



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 5100 MONUMENT AVE
 ATTN: HOLLY THORNTON
 5100 MONUMENT AVE SUITE 100
 RICHMOND, VA 23230-3638

Building Location:
 5100 MONUMENT AVENUE
 5100 MONUMENT AVE
 HENRICO, VA 23230

Phone: (804) 282-4288
 Email: 5100monumentmanager@gmail.co

Elevator Location ID: ELVLOC-2001-00251
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1960/2009
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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Owner / Agent:
 5100 MONUMENT AVE
 ATTN: HOLLY THORNTON
 5100 MONUMENT AVE SUITE 100
 RICHMOND, VA 23230-3638

Building Location:
 5100 MONUMENT AVENUE
 5100 MONUMENT AVE
 HENRICO, VA 23230

Phone: (804) 282-4288
 Email: 5100monumentmanager@gmail.co

Elevator Location ID: ELVLOC-2001-00251
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1960/2009
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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Owner / Agent:

USM MONUMENT 5101, LLC
ATTN: SUSAN HEATH
2001 MAYWILL ST SUITE 100
RICHMOND, VA 23230

Building Location:

MONUMENT 5101
5101 MONUMENT AVE
HENRICO, VA 23230-3621

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

Elevator Location ID: ELVLOC-2001-00253
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1960
Key Location: MAINTENANCE
Alarm Status: Not Alarmed

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

Inspector Name (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:

TEAMSTERS JOINT COUNCIL #83 OF VA
ATTN: TONY SHELL
8814 FARGO RD, STE 200
HENRICO, VA 23229

Building Location:

TWIN HORSE PLACE
8814 FARGO RD
HENRICO, VA 23229

Phone: (804) 282-3131

Email: smosley@joinpeakpm.com

Elevator Location ID: ELVLOC-2001-00370

Code in Effect: 1971

Equipment Sequence: 1

Key Location: 2ND\FL. RECPT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: Periodic

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

Inspector Name (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:

ROBINS INSURANCY AGENCY
ATTN: JENNIFER MICHELS
2800 PARHAM RD
HENRICO, VA 23294

Building Location:

ROBINS INSURANCY AGENCY
2800 N PARHAM RD
HENRICO, VA 23294

Phone: (804) 747-1281
Email: jmichels@commonwealthcommerci

Elevator Location ID: ELVLOC-2001-00379
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1981
Key Location: ROOM 106
Alarm Status: Not Alarmed

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

Owner / Agent:
RANGE COMMERCIAL PROPERTIES
ATTN: CARRINGTON PARRISH
PO Box 13470
RICHMOND, VA 23225

Building Location:
FIRST CAROUSEL BUILDING
7814 CAROUSEL LN
HENRICO, VA 23294

Phone: (603) 988-5108
Email: carrington.parrish@colliers.com

Elevator Location ID: ELVLOC-2001-00381
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: Periodic

Code in Effect: 1978
Key Location: RM 104 - KEY#52219
Alarm Status: Not Alarmed

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

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

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Owner / Agent:
RANGE COMMERCIAL PROPERTIES
ATTN: CARRINGTON PARRISH
PO Box 13470
RICHMOND, VA 23225

Building Location:
FIRST CAROUSEL BUILDING
7814 CAROUSEL LN
HENRICO, VA 23294

Phone: (603) 988-5108
Email: carrington.parrish@colliers.com

Elevator Location ID:	ELVLOC-2001-00381	Code in Effect:	1978
Equipment Sequence:	2	Key Location:	RM 104 - KEY#52219
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

Inspector Name (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:
 POWER SYSTEMS CONTROLS
 ATTN: CHRIS TRIBBLE
 2901 BYRDHILL RD
 HENRICO, VA 23228

Building Location:
 POWER SYSTEMS CONTROLS
 2901 BYRDHILL RD
 HENRICO, VA 23228

Phone: (804) 355-2803
 Email:

Elevator Location ID: ELVLOC-2001-00409
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1990
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: _____

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
HENRICO DOCTORS MOB
7601 FOREST AVE
HENRICO, VA 23229

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

Elevator Location ID: ELVLOC-2001-00800
Equipment Sequence: 9
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:

HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 1

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1971
Equipment Sequence:	2	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1971
Equipment Sequence:	3	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1971
Equipment Sequence:	4	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

Inspection / Test Results
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 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1971
Equipment Sequence:	5	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 1971
Equipment Sequence: 6 **Key Location:** ENG OFFICE - L-2
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

