLLEGIATE - NORTH SCIENCE
 103 N MOORELAND RD
 HENRICO, VA 23229

Phone: (804) 741-9733
 Email: carroll_campbell@collegiate-va.org

Elevator Location ID: ELVLOC-2001-00833
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

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

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 Henrico, VA 23273-0775

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 - SOUTH SCIENCE - 103 N
 MOORELAND RD
 201 N MOORELAND RD
 HENRICO, VA 23229

Phone: (804) 741-9733
 Email: carroll_campbell@collegiate-va.org

Elevator Location ID:	ELVLOC-2001-00836	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SEE MAINT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	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:
BEHAVIORAL HEALTH SERVICES OF VA.
ATTN: DEMARIO ADKINS
1701 E. PARHAM RD
HENRICO, VA 23228

Building Location:
BEHAVIORAL HEALTH SERVICES OF VA.
1701 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 261-4163
Email: demario.adkins@bhsva.net

Elevator Location ID: ELVLOC-2001-00850
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1971/2009/2010
Key Location: 2ND.FL.\ FINANCE DPT
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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:
 VIRGINIA CROSSINGS
 ATTN: SCOTT SEARS
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Building Location:
 MONROE BUILDING
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Phone: (804) 727-1400
 Email: SCOTT.SEARS@VACROSSINGS.CO

Elevator Location ID:	ELVLOC-2001-00863	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	ENGINEERING
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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 CROSSINGS
ATTN: SCOTT SEARS
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Building Location:
MONROE BUILDING
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Phone: (804) 727-1400
Email: SCOTT.SEARS@VACROSSINGS.CO

Elevator Location ID: ELVLOC-2001-00863 **Code in Effect:** 1993
Equipment Sequence: 2 **Key Location:** ENGINEERING
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



County of Henrico, Virginia

Department of Building Construction and Inspections
P.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 CROSSINGS
ATTN: SCOTT SEARS
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Building Location:

JEFFERSON BUILDING
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Phone: (804) 727-1400

Email: SCOTT.SEARS@VACROSSINGS.CO

Elevator Location ID: ELVLOC-2001-00864

Code in Effect: 1993

Equipment Sequence: 2

Key Location: ENGINEERING

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VIRGINIA CROSSINGS
ATTN: SCOTT SEARS
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Building Location:
JEFFERSON BUILDING
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Phone: (804) 727-1400
Email: SCOTT.SEARS@VACROSSINGS.CO

Elevator Location ID: ELVLOC-2001-00864
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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:
VIRGINIA CROSSINGS
ATTN: SCOTT SEARS
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Building Location:
MADISON BUILDING
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Phone: (804) 727-1400
Email: SCOTT.SEARS@VACROSSINGS.CO

Elevator Location ID:	ELVLOC-2001-00865	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	ENGINEERING
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VIRGINIA CROSSINGS
ATTN: SCOTT SEARS
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Building Location:
MADISON BUILDING
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Phone: (804) 727-1400
Email: SCOTT.SEARS@VACROSSINGS.CO

Elevator Location ID: ELVLOC-2001-00865

Code in Effect: 1993

Equipment Sequence: 2

Key Location: ENGINEERING

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 CROSSINGS
 ATTN: SCOTT SEARS
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Building Location:
 MADISON BUILDING
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Phone: (804) 727-1400
 Email: SCOTT.SEARS@VACROSSINGS.CO

Elevator Location ID: ELVLOC-2001-00865
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1993
Key Location: ENGINEERING
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:
 STAPLES MILL ROAD BAPTIST
 ATTN: STACEY REXRODE
 10101 STAPLES MILL RD
 GLEN ALLEN, VA 23060

Building Location:
 STAPLES MILL ROAD BAPTIST
 10101 STAPLES MILL RD
 GLEN ALLEN, VA 23060

Phone: (804) 672-6811
 Email: srexrode@smrbc.org

Elevator Location ID: ELVLOC-2001-00877
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

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



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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:
BETH SHALOM GARDENS
ATTN: BRYAN KIRBY
1600 JOHN ROLFE PKWY
HENRICO, VA 23229

Building Location:
BETH SHALOM GARDENS
2001 LAUDERDALE DR
HENRICO, VA 23238-3940

Phone: (804) 750-2183
Email: bkirby@shalomgardens.com

Elevator Location ID: ELVLOC-2001-00887
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 BETH SHALOM GARDENS
 ATTN: BRYAN KIRBY
 1600 JOHN ROLFE PKWY
 HENRICO, VA 23229

