

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Category 1, Periodic, Category 5**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2010**Equipment Sequence:** 2**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 5, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2010**Equipment Sequence:** 3**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 5, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 4**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 5**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for June:** **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 6**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for June:** **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2008

Equipment Sequence: 7

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Escalator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 8**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

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Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 9**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2013**Equipment Sequence:** 10**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1, Category 5**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2013**Equipment Sequence:** 11**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1, Category 5**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ALTRIA HEADQUARTERS
ATTN: KATIE WELCH
800 W MADISON ST, STE 400
CHICAGO, IL 60607

Building Location:

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

Phone: (757) 580-6680

Email: kwelch@remedymed.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:

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6603 W BROAD ST
HENRICO, VA 23230-1711

Phone: (757) 580-6680

Email: kwelch@remedymed.com

Elevator Location ID: ELVLOC-2001-00201**Code in Effect:** 2010**Equipment Sequence:** 2**Key Location:** GUARD DSK-CALL MAINT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23230-1711

Phone: (757) 580-6680

Email: kwelch@remedymed.com

Elevator Location ID: ELVLOC-2001-00201**Equipment Sequence:** 3**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 2010**Key Location:** GUARD DSK-CALL MAINT**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23230-1711

Phone: (757) 580-6680

Email: kwelch@remedymed.com

Elevator Location ID: ELVLOC-2001-00201**Equipment Sequence:** 4**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 2010**Key Location:** GUARD DSK-CALL MAINT**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

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Phone: (757) 580-6680

Email: kwelch@remedymed.com

Elevator Location ID: ELVLOC-2001-00201**Equipment Sequence:** 5**Elevator Type:** Escalator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 2004**Key Location:** GUARD DSK-CALL MAINT**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

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HENRICO, VA 23230-1711

Phone: (757) 580-6680

Email: kwelch@remedymed.com

Elevator Location ID: ELVLOC-2001-00201**Equipment Sequence:** 6**Elevator Type:** Escalator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 2004**Key Location:** GUARD DSK-CALL MAINT**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 267-3636

Email: lisa@reydev.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:

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

Building Location:

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

Phone: (804) 267-3636

Email: lisa@reydev.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

Elevator Location ID: ELVLOC-2001-00217

Equipment Sequence: 1

Elevator Type: Electric Elevator

Inspections for June: **Periodic**

Code in Effect: 1971/2010

Key Location: LOWER LOBBY

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

Elevator Location ID: ELVLOC-2001-00217

Equipment Sequence: 2

Elevator Type: Electric Elevator

Inspections for June: **Periodic**

Code in Effect: 1971/2010

Key Location: LOWER LOBBY

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

Elevator Location ID: ELVLOC-2001-00217

Equipment Sequence: 4

Elevator Type: Electric Elevator

Inspections for June: **Periodic**

Code in Effect: 1971/2010

Key Location: LOWER LOBBY

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

Elevator Location ID: ELVLOC-2001-00217**Equipment Sequence:** 5**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic****Code in Effect:** 1971**Key Location:** LOWER LOBBY**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

VIRGINIA BAPTIST BUILDING
2828 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 514-5637

Email: noah.rogers@bgav.org

Elevator Location ID: ELVLOC-2001-00226

Code in Effect: 1978

Equipment Sequence: 1

Key Location: LOBBY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

VIRGINIA BAPTIST BUILDING
2828 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 514-5637

Email: noah.rogers@bgav.org

Elevator Location ID: ELVLOC-2001-00226**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1978**Key Location:** LOBBY**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:

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

Building Location:

AFFINITY FUNERAL SERVICE
2720 ENTERPRISE PKWY
HENRICO, VA 23294

Phone: (804) 477-3136

Email: affinityfh@gmail.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

AETNA
9881 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 968-7280

Email: jalevesque@aetna.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com

Elevator Location ID: ELVLOC-2001-00366

Code in Effect: 1981

Equipment Sequence: 1

Key Location: SECURITY DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com**Elevator Location ID:** ELVLOC-2001-00366**Code in Effect:** 1981**Equipment Sequence:** 2**Key Location:** SECURITY DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com

Elevator Location ID: ELVLOC-2001-00366

Code in Effect: 1981

Equipment Sequence: 3

Key Location: SECURITY DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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ATTN: KIMA LEDESMA
7910 WOODMONT AVE #1405
BETHEDSA, MD 20814

Building Location:

2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com**Elevator Location ID:** ELVLOC-2001-00366**Code in Effect:** 1981**Equipment Sequence:** 4**Key Location:** SECURITY DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

VA ENDOSCOPY CENTER
2369 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 796-0500

Email: jmarchetti@rangecommercial.com

Elevator Location ID: ELVLOC-2001-00407

Code in Effect: 1993

Equipment Sequence: 1

Key Location: RECP.DESK 1ST/FL.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

PERFORMANCE FOOD SERVICE GROUP, LLC
ATTN: STEVE FASULKA
7420 RANCO RD
HENRICO, VA 23228

Building Location:

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

Phone: (804) 237-1012

Email: steve.fasulka@pfgc.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:

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

Building Location:

GLENSIDE GREEN OFFICE BLDG
3991 GLENSIDE DR
HENRICO, VA 23228

Phone: (804) 502-3673

Email: ifemida@aol.com

Elevator Location ID: ELVLOC-2001-00416**Code in Effect:** 1987**Equipment Sequence:** 1**Key Location:** BEAUTY SHOP**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

LAKESIDE UNITED METHODIST CHURCH
2333 HILLIARD RD
HENRICO, VA 23228

Phone: (804) 266-7016

Email: office@lakesideum.org

Elevator Location ID: ELVLOC-2001-00607

Code in Effect: 1981

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00612

Code in Effect: 1993

Equipment Sequence: 1

Key Location: AIRPORT SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00612

Code in Effect: 1993

Equipment Sequence: 2

Key Location: AIRPORT SECURITY

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for June: **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:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00612