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Owner / Agent:
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ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 7

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1971
Equipment Sequence:	8	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

Inspector Name (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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1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1984
Equipment Sequence:	10	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
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ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1984
Equipment Sequence:	11	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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Owner / Agent:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1984
Equipment Sequence:	12	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1984

Equipment Sequence: 14

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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 Department of Building Construction and Inspections
 P.O. Box 90775
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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801
Equipment Sequence: 15
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1984
Key Location: ENG OFFICE - L-2
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801
Equipment Sequence: 17
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1993
Key Location: ENG OFFICE - L-2
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 1993
Equipment Sequence: 18 **Key Location:** ENG OFFICE - L-2
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1993/2010
Equipment Sequence:	19	Key Location:	ENG OFFICE - L-2
Elevator Type:	Roped Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 2005
Equipment Sequence: 21 **Key Location:** ENG OFFICE - L-2
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 2005

Equipment Sequence: 22

Key Location: ENG OFFICE - L-2

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	2005
Equipment Sequence:	23	Key Location:	ENG OFFICE - L-2
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 2005
Equipment Sequence: 24 **Key Location:** ENG OFFICE - L-2
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

Inspection / Test Results
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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 2010
Equipment Sequence: 25 **Key Location:** ENG OFFICE - L-2
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	2010
Equipment Sequence:	26	Key Location:	ENG OFFICE - L-2
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HOSPITAL PARKING DECK
 7605 FOREST AVE #100
 HENRICO, VA 23229

Phone: (804) 289-4554
 Email: TROYBARBOUR@HCAHEALTHCARE.

Elevator Location ID: ELVLOC-2001-00802
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1984
Key Location: ENGR. OFFICE - L-2
Alarm Status: Alarmed

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

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

Inspection / Test Results
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Department of Building Construction and Inspections

P.O. Box 90775

Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HENRICO DOCTORS HOSPITAL

ATTN: TROY BARBOUR

1602 SKIPWITH RD

RICHMOND, VA 23229

Building Location:

HOSPITAL PARKING DECK

7605 FOREST AVE #100

HENRICO, VA 23229

Phone: (804) 289-4554

Email: TROYBARBOUR@HCAHEALTHCARE.

Elevator Location ID: ELVLOC-2001-00802**Code in Effect:** 1984**Equipment Sequence:** 2**Key Location:** ENGR. OFFICE - L-2**Elevator Type:** Hydraulic Elevator**Alarm Status:** Alarmed**Inspections for March:** Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

C.B. RICHARD ELLIS
ATTN: MELISSA PAGE
7650 E PARHAM RD SUITE 225
HENRICO, VA 23294

Building Location:

PROFESSIONAL BUILDING
7605 FOREST AVE #102
HENRICO, VA 23229

Phone: (804) 967-5449
Email: melissa.page@cbre.com

Elevator Location ID: ELVLOC-2001-00803
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1984/2009
Key Location: ENGR. OFFICE - L-2
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 C.B. RICHARD ELLIS
 ATTN: MELISSA PAGE
 7650 E PARHAM RD SUITE 225
 HENRICO, VA 23294

Building Location:
 PROFESSIONAL BUILDING
 7605 FOREST AVE #102
 HENRICO, VA 23229

Phone: (804) 967-5449
 Email: melissa.page@cbre.com

Elevator Location ID:	ELVLOC-2001-00803	Code in Effect:	1984/2009
Equipment Sequence:	2	Key Location:	ENGR. OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

C.B. RICHARD ELLIS
ATTN: MELISSA PAGE
7650 E PARHAM RD SUITE 225
HENRICO, VA 23294

Building Location:

PROFESSIONAL BUILDING
7605 FOREST AVE #102
HENRICO, VA 23229

Phone: (804) 967-5449
Email: melissa.page@cbre.com

Elevator Location ID: ELVLOC-2001-00803
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1984/2009/2010
Key Location: ENGR. OFFICE - L-2
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
C.B. RICHARD ELLIS
ATTN: MELISSA PAGE
7650 E PARHAM RD SUITE 225
HENRICO, VA 23294

Building Location:
PROFESSIONAL BUILDING
7605 FOREST AVE #102
HENRICO, VA 23229

Phone: (804) 967-5449
Email: melissa.page@cbre.com

Elevator Location ID: ELVLOC-2001-00803
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1984/2009/2010
Key Location: ENGR. OFFICE - L-2
Alarm Status: Not Alarmed