Building Location:
 BETH SHALOM GARDENS
 2001 LAUDERDALE DR
 HENRICO, VA 23238-3940

Phone: (804) 750-2183
 Email: bkirby@shalomgardens.com

Elevator Location ID: ELVLOC-2001-00887
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BETH SHALOM GARDENS
ATTN: BRYAN KIRBY
1600 JOHN ROLFE PKWY
HENRICO, VA 23229

Building Location:
BETH SHALOM GARDENS
2001 LAUDERDALE DR
HENRICO, VA 23238-3940

Phone: (804) 750-2183
Email: bkirby@shalomgardens.com

Elevator Location ID: ELVLOC-2001-00887
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

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

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

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

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



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

Building Location:
 EASTSHORE OFFICE BLDG. I
 100 EASTSHORE DR
 GLEN ALLEN, VA 23059

Phone: (804) 747-1551
 Email: karen.mitchell@westdale.com

Elevator Location ID: ELVLOC-2001-00892

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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Department of Building Construction and Inspections
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
EASTSHORE OFFICE BLDG. I
100 EASTSHORE DR
GLEN ALLEN, VA 23059

Phone: (804) 747-1551
Email: karen.mitchell@westdale.com

Elevator Location ID: ELVLOC-2001-00892

Code in Effect: 1993

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SNH INDEPENDENCE PARK LLC
ATTN: MARCY MCDEVITT
6160 Kempsville Circle
Suite 316A
Norfolk, VA 23502

Building Location:
SNH Liberty Plaza II, Inc
10800 NUCKOLS RD
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00893	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SECURITY DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic, Category 1		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTDALE ASSET MGT.
ATTN: Karen Mitchell
11551 Nuckols Road
Suite O
Glen Allen, VA 23059

Building Location:
EASTSHORE OFFICE BLDG. III
140 EASTSHORE DR
GLEN ALLEN, VA 23059

Phone: (804) 747-1551
Email: karen.mitchell@westdale.com

Elevator Location ID: ELVLOC-2001-00894

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
WESTDALE ASSET MGT.
ATTN: Karen Mitchell
11551 Nuckols Road
Suite O
Glen Allen, VA 23059

Building Location:
EASTSHORE OFFICE BLDG. III
140 EASTSHORE DR
GLEN ALLEN, VA 23059

Phone: (804) 747-1551
Email: karen.mitchell@westdale.com

Elevator Location ID: ELVLOC-2001-00894
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **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



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:
The Estates at West End
ATTN: Licensing
5101 NE 82nd Ave. Suite 200
Vancouver, WA 98662

Building Location:
The Estates at West End
3000 SKIPWITH RD
HENRICO, VA 23294

Phone:
Email:

Elevator Location ID: ELVLOC-2001-00896
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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:
WELLFLEET PROPERTIES LLC
ATTN: JAMES LARNER
1305 GARTH GATE LN.
Charlottesville, VA 22901

Building Location:
WELLFLEET PROPERTIES
12201 GAYTON RD
HENRICO, VA 23238-8203

Phone: (434) 825-0321
Email: james@lerner.com

Elevator Location ID: ELVLOC-2001-00914

Code in Effect: 1981

Equipment Sequence: 1

Key Location: KEYBOX @ MACH.ROOM

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Department of Building Construction and Inspections
 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMERS
 ATTN: Samantha Huckstep
 P.O. Box 5160
 Glen Allen, VA 23058

Building Location:
 MAGELLAN
 4300 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 697-3467
 Email: samantha.huckstep@thalhimer.co

Elevator Location ID: ELVLOC-2001-00921 **Code in Effect:** 1987/2013
Equipment Sequence: 1 **Key Location:** MAINT. = JIM OLIVER
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
THALHIMERS
ATTN: Samantha Huckstep
P.O. Box 5160
Glen Allen, VA 23058

Building Location:
MAGELLAN
4300 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 697-3467
Email: samantha.huckstep@thalhimer.co

Elevator Location ID: ELVLOC-2001-00921 **Code in Effect:** 1987 2013
Equipment Sequence: 2 **Key Location:** MAINT. = JIM OLIVER
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **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:
 THALHIMERS
 ATTN: Samantha Huckstep
 P.O. Box 5160
 Glen Allen, VA 23058

Building Location:
 MAGELLAN
 4300 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 697-3467
 Email: samantha.huckstep@thalhimer.co

Elevator Location ID:	ELVLOC-2001-00921	Code in Effect:	1987/2013
Equipment Sequence:	3	Key Location:	MAINT. = JIM OLIVER
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Category 1, Periodic			