Code in Effect: 1993

Equipment Sequence: 3

Key Location: AIRPORT SECURITY

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for June: **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:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00613

Code in Effect: 1993

Equipment Sequence: 1

Key Location: AIRPORT SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com**Elevator Location ID:** ELVLOC-2001-00613**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** AIRPORT SECURITY**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00613
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for June: **Category 1, Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com**Elevator Location ID:** ELVLOC-2001-00613**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** AIRPORT SECURITY**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00613
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for June: **Category 1, Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com**Elevator Location ID:** ELVLOC-2001-00613**Equipment Sequence:** 6**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 2004**Key Location:** AIRPORT SECURITY**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com

Elevator Location ID: ELVLOC-2001-00613

Code in Effect: 2004

Equipment Sequence: 7

Key Location: AIRPORT SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for June: **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:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

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

Phone: (804) 226-8534

Email: swalker@flyrichmond.com**Elevator Location ID:** ELVLOC-2001-00621**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** AIRPORT SECURITY**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2006

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2006

Equipment Sequence: 2

Key Location: OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for June: **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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622**Equipment Sequence:** 3**Elevator Type:** Electric Elevator**Inspections for June:** **Category 1, Periodic****Code in Effect:** 2006**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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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622**Equipment Sequence:** 4**Elevator Type:** Electric Elevator**Inspections for June:** **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
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622**Code in Effect:** 1993**Equipment Sequence:** 5**Key Location:** OFFICE**Elevator Type:** Dumbwaiter**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622**Equipment Sequence:** 6**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 2004**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY

ATTN: LAUREN DANEKER

600 E LABURNUM AVE

RICHMOND, VA 23222

Building Location:

RICHMOND INTERNATIONAL RACEWAY

600 E LABURNUM AVE

HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622**Code in Effect:** 2004**Equipment Sequence:** 8**Key Location:** OFFICE**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622**Code in Effect:** 2000**Equipment Sequence:** 9**Key Location:** OFFICE**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2000

Equipment Sequence: 10

Key Location: OFFICE

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for June: **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:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2000

Equipment Sequence: 11

Key Location: OFFICE

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for June: **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:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2000

Equipment Sequence: 12

Key Location: OFFICE

Elevator Type: Escalator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622**Code in Effect:** 2000**Equipment Sequence:** 13**Key Location:** OFFICE**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for June:** **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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P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622**Code in Effect:** 2000**Equipment Sequence:** 14**Key Location:** OFFICE**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2007

Equipment Sequence: 21

Key Location: OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for June: **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:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622**Equipment Sequence:** 101**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Category 1, Periodic****Code in Effect:** 2010**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2010

Equipment Sequence: 102

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
602 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00629

Code in Effect: 1987

Equipment Sequence: 2

Key Location: ADMIN. BLDG.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HOLIDAY INN EXPRESS
491 INTERNATIONAL CENTRE DR
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00634

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HOLIDAY INN EXPRESS
491 INTERNATIONAL CENTRE DR
HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00634**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **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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P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

SUMMIT HILL WELLNESS
5711 CHAMBERLAYNE RD
HENRICO, VA 23227

Phone:

Email:

Elevator Location ID: ELVLOC-2001-00653

Code in Effect: 1960

Equipment Sequence: 1

Key Location: FRT.DSK.@ REAR DOOR

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **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:

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

Building Location:

QUALITY TECHNOLOGY
6012 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2001-00666

Code in Effect: ASME A17.1 - 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

QUALITY TECHNOLOGY
6012 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2001-00666**Code in Effect:** ASME A17.1 - 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:

QUALITY TECHNOLOGY
6012 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2001-00666**Code in Effect:** ASME A17.1 - 2016**Equipment Sequence:** 3**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

QUALITY TECHNOLOGY
6012 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2001-00666**Code in Effect:** ASME A17.1 - 2016**Equipment Sequence:** 4**Key Location:****Elevator Type:** Other**Alarm Status:****Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

BAYBERRY BUILDING
1700 BAYBERRY CT
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00702

Code in Effect: 1993

Equipment Sequence: 1

Key Location: BOX AT LOBBY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

BAYBERRY BUILDING
1700 BAYBERRY CT
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00702

Equipment Sequence: 2

Elevator Type: Hydraulic Elevator

Inspections for June: **Periodic**

Code in Effect: 1993

Key Location: BOX AT LOBBY

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

MERIDIAN BUILDING
1800 BAYBERRY CT
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00725

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

MERIDIAN BUILDING
1800 BAYBERRY CT
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00725

Code in Effect: 1993

Equipment Sequence: 2

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

FOREST PLAZA I
7201 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00735

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for June: **Periodic**

Code in Effect: 1981

Key Location: KEYBOX AT LOBBY

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

FOREST PLAZA I
7201 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00735**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1981**Key Location:** KEYBOX AT LOBBY**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FLAGSHIP HEALTHCARE PROPERTIES LLC
ATTN: Tracy Allen
2701 COLTSGATE RD, STE 300
CHARLOTTE, NC 28211

Building Location:

BLAIR BUILDING
8007 DISCOVERY DR
HENRICO, VA 23229

Phone: (804) 381-3935

Email: tracy.allen@flagshiphp.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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:

FLAGSHIP HEALTHCARE PROPERTIES LLC
ATTN: Tracy Allen
2701 COLTSGATE RD, STE 300
CHARLOTTE, NC 28211

Building Location:

BLAIR BUILDING
8007 DISCOVERY DR
HENRICO, VA 23229

Phone: (804) 381-3935

Email: tracy.allen@flagshiphp.com

Elevator Location ID: ELVLOC-2001-00783**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

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

Phone: (804) 287-6834

Email: mwood@richmond.edu

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

TRINITY METHODIST CHURCH
903 FOREST AVE
HENRICO, VA 23229

Phone: (804) 288-6056

Email: bpiketrinityumc.net**Elevator Location ID:** ELVLOC-2001-00795**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1987/2010**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