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

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

THREE CHOPT PRESBYTERIAN CHURCH
ATTN: Martin Walker
9315 THREE CHOPT RD
HENRICO, VA 23229

Building Location:

THREE CHOPT PRESBYTERIAN CHURCH
9315 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 337-7224
Email: hello@threechoptchurch.org

Elevator Location ID: ELVLOC-2001-00813
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:

THE COURTYARD OFFICE BUILDING
7603 FOREST AVE #100
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00816
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1987
Key Location: L-2 NEW PARKING DECK
Alarm Status: Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:

THE COURTYARD OFFICE BUILDING
7603 FOREST AVE #100
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00816

Code in Effect: 1987

Equipment Sequence: 2

Key Location: L-2 NEW PARKING DECK

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:

REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518

Email: cl@broadsnymgmt.com

Elevator Location ID: ELVLOC-2001-00819
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Owner / Agent:
1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:
REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518
Email: cl@broadsnymgmt.com

Elevator Location ID: ELVLOC-2001-00819
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:
REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518
Email: cl@broadsnymgmt.com

Elevator Location ID: ELVLOC-2001-00819
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 1420 N PARHAM RD LLC
 ATTN: CHRIS LILLY
 1420 N PARHAM RD
 HENRICO, VA 23229

Building Location:
 REGENCY SQUARE MALL
 1420 N PARHAM RD
 HENRICO, VA 23229

Phone: (804) 740-1518
 Email: cl@broadsnymgmt.com

Elevator Location ID: ELVLOC-2001-00819
Equipment Sequence: 5
Elevator Type: Escalator
Inspections for March: **Periodic, Category 1**

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:

REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518

Email: cl@broadsksygmt.com

Elevator Location ID: ELVLOC-2001-00819
Equipment Sequence: 6
Elevator Type: Escalator
Inspections for March: **Category 1, Periodic**

Code in Effect:
Key Location: MGT. 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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 Henrico, VA 23273-0775

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JC PENNEY COMPANY, INC
 ATTN: CHRIS LILLY
 2800 PATTERSON AVE STE 200
 Richmond, VA 23221

Building Location:
 JC PENNEY COMPANY, INC
 1400 N PARHAM RD
 HENRICO, VA 23229-5513

Phone: (972) 431-9214
 Email: cl@broadsnymgmt.com

Elevator Location ID:	ELVLOC-2001-00821	Code in Effect:	1965
Equipment Sequence:	2	Key Location:	FIRE BOX @ DOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

DERBYSHIRE BAPTIST CHURCH
ATTN: JOE FIELDEN
8800 DERBYSHIRE RD
HENRICO, VA 23229

Building Location:

DERBYSHIRE BAPTIST CHURCH
8800 DERBYSHIRE RD
HENRICO, VA 23229

Phone: (804) 740-7238

Email: jfielden@DBCRIEICHMOND.ORG

Elevator Location ID: ELVLOC-2001-00824

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MAIN OFFICE/KEYBOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GROVE AVENUE BAPTIST CHURCH
 ATTN: LAWRENCE JAMES
 8701 RIDGE RD
 HENRICO, VA 23229

Building Location:
 GROVE AVENUE BAPTIST CHURCH
 8701 RIDGE RD
 HENRICO, VA 23229

Phone: (804) 301-4130
 Email: joy.hughes@groveave.com

Elevator Location ID:	ELVLOC-2001-00832	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SEE MAINT
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GROVE AVENUE BAPTIST CHURCH
 ATTN: LAWRENCE JAMES
 8701 RIDGE RD
 HENRICO, VA 23229

Building Location:
 GROVE AVENUE BAPTIST CHURCH
 8701 RIDGE RD
 HENRICO, VA 23229

Phone: (804) 301-4130
 Email: joy.hughes@groveave.com

Elevator Location ID:	ELVLOC-2001-00832	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	SEE MAINT
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 ST. JOSEPH'S ACADEMY
 8000 BROOK RD
 HENRICO, VA 23227-1306

Phone: (804) 553-3275
 Email: wspence@sjvmail.net

Elevator Location ID: ELVLOC-2001-00839
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1921
Key Location: RECPT DESK
Alarm Status: Not Alarmed

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE / BANK OF AMERICA
ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID:	ELVLOC-2001-00840	Code in Effect:	1987
Equipment Sequence:	1	Key Location:	ENGR.OFF. BLDG. B
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303

Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840

Code in Effect: 1987

Equipment Sequence: 2

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE / BANK OF AMERICA
ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840 **Code in Effect:** 1987/2010
Equipment Sequence: 3 **Key Location:** ENGR.OFF. BLDG. B
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Category 5, Periodic, Category 1**

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: MELANDO (MOE) BROWN
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8011 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840 **Code in Effect:** 1987/2010
Equipment Sequence: 4 **Key Location:** ENGR.OFF. BLDG. B
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Category 5, Periodic, Category 1**

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE / BANK OF AMERICA
ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840 **Code in Effect:** 1987/2010
Equipment Sequence: 5 **Key Location:** ENGR.OFF. BLDG. B
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic, Category 1, Category 5**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303

Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840

Code in Effect: 1987/2010

Equipment Sequence: 6

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for March: **Category 5, Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: MELANDO (MOE) BROWN
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8011 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840 **Code in Effect:** 1987
Equipment Sequence: 7 **Key Location:** ENGR.OFF. BLDG. B
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic, Category 1**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: MELANDO (MOE) BROWN
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8011 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID:	ELVLOC-2001-00840	Code in Effect:	1987/2010
Equipment Sequence:	8	Key Location:	ENGR.OFF. BLDG. B
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 5, Category 1, Periodic		

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

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

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 Fax: (804) 501-4984

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Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: MELANDO (MOE) BROWN
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8011 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID:	ELVLOC-2001-00840	Code in Effect:	1987/2010
Equipment Sequence:	9	Key Location:	ENGR.OFF. BLDG. B
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Category 5, Periodic		

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE / BANK OF AMERICA
ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840 **Code in Effect:** 1987/2010
Equipment Sequence: 10 **Key Location:** ENGR.OFF. BLDG. B
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Category 5, Category 1, Periodic**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303

Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840

Code in Effect: 1987/2010

Equipment Sequence: 11

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for March: Category 1, Periodic, Category 5

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: MELANDO (MOE) BROWN
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8011 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 12
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: MELANDO (MOE) BROWN
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8011 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 13
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: MELANDO (MOE) BROWN
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8011 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 14
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

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:
CBRE / BANK OF AMERICA
ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID:	ELVLOC-2001-00840	Code in Effect:	1987
Equipment Sequence:	15	Key Location:	ENGR.OFF. BLDG. B
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: MELANDO (MOE) BROWN
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8011 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 16
Elevator Type: Escalator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

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

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Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: MELANDO (MOE) BROWN
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8011 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID:	ELVLOC-2001-00840	Code in Effect:	2000
Equipment Sequence:	17	Key Location:	ENGR.OFF. BLDG. B
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 TARA HOSPITALITY LLC
 ATTN: SHYAM JIVAN
 950 E PARHAM RD
 HENRICO, VA 23228

Building Location:
 SLEEP INN
 950 E PARHAM RD
 HENRICO, VA 23228

Phone: (804) 515-7800
 Email: sleepinnrichmondva@gmail.com

Elevator Location ID:	ELVLOC-2001-00853	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	LOBBY DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DALY SEVEN INC
ATTN: STAN WEBB
3810 N ELM ST STE 202
GREENSBORO, NC 27455

Building Location:
HOLIDAY INN EXPRESS
9933 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 934-9300
Email: stan.webb@dalyseven.com

Elevator Location ID: ELVLOC-2001-00854
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **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
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COLLIERS INTERNATIONAL
ATTN: MIKE JAMES
2221 EDWARD HOLLAND DRIVE, SUITE 600
RICHMOND, VA 23230

Building Location:

NEW YORK LIFE
4435 WATERFRONT DR
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: mike.james@colliers.com

Elevator Location ID: ELVLOC-2001-00901

Code in Effect: 1984/2010

Equipment Sequence: 1

Key Location: BRK.GL.BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
NEW YORK LIFE
4435 WATERFRONT DR
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: mike.james@colliers.com

Elevator Location ID: ELVLOC-2001-00901
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1984/2010
Key Location: BRK.GL.BOX
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 TAILORED BRANDS
 ATTN: GERARDO RAMIREZ
 6100 STEVENSON BLVD
 FREMONT, CA 94538

Building Location:
 JOSEPH A. BANK CLOTHIERS
 1302 GASKINS RD
 HENRICO, VA 23238

Phone: (510) 723-8506
 Email: maintenanceinvoices@tailoredbran

Elevator Location ID:	ELVLOC-2001-00915	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	2ND.FL.= MR.SALAZAR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 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:

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

Building Location:

INNSBROOK COMMONS
4121 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00916	Code in Effect:	1984
Equipment Sequence:	1	Key Location:	2ND\FL.SIGNET BANK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 ATACK - EAGLE BUILDING
 4191 INNSLAKE DR
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00917
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1984
Key Location: ROOM 101
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2001-00920	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	MAINTENANCE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

Inspector Name (Print): _____ Inspection Agency: _____
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:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2001-00920	Code in Effect:	1971
Equipment Sequence:	4	Key Location:	MAINTENANCE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2001-00920	Code in Effect:	1993
Equipment Sequence:	6	Key Location:	MAINTENANCE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920 **Code in Effect:** 2000
Equipment Sequence: 7 **Key Location:** MAINTENANCE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic, Category 1**

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 8
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: MAINTENANCE
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 9
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2010
Key Location: MAINTENANCE
Alarm Status: Not Alarmed

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920

Code in Effect: 2010

Equipment Sequence: 10

Key Location: MAINTENANCE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for March: Periodic, Category 1

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 11
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2010
Key Location: MAINTENANCE
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
4900 BUILDING
4900 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00936
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1981
Key Location: BOX ON WALL
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 OUR LADY OF HOPE
 ATTN: WILLE BURNS
 13700 N GAYTON RD
 HENRICO, VA 23233

Building Location:
 OUR LADY OF HOPE
 13700 N GAYTON RD
 HENRICO, VA 23233-7017

Phone: (804) 360-1960
 Email: wburns@ourladyofhope.com

Elevator Location ID: ELVLOC-2001-00951 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** RECPT.DSK.\CALLMAINT
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Category 1, Periodic**

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 NORDSTROM INC. / C/O TAX DEPT.
 ATTN: RICHARD BARLOW
 11800 W. BROAD ST.
 RICHMOND, VA. , VA 23233

Building Location:
 NORDSTROM - SPTC
 11812 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (804) 364-9500
 Email: richard.barlow@bpretail.com

Elevator Location ID:	ELVLOC-2003-01055	Code in Effect:	1993
Equipment Sequence:	4	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 PERSOHN / HAHN ASSOC. INC.
 ATTN: G. BOWDEN
 11621 SPRING CYPRUS RD. SUITE D
 TOMBALL, TX 77377

Building Location:
 DILLARD'S #176
 11824 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (281) 841-6125
 Email: gbowden@phahou.com

Elevator Location ID: ELVLOC-2003-01061
Equipment Sequence: 1
Elevator Type: Escalator
Inspections for March: Periodic

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 PERSOHN / HAHN ASSOC. INC.
 ATTN: G. BOWDEN
 11621 SPRING CYPRUS RD. SUITE D
 TOMBALL, TX 77377

Building Location:
 DILLARD'S #176
 11824 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (281) 841-6125
 Email: gbowden@phahou.com

Elevator Location ID: ELVLOC-2003-01061
Equipment Sequence: 2
Elevator Type: Escalator
Inspections for March: **Periodic**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 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:
 PERSOHN / HAHN ASSOC. INC.
 ATTN: G. BOWDEN
 11621 SPRING CYPRUS RD. SUITE D
 TOMBALL, TX 77377

Building Location:
 DILLARD'S #176
 11824 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (281) 841-6125
 Email: gbowden@phahou.com

Elevator Location ID: ELVLOC-2003-01061
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1993
Key Location: STORE 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



County of Henrico, Virginia
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PERSOHN / HAHN ASSOC. INC.
ATTN: G. BOWDEN
11621 SPRING CYPRUS RD. SUITE D
TOMBALL, TX 77377

Building Location:
DILLARD'S #176
11824 W BROAD ST
HENRICO, VA 23233-1064

Phone: (281) 841-6125
Email: gbowden@phahou.com

Elevator Location ID: ELVLOC-2003-01061
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MACY'S MSOC VERTICAL COMPLIANCE
ATTN: CATHIE SHERMAN
237 WOODBRIDGE CENTER DR 3RD FL
WOODBIDGE, NJ 07095

Building Location:
MACY'S SOUTH - STORE 166
11872 W BROAD ST
HENRICO, VA 23233-1064