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



County of Henrico, Virginia
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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:
CAPITAL REALTY
ATTN: NARMINA NESIMOVA
2027 LAUDERDALE DR.
HENRICO, VA 23238

Building Location:
MAPLE WOODS APARTMENTS
2027 LAUDERDALE DR
HENRICO, VA 23238-3940

Phone: (804) 741-4691
Email: nnesimova@thecapitalrealty.com

Elevator Location ID: ELVLOC-2001-00925 **Code in Effect:** 1978 / 2010
Equipment Sequence: 1 **Key Location:** OFFICE=CALL MAINT.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
CAPITAL REALTY
ATTN: NARMINA NESIMOVA
2027 LAUDERDALE DR.
HENRICO, VA 23238

Building Location:
MAPLE WOODS APARTMENTS
2027 LAUDERDALE DR
HENRICO, VA 23238-3940

Phone: (804) 741-4691
Email: nnesimova@thecapitalrealty.com

Elevator Location ID: ELVLOC-2001-00925 **Code in Effect:** 1978/2010
Equipment Sequence: 2 **Key Location:** OFFICE=CALL MAINT.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
BETH SHALOM HOME
ATTN: BRYAN KIRBY
1600 JOHN ROLFE PKWY
HENRICO, VA 23233

Building Location:
BETH SHALOM HOME
1600 JOHN ROLFE PKWY
HENRICO, VA 23238-8110

Phone: (804) 750-2183
Email: bkirby@shalomgardens.com

Elevator Location ID: ELVLOC-2001-00927
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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:
BETH SHALOM HOME
ATTN: BRYAN KIRBY
1600 JOHN ROLFE PKWY
HENRICO, VA 23233

Building Location:
BETH SHALOM HOME
1600 JOHN ROLFE PKWY
HENRICO, VA 23238-8110

Phone: (804) 750-2183
Email: bkirby@shalomgardens.com

Elevator Location ID: ELVLOC-2001-00927
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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

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

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

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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 NORTH PARK
 4701 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00929

Code in Effect: 1987/2010

Equipment Sequence: 1

Key Location: KNOX BOX - FRONT DR.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:

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

Building Location:

NORTH PARK
4701 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00929

Code in Effect: 1987/2010

Equipment Sequence: 2

Key Location: KNOX BOX - FRONT DR.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH COMMERCIAL
ATTN: CHUCK RICHARDSON
4198 COX ROAD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
CENTER PARK V
4405 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 433-1836
Email: crichardson@commonwealthcomm

Elevator Location ID: ELVLOC-2001-00931 **Code in Effect:** 1984
Equipment Sequence: 1 **Key Location:** KEYBOX ADJ. TO DOOR
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Periodic, Category 1

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 4101 BUILDING
 4101 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00932
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic

Code in Effect: 1984
Key Location: KEYBOX ON MACH.RM.DR
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:
 HIGHWOODS PROPERTIES
 ATTN: LISA HARRIS
 4991 Lake Brook Dr
 Suite G90
 Glen Allen, VA 23060

Building Location:
 4101 BUILDING
 4101 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00932
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1984
Key Location: KEYBOX ON MACH.RM.DR
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:
CAMBRIDGE HEALTHCARE MGT.
ATTN: Megan Mansour
1608 RT 88 STE 301
BRICK, NJ 08724

Building Location:
CANTERBURY REHABILITATION
1776 CAMBRIDGE DR
HENRICO, VA 23238-3203

Phone: (732) 965-1948
Email: apcanterbury@mhslp.com

Elevator Location ID: ELVLOC-2001-00940 **Code in Effect:** 1965
Equipment Sequence: 1 **Key Location:** 1ST\FL HALL KEYBOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
CAMBRIDGE HEALTHCARE MGT.
ATTN: Megan Mansour
1608 RT 88 STE 301
BRICK, NJ 08724

Building Location:
CANTERBURY REHABILITATION
1776 CAMBRIDGE DR
HENRICO, VA 23238-3203

Phone: (732) 965-1948
Email: apcanterbury@mhsplp.com

Elevator Location ID: ELVLOC-2001-00940 **Code in Effect:** 1965/2013
Equipment Sequence: 2 **Key Location:** 1ST\FL HALL KEYBOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BLUERIDGE SENIOR LIVING
ATTN: JENNIE HADEN
12411 Gayton Rd.
Richmond, VA 23238

Building Location:
BLUERIDGE SENIOR LIVING
12411 GAYTON RD
HENRICO, VA 23238-2272

Phone: (804) 741-9494
Email: jhaden@blueridge.com

Elevator Location ID:	ELVLOC-2001-00942	Code in Effect:	1987
Equipment Sequence:	1	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