TRINITY METHODIST CHURCH
903 FOREST AVE
HENRICO, VA 23229

Phone: (804) 288-6056

Email: bpike@trinityumc.net**Elevator Location ID:** ELVLOC-2001-00795**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 2004**Key Location:** OFFICE**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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:

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

Building Location:

TRINITY METHODIST CHURCH
903 FOREST AVE
HENRICO, VA 23229

Phone: (804) 288-6056

Email: bpiketrinityumc.net

Elevator Location ID: ELVLOC-2001-00795

Equipment Sequence: 3

Elevator Type: Hydraulic Elevator

Inspections for June: **Periodic**

Code in Effect: 2004

Key Location: OFFICE

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:

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

Building Location:

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

Phone: (804) 282-6640

Email: dmcnamee@extraattic.net

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:

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

Building Location:

RIVER ROAD BAPTIST CHURCH
8000 RIVER RD
HENRICO, VA 23229

Phone: (804) 288-1131

Email: danielingram@rrcb.org

Elevator Location ID: ELVLOC-2001-00810

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for June: **Periodic**

Code in Effect: 1978/2010

Key Location: OFFICE

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RIVER ROAD BAPTIST CHURCH
8000 RIVER RD
HENRICO, VA 23229

Phone: (804) 288-1131

Email: danielingram@rrcb.org

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

RIDGE BAPTIST CHURCH
1515 Eastridge Rd
Henrico, VA 23229

Phone: (804) 288-5805

Email: ridgefinance@comcast.net

Elevator Location ID: ELVLOC-2001-00835

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for June: 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

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:

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

Building Location:

PARHAM MEDICAL VILLAGE
2103 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 346-4578

Email: parhamraidology@hotmail.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 965-9500

Email: ricmw.ce@commonwealthlodging.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 965-9500

Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID: ELVLOC-2001-00849

Code in Effect: 1993/2010

Equipment Sequence: 2

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **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:

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

Building Location:

MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 965-9500

Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID: ELVLOC-2001-00849

Code in Effect: 1993/2010

Equipment Sequence: 3

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **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:

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

Building Location:

MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 965-9500

Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID: ELVLOC-2001-00849**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** MAINT.**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:

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

Building Location:

DANKOS OFFICE PARK
1360 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 262-8000

Email: mdankos@dankosgordon.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 ASSOCIATION OF REALTORS
ATTN: DAWN FREEMAN
10231 TELEGRAPH RD
GLEN ALLEN, VA 23060

Building Location:

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

Phone: (804) 264-5033

Email: dfreeman@virginiarealtors.org

Elevator Location ID: ELVLOC-2001-00859

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for June: **Periodic**

Code in Effect: 1990

Key Location: RECPT. DESK

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HAMILTON BEACH BUILDING
4421 WATERFRONT DR
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: amy.rowe@colliers.com

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HAMILTON BEACH BUILDING
4421 WATERFRONT DR
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: amy.rowe@colliers.com

Elevator Location ID: ELVLOC-2001-00911

Equipment Sequence: 2

Elevator Type: Hydraulic Elevator

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

Code in Effect: 1978/2013

Key Location: RECPT.DSK\CALL MAINT

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Building Location:

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

Phone: (804) 965-1229

Email: jandrews@vhha.com

Elevator Location ID: ELVLOC-2001-00913**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1984**Key Location:** MAINT.**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 965-1229

Email: jandrews@vhha.com

Elevator Location ID: ELVLOC-2001-00913**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1984**Key Location:** MAINT.**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

DOMINION VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

Elevator Location ID: ELVLOC-2001-00919**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1978/2010**Key Location:** GUARD DSK.CALL MAINT**Alarm Status:** Notify Security

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

Elevator Location ID: ELVLOC-2001-00919**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1978/2010**Key Location:** GUARD DSK.CALL MAINT**Alarm Status:** Notify Security

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 1978/2010

Equipment Sequence: 4

Key Location: GUARD DSK.CALL MAINT

Elevator Type: Hydraulic Elevator

Alarm Status: Notify Security

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

DOMINION VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:

DOMINION VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

DOMINION VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

Elevator Location ID: ELVLOC-2001-00919**Code in Effect:** 1978**Equipment Sequence:** 7**Key Location:** GUARD DSK.CALL MAINT**Elevator Type:** Escalator**Alarm Status:** Notify Security**Inspections for June:** Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 1978

Equipment Sequence: 9

Key Location: GUARD DSK.CALL MAINT

Elevator Type: Escalator

Alarm Status: Notify Security

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 1978

Equipment Sequence: 10

Key Location: GUARD DSK.CALL MAINT

Elevator Type: Escalator

Alarm Status: Notify Security

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

DOMINION VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 2013

Equipment Sequence: 11

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

DOMINION VIRGINIA POWER
ATTN: BLAKE BISHOP
5000 DOMINION ENERGY BLVD
GLEN ALLEN, VA 23060

Building Location:

VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 205-6005

Email: blake.bishop@dominionenergy.com

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 2013

Equipment Sequence: 12

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4991 LAKE BROOK DR, STE G90
GLEN ALLEN, VA 23060

Building Location:

MARKEL 4600
4600 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00934

Code in Effect: 1984

Equipment Sequence: 1

Key Location: 1ST\FL.MAINT.OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4991 LAKE BROOK DR, STE G90
GLEN ALLEN, VA 23060

Building Location:

MARKEL 4600
4600 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00934**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1984**Key Location:** 1ST\FL.MAINT.OFFICE**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:

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

Building Location:

HYATT PLACE
4100 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00935**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1990/2009**Key Location:** FRT.DSK.CALL MAINT.**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

HYATT PLACE
4100 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00935**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Category 1, Periodic****Code in Effect:** 1990/2009**Key Location:** FRT.DSK.CALL MAINT.**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4991 LAKE BROOK DR, STE G90
GLEN ALLEN, VA 23060

Building Location:

MARKEL 4521
4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00938

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for June: **Periodic**

Code in Effect: 1993

Key Location: MAINT. OFFICE

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

Department of Building Construction and Inspections
P.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, STE G90
GLEN ALLEN, VA 23060

Building Location:

MARKEL 4521
4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00938**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1993**Key Location:** MAINT. OFFICE**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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, STE G90
GLEN ALLEN, VA 23060

Building Location:

MARKEL 4521
4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00938**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1993**Key Location:** MAINT. OFFICE**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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:

11100 W BROAD ST LC
ATTN: Jimmy Fitch
P.O. BOX 5160
GLEN ALLEN, VA 23058

Building Location:

THALHIMER
11100 W BROAD ST
GLEN ALLEN, VA 23060

Phone: (804) 697-3468

Email: jimmy.fitch@thalhimer.com

Elevator Location ID: ELVLOC-2001-00945
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for June: **Category 1, Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:

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

Building Location:

VIRGINIA BANKERS BUILDING
4490 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 819-4749

Email: cindtbeazley@highwoods.com

Elevator Location ID: ELVLOC-2001-00957**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Category 1, Periodic****Code in Effect:** 1993**Key Location:** LOCK BOX**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

ESA MGMT - C/O LERCHBATES
ATTN: Alison Wasilkowski
10060 W BROAD ST
GLEN ALLEN, VA 23060

Building Location:

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

Phone: (516) 262-5277

Email: certificates@citywide.io

Elevator Location ID: ELVLOC-2001-00966
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for June: **Category 1, Periodic**

Code in Effect: 1993/2013
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE RMR GROUP
ATTN: CHARLES WEBSTER
1950 E PARHAM
HENRICO, VA 23228

Building Location:

DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 466-3118

Email: cwebster@marwahainvestments.co

Elevator Location ID: ELVLOC-2001-00967**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1990/2010**Key Location:** MAINT DEPT**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

THE RMR GROUP
ATTN: CHARLES WEBSTER
1950 E PARHAM
HENRICO, VA 23228

Building Location:

DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 466-3118

Email: cwebster@marwahainvestments.co

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

THE RMR GROUP
ATTN: CHARLES WEBSTER
1950 E PARHAM
HENRICO, VA 23228

Building Location:

DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 466-3118

Email: cwebster@marwahainvestments.co

Elevator Location ID: ELVLOC-2001-00967**Equipment Sequence:** 3**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1990/2010**Key Location:** MAINT DEPT**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 RMR GROUP
ATTN: CHARLES WEBSTER
1950 E PARHAM
HENRICO, VA 23228

Building Location:

DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 466-3118

Email: cwebster@marwahainvestments.co

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

THE RMR GROUP
ATTN: CHARLES WEBSTER
1950 E PARHAM
HENRICO, VA 23228

Building Location:

DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 466-3118

Email: cwebster@marwahainvestments.co

Elevator Location ID: ELVLOC-2001-00967**Equipment Sequence:** 5**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1990/2010**Key Location:** MAINT DEPT**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE RMR GROUP
ATTN: CHARLES WEBSTER
1950 E PARHAM
HENRICO, VA 23228

Building Location:

DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 466-3118

Email: cwebster@marwahainvestments.co

Elevator Location ID: ELVLOC-2001-00967**Code in Effect:** /2010/2010**Equipment Sequence:** 6**Key Location:** MAINT DEPT**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE RMR GROUP
ATTN: CHARLES WEBSTER
1950 E PARHAM
HENRICO, VA 23228

Building Location:

DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 466-3118

Email: cwebster@marwahainvestments.co

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

SHAMIN HOTELS
ATTN: OMAR ANSARI
4100 INNSLAKE DR
GLEN ALLEN, VA 23060

Building Location:

HOMEWOOD SUITES
4100 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

SHAMIN HOTELS
ATTN: OMAR ANSARI
4100 INNSLAKE DR
GLEN ALLEN, VA 23060

Building Location:

HOMEWOOD SUITES
4100 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00974

Code in Effect: 1993

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 ASSET MANAGEMENT LP
ATTN: TREY BRANCH
11551 Nuckols Road
Suite O
Glen Allen, VA 23059

Building Location:

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

Phone: (804) 747-1551

Email: trey.branch1@westdale.com

Elevator Location ID: ELVLOC-2001-00983**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1993**Key Location:** GUARD DESK**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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 MANAGEMENT LP
ATTN: TREY BRANCH
11551 Nuckols Road
Suite O
Glen Allen, VA 23059

Building Location:

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

Phone: (804) 747-1551

Email: trey.branch1@westdale.com

Elevator Location ID: ELVLOC-2001-00983

Equipment Sequence: 2

Elevator Type: Hydraulic Elevator

Inspections for June: Periodic

Code in Effect: 1993

Key Location: GUARD DESK

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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: Carrington Parrish
PO Box PO Box 13470
Richmond, VA 23225

Building Location:

5620 Cox Rd
5620 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 317-8323

Email: carrington.parrish@colliers.com

Elevator Location ID: ELVLOC-2001-00987**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** GUARD DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **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:

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

Building Location:

ST MARYS WEST MEDICAL OFFICE
BUILDING
5899 BREMO RD
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

Elevator Location ID: ELVLOC-2002-01031

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK / MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

EXTENDED STAY HOTELS
ATTN: MANAGER: EXTENDED STAY HOTELS
6811 PARAGON PL
HENRICO, VA 23230

Building Location:

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

Phone: (804) 789-4088

Email: RWB@EXTENDEDSTAY.COM

Elevator Location ID: ELVLOC-2003-01105

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for June: Periodic

Code in Effect: 1993/2010/2013

Key Location: FRONT DESK

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

SHADY GROVE YMCA
11255 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 474-4371

Email: lowek@ymcarichmond.org

Elevator Location ID: ELVLOC-2004-01130**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 1993**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

LOYALTY NISSAN SHORT PUMP
ATTN: Tina Poul
PO Box 2189
Chester, VA 23831

Building Location:

LOYALTY NISSAN SHORT PUMP
11401 W BROAD ST
HENRICO, VA 23233

Phone: (804) 796-1800

Email: tina.poul@loyaltyauto.com

Elevator Location ID: ELVLOC-2004-01137**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1996**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

NOVA GLEN ALLEN HOTELS LLC
ATTN: Corey Fleming
1101 Techology Park Dr.
Glen Allen, VA 23059

Building Location:

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

Phone: (804) 261-2266

Email: richhampton@lhmcompanies.com

Elevator Location ID: ELVLOC-2004-01144

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

NOVA GLEN ALLEN HOTELS LLC
ATTN: Corey Fleming
1101 Techology Park Dr.
Glen Allen, VA 23059

Building Location:

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

Phone: (804) 261-2266

Email: richhampton@lhmcompanies.com

Elevator Location ID: ELVLOC-2004-01144

Code in Effect: 1993

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

SANDSTON PLATEAU RETIREMENT
600 E WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 428-7830

Email: sandstonplateaumgr@slnusbaum.n

Elevator Location ID: ELVLOC-2005-01170**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1996**Key Location:** MGR. OFFICE - 0514**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:

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

Building Location:

ORTHO VIRGINIA
7858 SHRADER RD
HENRICO, VA 23294

Phone: (804) 270-1305

Email: bridget.murrell@orthovirginia.com**Elevator Location ID:** ELVLOC-2005-01182**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 1996**Key Location:** RECPT.**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:

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

Building Location:

ORTHO VIRGINIA
7858 SHRADER RD
HENRICO, VA 23294

Phone: (804) 270-1305

Email: bridget.murrell@orthovirginia.com**Elevator Location ID:** ELVLOC-2005-01182**Equipment Sequence:** 2**Elevator Type:** Dumbwaiter**Inspections for June:** **Periodic****Code in Effect:** 1996**Key Location:** RECPT.**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:

COMMONWEALTH AUTISM
ATTN: SARAH DEAN
9221 Forest Hill Ave.
Richmond, VA 23233

Building Location:

COMMONWEALTH AUTISM
4108 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 610-9770

Email: Sdean@PJIlaw.com

Elevator Location ID: ELVLOC-2005-01183

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

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

Code in Effect: 1996

Key Location: RECPT. DESK

Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COMMONWEALTH AUTISM
ATTN: SARAH DEAN
9221 Forest Hill Ave.
Richmond, VA 23233

Building Location:

COMMONWEALTH AUTISM
4108 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 610-9770

Email: Sdean@PJIlaw.com

Elevator Location ID: ELVLOC-2005-01183
Equipment Sequence: 2
Elevator Type: Dumbwaiter
Inspections for June: **Category 1, Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

CHRIST CHURCH EPISCOPAL
ATTN: Ramon Vargas
5000 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:

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

Phone: (804) 364-0394

Email: r.vargas@ccerva.org

Elevator Location ID: ELVLOC-2005-01188

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for June: **Periodic**

Code in Effect: 1996

Key Location: EQUIP. ROOM

Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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:

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

Building Location:

INDEPENDENCE PARK BLDG 3
9930 INDEPENDENCE PARK DR
HENRICO, VA 23233

Phone: (757) 716-0039

Email: mmcdevitt@rmrgroup.com

Elevator Location ID: ELVLOC-2006-01199**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Category 1, Periodic****Code in Effect:** 1993**Key Location:** 1 S/T FL. DESK**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

THREE PARAGON PLACE
6806 PARAGON PL
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2006-01211

Code in Effect: 1996

Equipment Sequence: 1

Key Location: MAINT SHOP LOCK BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

THREE PARAGON PLACE
6806 PARAGON PL
HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

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

LERCH BATES
ATTN: LERCH BATES
9780 S MERIDIAN BLVD
STE 450
ENGLEWOOD, CO 80112

Building Location:

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

Phone: (720) 239-1356

Email: walmart.elevators@lerchbates.com

Elevator Location ID: ELVLOC-2006-01224**Code in Effect:** 2004**Equipment Sequence:** 1**Key Location:** SECURITY**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

HRLP LLC
ATTN: LISA HARRIS
4991 LAKE BROOK DR, STE G90
GLEN ALLEN, VA 23060

Building Location:

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

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

Elevator Location ID: ELVLOC-2006-01233

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for June: Periodic

Code in Effect: 1996

Key Location: KEYBOX - M.R. DOOR

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:

HRLP LLC
ATTN: LISA HARRIS
4991 LAKE BROOK DR, STE G90
GLEN ALLEN, VA 23060

Building Location:

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

Phone: (804) 290-2162

Email: Lisa.Harris@highwoods.com

Elevator Location ID: ELVLOC-2006-01233

Equipment Sequence: 2

Elevator Type: Hydraulic Elevator

Inspections for June: Periodic

Code in Effect: 1996

Key Location: KEYBOX - M.R. DOOR

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:

TRINITY LUTHERAN CHURCH
ATTN: DAVID CONRAD
PO Box 31354
HENRICO, VA 23294

Building Location:

TRINITY LUTHERAN CHURCH
2315 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 270-4626

Email: admin@tlcrva.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

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

Phone: (804) 288-3905

Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2007-01308

Code in Effect: 2000

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **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:

The Life Church RVA
ATTN: Kiron Peet
3601 Dill Rd
Richmond, VA 23222

Building Location:

The Life Church RVA
3601 DILL RD
RICHMOND, VA 23222

Phone: (410) 852-4315

Email: facilities@wearetlc.org

Elevator Location ID: ELVLOC-2008-01321

Code in Effect: 2000

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

MONUMENT SQUARE CONDO. BLDG 5 -
5233 MONUMENT AVE
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2008-01322**Code in Effect:** 2000**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

MONUMENT SQUARE CONDO. BLDG 6 -
5241 MONUMENT AVE
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2008-01323**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic, Category 1****Code in Effect:** 2000**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

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:

SHAMIN HOTELS
ATTN: OMAR ANSARI
1001 Boulders Pkwy, Suite 400
N. Chesterfield, VA 23225

Building Location:

ALOFT HOTEL
3939 DUCKLING DR
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01360**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 2000**Key Location:** MAINT,**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

SHAMIN HOTELS
ATTN: OMAR ANSARI
1001 Boulders Pkwy, Suite 400
N. Chesterfield, VA 23225

Building Location:

ALOFT HOTEL
3939 DUCKLING DR
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01360**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 2000**Key Location:** MAINT,**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

SHAMIN HOTELS
ATTN: OMAR ANSARI
1001 Boulders Pkwy, Suite 400
N. Chesterfield, VA 23225

Building Location:

ALOFT HOTEL
3939 DUCKLING DR
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01360**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 2000**Key Location:** MAINT,**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

SHAMIN HOTELS
ATTN: OMAR ANSARI
1001 Boulders Pkwy, Suite 400
N. Chesterfield, VA 23225

Building Location:

ALOFT HOTEL
3939 DUCKLING DR
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01360**Equipment Sequence:** 4**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 2000**Key Location:** MAINT,**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

CANDLEWOOD SUITES
ATTN: ANASTASIA DAVIS
5400 AUDUBON DR
RICHMOND, VA 23231

Building Location:

CANDLEWOOD SUITES
5400 AUDUBON DR
HENRICO, VA 23231

Phone: (804) 652-1888

Email: candlewood@jphospitaliy.com

Elevator Location ID: ELVLOC-2008-01371

Code in Effect: 2000

Equipment Sequence: 1

Key Location: DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

COBB TECHNOLOGIES

ATTN: TONI GORVEAT

1000 TECHNOLOGY PARK DR

GLEN ALLEN, VA 23059

Building Location:

COBB TECHNOLOGIES

8827 STAPLES MILL RD

HENRICO, VA 23228

Phone: (804) 515-5700

Email: suzanne@porterinc.com**Elevator Location ID:** ELVLOC-2009-01407**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 2004**Key Location:** RECPT.**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:

LIBBIE ASSOCIATES
ATTN: LAURA BABIK
7900 SHRADER RD
HENRICO, VA 23294

Building Location:

LIBBIE ASSOCIATES
7900 SHRADER RD
HENRICO, VA 23294-4215

Phone: (804) 241-0542

Email: lbabik@thesaonline.com

Elevator Location ID: ELVLOC-2010-01481
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for June: **Periodic, Category 1**

Code in Effect: 2004/2005
Key Location: BLDG. ENGR.
Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:

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

Building Location:

COLLEGIATE SCHOOL - LUCK HALL
103 N MOORELAND RD
HENRICO, VA 23229

Phone: (804) 741-9733

Email: carroll_campbell@collegiate-va.org

Elevator Location ID: ELVLOC-2011-01524**Code in Effect:** 2005**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

ACAC SHORT PUMP LLC
ATTN: ERIC KIRKPATRICK
2201 OLD BRICK RD
GLEN ALLEN, VA 23060

Building Location:

ACAC
2201 OLD BRICK RD
GLEN ALLEN, VA 23060

Phone: (804) 464-0990

Email: erick@acac.com

Elevator Location ID: ELVLOC-2012-01575**Code in Effect:** 2004**Equipment Sequence:** 1**Key Location:** FRONT DECK**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

MONUMENT SQUARE CONDO. BLDG 4 -
5225 MONUMENT AVE
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2013-01609

Code in Effect: 2007

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **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:

ARTCRAFT MANAGEMENT
ATTN: Philathea Murray
5322 Markel Rd
Richmond, VA 23230

Building Location:

FAISON RESIDENCE
5215 W BROAD ST
HENRICO, VA 23230

Phone: (804) 643-1026

Email: pmurray@artcraftmanagement.co

Elevator Location ID: ELVLOC-2014-01673

Code in Effect: 2007

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

UNIVERSITY OF RICHMOND
ATTN: MCKINLEY WOOD
27 WESTHAMPTON WAY
RICHMOND, VA 23173

Building Location:

UR SOUTH CAMPUS APTS - BLDG 3
151 UR DR
RICHMOND, VA 23173

Phone: (804) 289-8600

Email: mwood2@richmond.edu

Elevator Location ID: ELVLOC-2014-01679**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 2007**Key Location:** PHYSICAL PLANT**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

UNIVERSITY OF RICHMOND
ATTN: MCKINLEY WOOD
27 WESTHAMPTON WAY
RICHMOND, VA 23173

Building Location:

UR SOUTH CAMPUS APTS - BLDG 4
151 UR DR
RICHMOND, VA 23173

Phone: (804) 289-8600

Email: mwood2@richmond.edu

Elevator Location ID: ELVLOC-2014-01680**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for June:** **Periodic****Code in Effect:** 2007**Key Location:** PHYSICAL PLANT**Alarm Status:** Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CAPITAL REGION AIRPORT COMMISSION
ATTN: Scott Walker
1 Richard E. Byrd Terminal Dr.
Henrico, VA 23250

Building Location:

HANGER 3649 - 3649 THUNDERCHIEF DR
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Phone: (804) 226-8534

Email: swalker@flyrichmond.com

Elevator Location ID: ELVLOC-2015-01737
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for June: **Category 1, Periodic**

Code in Effect: 2010
Key Location: MAINT. SHOP
Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ST. MICHAELS CHURCH
ATTN: Robert Nichols
4495 SPRINGFIELD RD
GLEN ALLEN, VA 23060

Building Location:

ST. MICHAELS CHURCH
4495 SPRINGFIELD RD
GLEN ALLEN, VA 23060

Phone: (804) 527-1037

Email: scott.guy@saint-mikes.org

Elevator Location ID: ELVLOC-2017-01817

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for June: **Periodic**

Code in Effect: 2010

Key Location: CHURCH OFFICE

Alarm Status: Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:

ARWB LLC
ATTN: ARWB LLC
6115 STAPLES MILL RD
HENRICO, VA 23228

Building Location:

ARCO IRIS LATINO MART
6115 STAPLES MILL RD
HENRICO, VA 23228

Phone: (804) 338-5294

Email: info@arcoirismarkets.com

Elevator Location ID: ELVLOC-2017-01832

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

CORINTH UNITED METHODIST CHURCH
ATTN: SUE BUCK
23 W WILLIAMSBURG RD
SANDSTON, VA 23150-2009

Building Location:

CORINTH UNITED METHODIST CHURCH
23 W WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 737-4837

Email: office@cornithumchurch.org

Elevator Location ID: ELVLOC-2018-01923

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

ASPIRE AT WEST END
ATTN: Sherri Seal
5020 Sulky Dr
Henrico, VA 23228

Building Location:

ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 624-7150

Email: sseal@seniorlifestyle.com

Elevator Location ID: ELVLOC-2018-01930

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **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:

ASPIRE AT WEST END
ATTN: Sherri Seal
5020 Sulky Dr
Henrico, VA 23228

Building Location:

ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 624-7150

Email: sseal@seniorlifestyle.com

Elevator Location ID: ELVLOC-2018-01930

Code in Effect: 2010

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

ASPIRE AT WEST END
ATTN: Sherri Seal
5020 Sulky Dr
Henrico, VA 23228

Building Location:

ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 624-7150

Email: sseal@seniorlifestyle.com

Elevator Location ID: ELVLOC-2018-01930

Code in Effect: 2010

Equipment Sequence: 3

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

DRURY DEVELOPMENT CORPORATION
ATTN: Carly Rayburg
11049 W BROAD ST
GLEN ALLEN, VA 23060-5937

Building Location:

DRURY PLAZA HOTEL
11049 W BROAD ST
HENRICO, VA 23233

Phone: (804) 354-1542

Email: leslie.fehr@druryhotels.com

Elevator Location ID: ELVLOC-2018-01975**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic****Code in Effect:** 2010**Key Location:****Alarm Status:**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

DRURY DEVELOPMENT CORPORATION
ATTN: Carly Rayburg
11049 W BROAD ST
GLEN ALLEN, VA 23060-5937

Building Location:

DRURY PLAZA HOTEL
11049 W BROAD ST
HENRICO, VA 23233

Phone: (804) 354-1542

Email: leslie.fehr@druryhotels.com

Elevator Location ID: ELVLOC-2018-01975**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Inspections for June:** **Periodic****Code in Effect:** 2010**Key Location:****Alarm Status:**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:

DRURY DEVELOPMENT CORPORATION
ATTN: Carly Rayburg
11049 W BROAD ST
GLEN ALLEN, VA 23060-5937

Building Location:

DRURY PLAZA HOTEL
11049 W BROAD ST
HENRICO, VA 23233

Phone: (804) 354-1542

Email: leslie.fehr@druryhotels.com

Elevator Location ID: ELVLOC-2018-01975

Code in Effect: 2010

Equipment Sequence: 3

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

FACEBOOK RVA
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:

FACEBOOK RVA
0 ELKO RD
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolina.maxwell@fb.com

Elevator Location ID: ELVLOC-2019-01985**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

FACEBOOK RVA
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:

FACEBOOK RVA
0 ELKO RD
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolina.maxwell@fb.com

Elevator Location ID: ELVLOC-2019-01985

Code in Effect: 2010

Equipment Sequence: 2

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

RICHMOND WSP LLC
ATTN: BRYAN KIRBY
14399 N GAYTON RD
GLEN ALLEN, VA 23059

Building Location:

WESTMONT AT SHORT PUMP
14399 N GAYTON RD
GLEN ALLEN, VA 23059-5739

Phone: (804) 304-2737

Email: bryan.kirby@rui.net

Elevator Location ID: ELVLOC-2019-02057

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

RICHMOND WSP LLC
ATTN: BRYAN KIRBY
14399 N GAYTON RD
GLEN ALLEN, VA 23059

Building Location:

WESTMONT AT SHORT PUMP
14399 N GAYTON RD
GLEN ALLEN, VA 23059-5739

Phone: (804) 304-2737

Email: bryan.kirby@rui.net

Elevator Location ID: ELVLOC-2019-02057

Code in Effect: 2013

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

SCOUT DEVELOPMENT LLC
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:

RVA FACEBOOK 3
6260 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2020-02107**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for June:** **Category 1, Periodic, Category 5**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:

MUDS ASSOCIATES LLP
ATTN: SUSAN HEATH
2001 MAYWILL ST SUITE 100
RICHMOND, VA 23230

Building Location:

UKROPS MARKET HALL
7250 PATTERSON AVE
HENRICO, VA 23229

Phone: (804) 340-4094

Email: susan.heath@ukrops.com

Elevator Location ID: ELVLOC-2020-02135**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

RED RIVER FOOD GROUP
ATTN: ROBERTO FUENTES
2840 SPROUSE DR.
HENRICO, VA 23231-6039

Building Location:

RED RIVER FOOD GROUP
2840 SPROUSE DR
HENRICO, VA 23231

Phone: (804) 562-2462

Email: fuentesr@redriverfoods.com

Elevator Location ID: ELVLOC-2022-000008**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Roped Hydraulic Elevator**Alarm Status:****Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

QUALITY TECHNOLOGY
ATTN: KEITH RIGSBY
6601 COLLEGE BLVD
OVERLAND PARK, KS 66211

Building Location:

QUALITY TECHNOLOGY
6040 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: KEITH.RIGSBY@QTSDATACENTERS

Elevator Location ID: ELVLOC-2023-000013

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

QUALITY TECHNOLOGY
ATTN: KEITH RIGSBY
6601 COLLEGE BLVD
OVERLAND PARK, KS 66211

Building Location:

QUALITY TECHNOLOGY
6040 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: KEITH.RIGSBY@QTSDATACENTERS

Elevator Location ID: ELVLOC-2023-000013

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

QUALITY TECHNOLOGY
ATTN: KEITH RIGSBY
6601 COLLEGE BLVD
OVERLAND PARK, KS 66211

Building Location:

QUALITY TECHNOLOGY
6040 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: KEITH.RIGSBY@QTSDATACENTERS

Elevator Location ID: ELVLOC-2023-000013

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 3

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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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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
6601 COLLEGE BLVD
OVERLAND PARK, KS 66211

Building Location:

QUALITY TECHNOLOGY
6040 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: KEITH.RIGSBY@QTSDATACENTERS

Elevator Location ID: ELVLOC-2023-000013**Code in Effect:** ASME A17.1 – 2016**Equipment Sequence:** 4**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for June:** **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

QUALITY TECHNOLOGY
ATTN: KEITH RIGSBY
6601 COLLEGE BLVD
OVERLAND PARK, KS 66211

Building Location:

QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: KEITH.RIGSBY@QTSDATACENTERS

Elevator Location ID: ELVLOC-2023-000015

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **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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P.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
6601 COLLEGE BLVD
OVERLAND PARK, KS 66211

Building Location:

QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: KEITH.RIGSBY@QTSDATACENTERS

Elevator Location ID: ELVLOC-2023-000015

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 2

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

QUALITY TECHNOLOGY
ATTN: KEITH RIGSBY
6601 COLLEGE BLVD
OVERLAND PARK, KS 66211

Building Location:

QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: KEITH.RIGSBY@QTSDATACENTERS

Elevator Location ID: ELVLOC-2023-000015

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 3

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

QUALITY TECHNOLOGY
ATTN: KEITH RIGSBY
6601 COLLEGE BLVD
OVERLAND PARK, KS 66211

Building Location:

QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: KEITH.RIGSBY@QTSDATACENTERS

Elevator Location ID: ELVLOC-2023-000015

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 4

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

RVA FACEBOOK
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:

RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2023-000021**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for June:** **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

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:

RVA FACEBOOK
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:

RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2023-000021

Code in Effect: 2013

Equipment Sequence: 2

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for June: **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:

RVA FACEBOOK
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:

RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2023-000021

Code in Effect: 2013

Equipment Sequence: 3

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RVA FACEBOOK
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:

RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2023-000021

Code in Effect: 2013

Equipment Sequence: 4

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for June: **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:

CCBCC OPERATIONS LLC
ATTN: BRIAN WOOLARD
4530 OAKLEY LN
HENRICO, VA 23231

Building Location:

CCBCC OPERATIONS LLC
4530 OAKLEYS LN
HENRICO, VA 23231

Phone: (804) 878-6530

Email: brian.woolard@cokeconsolidated.c

Elevator Location ID: ELVLOC-2023-000024

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 3

Key Location: West Lift Area B

Elevator Type: Roped Hydraulic Elevator

Alarm Status: NA

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

ATTN: SHELIE PARKER
1900 COOL LN
HENRICO, VA 23223

Building Location:

COOL LANE APARTMENTS LLC
1900 COOL LN
HENRICO, VA 23223

Phone:

Email: s.parker@supportworkshousing.org

Elevator Location ID: ELVLOC-2023-000028

Code in Effect: A17.1 2026

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

ATTN: SHELIE PARKER
1900 COOL LN
HENRICO, VA 23223

Building Location:

COOL LANE APARTMENTS LLC
1900 COOL LN
HENRICO, VA 23223

Phone:

Email: s.parker@supportworkshousing.org

Elevator Location ID: ELVLOC-2023-000028

Code in Effect: A17.1 2016

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SHAMIN HOTELS
ATTN: PLEASE PROVIDE A CONTACT NAME
2000 WARE BOTTOM RD, STE 212
CHESTER, VA 23836

Building Location:

HOME 2 SUITES GLENSIDE
2915 EMERYWOOD PKWY
HENRICO, VA 23294

Phone:

Email:

Elevator Location ID: ELVLOC-2023-000048

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **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:

SHAMIN HOTELS
ATTN: PLEASE PROVIDE A CONTACT NAME
2000 WARE BOTTOM RD, STE 212
CHESTER, VA 23836

Building Location:

HOME 2 SUITES GLENSIDE
2915 EMERYWOOD PKWY
HENRICO, VA 23294

Phone:

Email:

Elevator Location ID: ELVLOC-2023-000048

Code in Effect: 2013

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **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:

Middleburg Management
ATTN: MICHAEL BRAND
1230 BROOK BEND RD
GLEN ALLEN, VA 23060

Building Location:

9002 BROOK ROAD OWNER LLC (The
Brook)
1211 BROOK BEND RD
GLEN ALLEN, VA 23060

Phone: (804) 510-4616

Email: mbrand@livemiddleburg.com

Elevator Location ID: ELVLOC-2024-000026**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Inspections for June:** **Category 1, Periodic****Code in Effect:** ASME A17.1 - 2016**Key Location:****Alarm Status:**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:

KHUSHAL LLC
ATTN: RAVI PATEL
5246 AIRPORT SQUARE LN
SANDSTON, VA 23150

Building Location:

Springhill Suites
5246 AIRPORT SQUARE LN
SANDSTON, VA 23150

Phone: (804) 687-9958

Email: ravi.patel@sinahospitality.com

Elevator Location ID: ELVLOC-2025-000038

Code in Effect: ASME 17.1 - 2019

Equipment Sequence: 3

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ST JOSEPH'S VILLA
ATTN: WALTER SPENCE
8000 BROOK RD
HENRICO, VA 23227-1306

Building Location:

ST JOSEPH'S VILLA COTTAGE 5
8000 BROOK RD
HENRICO, VA 23227-1306

Phone: (804) 553-3275

Email: wspence@sjvmail.net

Elevator Location ID: ELVLOC-2026-000014

Code in Effect: ASME 17.1 2019

Equipment Sequence: 1

Key Location:

Elevator Type: Roped Hydraulic Elevator

Alarm Status:

Inspections for June: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

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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