BLUERIDGE SENIOR LIVING
ATTN: JENNIE HADEN
12411 Gayton Rd.
Richmond, VA 23238

Building Location:

BLUERIDGE SENIOR LIVING
12411 GAYTON RD
HENRICO, VA 23238-2272

Phone: (804) 741-9494
Email: jhaden@blueridge.com

Elevator Location ID: ELVLOC-2001-00942

Code in Effect: 1987

Equipment Sequence: 2

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
JLL - CAPITAL ONE
ATTN: JARED HOWE
PO BOX 25459
RICHMOND, VA 23260

Building Location:
KNOLLS I
4881 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 316-2261
Email: jared.b.howe@dominionenergy.co

Elevator Location ID: ELVLOC-2001-00944
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

JLL - CAPITAL ONE
ATTN: JARED HOWE
PO BOX 25459
RICHMOND, VA 23260

Building Location:

KNOLLS I
4881 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 316-2261

Email: jared.b.howe@dominionenergy.co

Elevator Location ID: ELVLOC-2001-00944

Code in Effect: 1993/2010

Equipment Sequence: 2

Key Location: GUARD DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL - CAPITAL ONE
 ATTN: JARED HOWE
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 KNOLLS I
 4881 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 316-2261
 Email: jared.b.howe@dominionenergy.co

Elevator Location ID: ELVLOC-2001-00944 **Code in Effect:** 1993
Equipment Sequence: 3 **Key Location:** GUARD DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Category 1, Periodic

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COX II LLC
ATTN: TERESA KICHTA
300 E FRANKLIN ST
FLOOR 3
RICHMOND, VA 23219

Building Location:

INNSBROOK HOTEL LLC
10800 W BROAD ST
GLEN ALLEN, VA 23060

Phone: (804) 747-7777

Email: teresa@jphospitality.com

Elevator Location ID: ELVLOC-2001-00946

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector 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:
COX II LLC
ATTN: TERESA KICHTA
300 E FRANKLIN ST
FLOOR 3
RICHMOND, VA 23219

Building Location:
INNSBROOK HOTEL LLC
10800 W BROAD ST
GLEN ALLEN, VA 23060

Phone: (804) 747-7777
Email: teresa@jphospitality.com

Elevator Location ID: ELVLOC-2001-00946
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 Innsbrook LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 G E BUILDING
 4880 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 433-1804
 Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00948 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: 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:
WELLS FARGO
ATTN: Larry Austin
4340 Innslake Dr
MAC Code - R3455-01T
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 316-7191
Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic, Category 1

Code in Effect: 1990
Key Location: SECURITY
Alarm Status: Not Alarmed

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WELLS FARGO
ATTN: Larry Austin
4340 Innslake Dr
MAC Code - R3455-01T
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 316-7191
Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1990
Key Location: SECURITY
Alarm Status: Not Alarmed

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

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

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



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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:
WELLS FARGO
ATTN: Larry Austin
4340 Innslake Dr
MAC Code - R3455-01T
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 316-7191
Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1990
Key Location: SECURITY
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WELLS FARGO
 ATTN: Larry Austin
 4340 Innslake Dr
 MAC Code - R3455-01T
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 316-7191
 Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1990
Key Location: SECURITY
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WELLS FARGO
 ATTN: Larry Austin
 4340 Innslake Dr
 MAC Code - R3455-01T
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 316-7191
 Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 6
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 1990
Key Location: SECURITY
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WELLS FARGO
 ATTN: Larry Austin
 4340 Innslake Dr
 MAC Code - R3455-01T
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 316-7191
 Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 7
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1990
Key Location: SECURITY
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WELLS FARGO
ATTN: Larry Austin
4340 Innslake Dr
MAC Code - R3455-01T
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 316-7191
Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 8
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1990
Key Location: SECURITY
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WELLS FARGO
 ATTN: Larry Austin
 4340 Innslake Dr
 MAC Code - R3455-01T
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 316-7191
 Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 9
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

Code in Effect: 1990
Key Location: SECURITY
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WELLS FARGO
ATTN: Larry Austin
4340 Innslake Dr
MAC Code - R3455-01T
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 316-7191
Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 11
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1990
Key Location: SECURITY
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WELLS FARGO
 ATTN: Larry Austin
 4340 Innslake Dr
 MAC Code - R3455-01T
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 316-7191
 Email: larry.austin@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952 **Code in Effect:** 1990
Equipment Sequence: 12 **Key Location:** SECURITY
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Category 1, Periodic

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

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

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



County of Henrico, Virginia
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P.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 CLUB
ATTN: DAN RIKER
6000 DOMINION CLUB DR
GLEN ALLEN, VA 23060

Building Location:
DOMINION CLUB
6000 DOMINION CLUB DR
GLEN ALLEN, VA 23059

Phone: (804) 360-1200
Email: driker@heritagegolfgroup.com

Elevator Location ID: ELVLOC-2001-00955 **Code in Effect:** 1984
Equipment Sequence: 1 **Key Location:** UNDER RECPT.DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



County of Henrico, Virginia
Department of Building Construction and Inspections
P.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 CLUB
ATTN: DAN RIKER
6000 DOMINION CLUB DR
GLEN ALLEN, VA 23060

Building Location:
DOMINION CLUB
6000 DOMINION CLUB DR
GLEN ALLEN, VA 23059

Phone: (804) 360-1200
Email: driker@heritagegolfgroup.com

Elevator Location ID:	ELVLOC-2001-00955	Code in Effect:	1984
Equipment Sequence:	2	Key Location:	UNDER RECPT.DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
 DOMINION ENERGY
 ATTN: JARED HOWE
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 KNOLLS III
 4851 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 316-2261
 Email: jared.b.howe@dominionenergy.co

Elevator Location ID:	ELVLOC-2001-00963	Code in Effect:	1993/2013
Equipment Sequence:	1	Key Location:	ENG. OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

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

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



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 P.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 ENERGY
 ATTN: JARED HOWE
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 KNOLLS III
 4851 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 316-2261
 Email: jared.b.howe@dominionenergy.co

Elevator Location ID: ELVLOC-2001-00963
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

Code in Effect: 1993/2013
Key Location: ENG. OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DOMINION ENERGY
 ATTN: JARED HOWE
 PO BOX 25459
 RICHMOND, VA 23260

Building Location:
 KNOLLS III
 4851 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 316-2261
 Email: jared.b.howe@dominionenergy.co

Elevator Location ID:	ELVLOC-2001-00963	Code in Effect:	1993/2013
Equipment Sequence:	3	Key Location:	ENG. OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

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

Inspection / Test Results
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County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION ENERGY
ATTN: JARED HOWE
PO BOX 25459
RICHMOND, VA 23260

Building Location:
KNOLLS III
4851 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 316-2261
Email: jared.b.howe@dominionenergy.co

Elevator Location ID: ELVLOC-2001-00963

Code in Effect: 1993

Equipment Sequence: 4

Key Location: ENG. OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
 RESIDENCE INN BY MARRIOTT
 ATTN: Luke Roberts
 3940 Westerre Pkwy
 Henrico, VA 23233

Building Location:
 RESIDENCE INN BY MARRIOTT
 3940 WESTERRE PKWY
 HENRICO, VA 23233

Phone: (804) 285-8200
 Email: Luke.Roberts@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00976
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 RESIDENCE INN BY MARRIOTT
 ATTN: Luke Roberts
 3940 Westerre Pkwy
 Henrico, VA 23233

Building Location:
 RESIDENCE INN BY MARRIOTT
 3940 WESTERRE PKWY
 HENRICO, VA 23233

Phone: (804) 285-8200
 Email: Luke.Roberts@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00976
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COURTYARD BY MARRIOTT - NW
 ATTN: Julia McCoy
 11541 Nuckols Rd., Suite D
 Glen Allen, VA 23059

Building Location:
 COURTYARD BY MARRIOTT - NW
 3950 WESTERRE PKWY
 HENRICO, VA 23233

Phone:
 Email: jmccoy@kalyanhospitality.com

Elevator Location ID: ELVLOC-2001-00977

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MAINT DEPT

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **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:
COURTYARD BY MARRIOTT - NW
ATTN: Julia McCoy
11541 Nuckols Rd., Suite D
Glen Allen, VA 23059

Building Location:
COURTYARD BY MARRIOTT - NW
3950 WESTERRE PKWY
HENRICO, VA 23233

Phone:
Email: jmccoy@kalyanhospitality.com

Elevator Location ID: ELVLOC-2001-00977
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 FRANKLIN COMMONS III
 5640 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00988
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
FRANKLIN COMMONS III
5640 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 466-3118

Email: CWEBSTER@MARWAHAINVESTME

Elevator Location ID: ELVLOC-2001-00988

Code in Effect: 1993

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
FRANKLIN COMMONS III
5640 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 466-3118

Email: CWEBSTER@MARWAHAINVESTME

Elevator Location ID: ELVLOC-2001-00988

Code in Effect: 1993

Equipment Sequence: 3

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
FRANKLIN COMMONS PARKING DECK
5600 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00989
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VA UMC ADMINISTRATION BUILDING
ATTN: David Dommisie
10330 STAPLES MILL RD
Suite 100
GLEN ALLEN, VA 23060

Building Location:
VA UMC ADMINISTRATION BUILDING
10330 STAPLES MILL RD
GLEN ALLEN, VA 23060

Phone: (804) 521-1100
Email: acap@vaumc.org

Elevator Location ID: ELVLOC-2002-01015
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
NEW BRIDGE SCHOOL
5915 NINE MILE RD
HENRICO, VA 23223

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2002-01016
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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: _____

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:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 RIVERS EDGE ELEMENTARY
 11600 HOLMAN RIDGE RD
 GLEN ALLEN, VA 23059

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2003-01074
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, 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: _____

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:
STRANGE'S FLORIST INC
ATTN: WILL GOULDIN
12111 W BROAD ST
HENRICO, VA 23233

Building Location:
STRANGE'S FLORIST
12111 W BROAD ST
HENRICO, VA 23233-7604

Phone: (804) 360-2800
Email: will@stranges.com

Elevator Location ID: ELVLOC-2004-01110 **Code in Effect:** 1996
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: Category 1, Periodic

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 HUNGARY CREEK MIDDLE SCHOOL
 4909 FRANCISTOWN RD
 GLEN ALLEN, VA 23060

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2004-01116
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1993
Key Location:
Alarm Status:

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 GREENWOOD ELEMENTARY SCHOOL
 10960 GREENWOOD RD
 GLEN ALLEN, VA 23059

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2004-01117
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, 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: _____

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:

FIRST CITIZENS BANK
ATTN: JAMES FIELDS
11776 W BROAD ST
HENRICO, VA 23233

Building Location:

FIRST CITIZENS BANK
11776 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 360-8198

Email: colleen.gray@firstcitizens.com

Elevator Location ID: ELVLOC-2004-01119

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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 Department of Building Construction and Inspections
 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LP MARTIN AND COMPANY
 ATTN: SUSAN ARCHER
 1007 PEACHTREE BLVD
 RICHMOND, VA 23226

Building Location:
 JIRANEK ORTHOPEDIC CENTER
 1007 PEACHTREE BLVD
 HENRICO, VA 23226

Phone: (804) 288-1788
 Email: susan@archstonecounseling.com

Elevator Location ID: ELVLOC-2004-01125
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1996
Key Location: RECEPTIONIST
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
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FAIRFIELD INN & SUITES
ATTN: Katia Diaz
9937 Mayland Dr
Henrico, VA 23233

Building Location:
FAIRFIELD INN & SUITES
9937 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 545-4200
Email: katia.diaz@dailysseven.com

Elevator Location ID: ELVLOC-2004-01145
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASSOCIA COMMUNITY GROUP
ATTN: DAVID McDANIEL
4845 OLD MAIN ST
HENRICO, VA 23231

Building Location:
FALL LINE CONDOS
4940 ROCKETTS WAY
HENRICO, VA 23231

Phone: (757) 502-4801
Email: rockettsadmin@communitygroup.c

Elevator Location ID:	ELVLOC-2006-01222	Code in Effect:	2004/2005
Equipment Sequence:	2	Key Location:	CALL MAINT.
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 PARAMOUNT COMMUNITY MANAGEMENT
 ATTN: FOSTER HAYNES
 3121 W LEIGH ST
 RICHMOND, VA 23230

Building Location:
 SKYLINE CONDOS
 4820 OLD MAIN ST
 HENRICO, VA 23231

Phone:
 Email:

Elevator Location ID:	ELVLOC-2006-01243	Code in Effect:	2004/2005
Equipment Sequence:	1	Key Location:	CALL MAINT.
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic			

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 PARAMOUNT COMMUNITY MANAGEMENT
 ATTN: FOSTER HAYNES
 3121 W LEIGH ST
 RICHMOND, VA 23230

Building Location:
 SKYLINE CONDOS
 4820 OLD MAIN ST
 HENRICO, VA 23231

Phone:
 Email:

Elevator Location ID: ELVLOC-2006-01243 **Code in Effect:** 2004/2005
Equipment Sequence: 2 **Key Location:** CALL MAINT.
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
 ASSOCIA COMMUNITY GROUP
 ATTN: DAVID McDANIEL
 4845 OLD MAIN ST
 HENRICO, VA 23231

Building Location:
 CEDAR WORKS CONDO'S
 4845 OLD MAIN ST
 HENRICO, VA 23231

Phone: (757) 502-4801
 Email: rockettsadmin@communitygroup.c

Elevator Location ID:	ELVLOC-2007-01250	Code in Effect:	1999
Equipment Sequence:	1	Key Location:	KNOX BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for February: Periodic			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ASSOCIA COMMUNITY GROUP
 ATTN: DAVID McDANIEL
 4845 OLD MAIN ST
 HENRICO, VA 23231

Building Location:
 CEDAR WORKS CONDO'S
 4845 OLD MAIN ST
 HENRICO, VA 23231

Phone: (757) 502-4801
 Email: rockettsadmin@communitygroup.c

Elevator Location ID: ELVLOC-2007-01250
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1999
Key Location: KNOX BOX
Alarm Status: Alarmed

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

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

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



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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:
ASSOCIA COMMUNITY GROUP
ATTN: DAVID McDANIEL
4845 OLD MAIN ST
HENRICO, VA 23231

Building Location:
CEDAR WORKS CONDO'S
4845 OLD MAIN ST
HENRICO, VA 23231

Phone: (757) 502-4801
Email: rockettsadmin@communitygroup.c

Elevator Location ID:	ELVLOC-2007-01250	Code in Effect:	1999
Equipment Sequence:	3	Key Location:	KNOX BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
 AMERICAN RED CROSS
 ATTN: JAMES CLARKE
 2825 EMERYWOOD PKWY
 HENRICO, VA 23294-3719

Building Location:
 AMERICAN RED CROSS
 2825 EMERYWOOD PKWY
 HENRICO, VA 23294

Phone: (804) 807-1071
 Email: JAMESCLARKE@REDCROSS.COM

Elevator Location ID: ELVLOC-2007-01252

Code in Effect: 2000

Equipment Sequence: 1

Key Location: MAINT. DEPT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 ELKO MIDDLE SCHOOL
 5901 ELKO RD
 SANDSTON, VA 23150

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2007-01262
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, 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



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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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
OAK AVENUE CENTER @ HSHS
15 S OAK AVE
HENRICO, VA 23075

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2007-01269
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 2000
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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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:
 ROCKETTS WAY LLC
 ATTN: DAVID McDANIEL
 4845 OLD MAIN ST
 HENRICO, VA 23231

Building Location:
 ROCKETTS WAY PARKING
 220 ROCKETTS WAY
 HENRICO, VA 23231

Phone: (757) 502-4801
 Email: rockettsadmin@communitygroup.c

Elevator Location ID: ELVLOC-2007-01270
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for February: **Periodic**

Code in Effect: 2006
Key Location: MAINT.
Alarm Status: Not Alarmed

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 TUCKAHOE ELEMENTARY SCHOOL
 701 FOREST AVE
 HENRICO, VA 23229

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2007-01275 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for February: 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
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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:

7701 FOREST AVE LLC/WELLTOWER INC.
ATTN: RAINEY MURILLO
29126 NETWORK PL
CHICAGO, IL 60673-1291

Building Location:

BON SECOURS HEART INSTITUTE
7001 FOREST AVE
HENRICO, VA 23230-1726

Phone: (202) 235-6787

Email: RMURILLO@WELLTOWER.COM

Elevator Location ID: ELVLOC-2007-01305

Code in Effect: 2000

Equipment Sequence: 1

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
7701 FOREST AVE LLC/WELLTOWER INC.
ATTN: RAINEY MURILLO
29126 NETWORK PL
CHICAGO, IL 60673-1291

Building Location:
BON SECOURS HEART INSTITUTE
7001 FOREST AVE
HENRICO, VA 23230-1726

Phone: (202) 235-6787
Email: RMURILLO@WELLTOWER.COM

Elevator Location ID: ELVLOC-2007-01305 **Code in Effect:** 2000
Equipment Sequence: 2 **Key Location:** MAINT.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Category 1, Periodic

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

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

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



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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:
WESTIN REYNOLDS CROSSING
ATTN: JOHN VIA
6631 W BROAD ST
RICHMOND, VA 23230

Building Location:
WESTIN REYNOLDS CROSSING
6631 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 282-8444
Email: john.via@westinrichmond.com

Elevator Location ID: ELVLOC-2007-01307
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for February: **Periodic**

Code in Effect: 2004/2010
Key Location: ENGINEERING
Alarm Status: Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WESTIN REYNOLDS CROSSING
 ATTN: JOHN VIA
 6631 W BROAD ST
 RICHMOND, VA 23230

Building Location:
 WESTIN REYNOLDS CROSSING
 6631 W BROAD ST
 HENRICO, VA 23230-1723

Phone: (804) 282-8444
 Email: john.via@westinrichmond.com

Elevator Location ID: ELVLOC-2007-01307
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for February: **Periodic**

Code in Effect: 2004/2010
Key Location: ENGINEERING
Alarm Status: Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COURTYARD BY MARRIOTT
ATTN: SHAWN COLEMAN - DOWNER
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
COURTYARD BY MARRIOTT
10077 BROOK RD
GLEN ALLEN, VA 23059-6506

Phone: (804) 266-6900
Email: dan.appolonio@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01312
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 2000
Key Location: ENGR. OFFICE
Alarm Status: Not Alarmed

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

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

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



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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FAISON CENTER
ATTN: STEVE DAILEY
1701 BYRD AVE
RICHMOND, VA 23230

Building Location:
FAISON CENTER
1701 BYRD AVE
HENRICO, VA 23230

Phone: (804) 612-1947
Email: sdailey@faisoncenter.org

Elevator Location ID: ELVLOC-2008-01314 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
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:
 ROCKETTS WAY LLC
 ATTN: Rachel Atkinson
 One Old Oyster Point Rd, Suite 140
 C/O UPA
 Newport News, VA 23602

Building Location:
 210 ROCK CONDO'S
 210 ROCKETTS WAY
 HENRICO, VA 23231

Phone: (757) 502-4801
 Email: RAtkinson@unitedpropertyassociat

Elevator Location ID: ELVLOC-2008-01327

Code in Effect: 2006

Equipment Sequence: 2

Key Location: MGT. OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
AIMBRIDGE HOSPITALITY
ATTN: LICENSING DEPT
5301 Headquarters Dr.
Plano, TX 75024

Building Location:
HYATT HOUSE
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (972) 952-0200
Email: licensing@aimhosp.com

Elevator Location ID: ELVLOC-2008-01340
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2000
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
DOUGLAS FREEMAN HIGH SCHOOL
8701 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2008-01363
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic, Category 1

Code in Effect: 2000
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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:

HOLMAN MIDDLE SCHOOL
600 CONCOURSE BLVD
GLEN ALLEN, VA 23059-5779

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2010-01447
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2003
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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PARKSIDE ASSISTED LIVING LLC
ATTN: BRYAN KIRBY
1550 JOHN ROLFE PKWY
HENRICO, VA 23238

Building Location:
PARKSIDE HEALTH CARE
1550 JOHN ROLFE PKWY
HENRICO, VA 23238-8113

Phone: (804) 750-2183
Email: bkirby@shalomgardens.com

Elevator Location ID: ELVLOC-2011-01488

Code in Effect: 2004/5

Equipment Sequence: 1

Key Location: RECPT. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

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:

PARKSIDE ASSISTED LIVING LLC
ATTN: BRYAN KIRBY
1550 JOHN ROLFE PKWY
HENRICO, VA 23238

Building Location:

PARKSIDE HEALTH CARE
1550 JOHN ROLFE PKWY
HENRICO, VA 23238-8113

Phone: (804) 750-2183
Email: bkirby@shalomgardens.com

Elevator Location ID: ELVLOC-2011-01488

Code in Effect: 2004/5

Equipment Sequence: 3

Key Location: RECPT. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
KAECHELE ELEMENTARY SCHOOL
5680 POUNCEY TRACT RD
GLEN ALLEN, VA 23059-5314

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2012-01595 **Code in Effect:** 2007
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: Category 1, Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HENRICO COUNTY C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:

HOLLADAY ELEMENTRY SCHOOL
7300 GALAXIE RD
HENRICO, VA 23228

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2022-000019
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **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
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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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
HIGHLAND SPRINGS HIGH SCHOOL
200 S AIRPORT DR
HENRICO, VA 23075

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2022-000052 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: Category 1, Periodic

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COUNTY OF HENRICO C&M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
J.R. TUCKER HIGH SCHOOL
2910 N PARHAM RD
HENRICO, VA 23294

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2022-000058 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:

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

Building Location:

QUALITY TECHNOLOGY
6000 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000017

Code in Effect: 1993

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Location:
QUALITY TECHNOLOGY
6000 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675
Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000017 **Code in Effect:** 1993
Equipment Sequence: 3 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
 Quality Technology
 ATTN: KEITH RIGSBY
 12851 FOSTER ST
 Suite 205
 OVERLAND PARK, KS 66213

Building Location:
 Quality Technology
 6008 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (703) 673-8675
 Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000018 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic**

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

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

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