Phone: (732) 734-3436
Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064
Equipment Sequence: 1
Elevator Type: Escalator
Inspections for March: **Periodic**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MACY'S MSOC VERTICAL COMPLIANCE
 ATTN: CATHIE SHERMAN
 237 WOODBRIDGE CENTER DR 3RD FL
 WOODBRIDGE, NJ 07095

Building Location:
 MACY'S SOUTH - STORE 166
 11872 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (732) 734-3436
 Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064
Equipment Sequence: 2
Elevator Type: Escalator
Inspections for March: **Periodic**

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

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

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

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

Owner / Agent:

MACY'S MSOC VERTICAL COMPLIANCE
ATTN: CATHIE SHERMAN
237 WOODBRIDGE CENTER DR 3RD FL
WOODBRIDGE, NJ 07095

Building Location:

MACY'S SOUTH - STORE 166
11872 W BROAD ST
HENRICO, VA 23233-1064

Phone: (732) 734-3436

Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064

Code in Effect: 1993

Equipment Sequence: 3

Key Location: SERV. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

MACY'S MSOC VERTICAL COMPLIANCE
 ATTN: CATHIE SHERMAN
 237 WOODBRIDGE CENTER DR 3RD FL
 WOODBRIDGE, NJ 07095

Building Location:

MACY'S SOUTH - STORE 166
 11872 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (732) 734-3436

Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064

Code in Effect: 1993

Equipment Sequence: 4

Key Location: SERV. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SHORT PUMP TOWN CENTER
ATTN: RICHARD BARLOW
11800 W BROAD ST
HENRICO, VA 23233

Building Location:

SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
 SHORT PUMP TOWN CENTER
 ATTN: RICHARD BARLOW
 11800 W BROAD ST
 HENRICO, VA 23233

Building Location:
 SHORT PUMP TOWN CENTER
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect: 1993
Equipment Sequence:	1	Key Location:
Elevator Type:	Escalator	Alarm Status:
Inspections for March:	Periodic	

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

Inspector Name (Print): _____ Inspection Agency: _____

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:
SHORT PUMP TOWN CENTER
ATTN: RICHARD BARLOW
11800 W BROAD ST
HENRICO, VA 23233

Building Location:
SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 ATTN: RICHARD BARLOW
 11800 W BROAD ST
 HENRICO, VA 23233

Building Location:
 SHORT PUMP TOWN CENTER
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 2
Elevator Type: Escalator
Inspections for March: **Periodic**

Code in Effect: 1993
Key Location:
Alarm Status:

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

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

Inspection / Test Results
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Building Location:
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11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	3	Key Location:	
Elevator Type:	Escalator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (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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11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	3	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (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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 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	4	Key Location:	
Elevator Type:	Escalator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 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 23233

Building Location:

SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 4

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 23233

Building Location:
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11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 5
Elevator Type: Escalator
Inspections for March: **Periodic**

Code in Effect: 1993/2013
Key Location:
Alarm Status:

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

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

Inspection / Test Results
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 HENRICO, VA 23233

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 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 5 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (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 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 6

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

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 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	6	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (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 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 7
Elevator Type: Escalator
Inspections for March: **Periodic**

Code in Effect: 1993
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 7 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (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 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 8

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (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 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 8 **Key Location:**
Elevator Type: Escalator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (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 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	9	Key Location:	
Elevator Type:	Escalator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (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 23233

Building Location:
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11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 9 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (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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 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 2009
Equipment Sequence: 10 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (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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 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 10 **Key Location:**
Elevator Type: Escalator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (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 23233

Building Location:
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 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 11 **Key Location:**
Elevator Type: Escalator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (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 23233

Building Location:

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 HENRICO, VA 23233-1005

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Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	12	Key Location:	
Elevator Type:	Escalator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (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:
SHADY GROVE U.M.C.
ATTN: FRANK BASIL
4825 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:
SHADY GROVE U.M.C.
4825 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Phone: (804) 360-2600
Email: fbasil@shadygroveumc.net

Elevator Location ID: ELVLOC-2003-01071
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AMERICAN TESTING & INSPECTION SER
ATTN: ATIS CERTIFICATION MANAGEMENT
600 EMERSON RD, SUITE 225
ST LOUIS, MO 63141

Building Location:
DICK'S SPORTING GOODS - #128
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (314) 441-3983
Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072
Equipment Sequence: 1
Elevator Type: Escalator
Inspections for March: **Periodic**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

AMERICAN TESTING & INSPECTION SER
 ATTN: ATIS CERTIFICATION MANAGEMENT
 600 EMERSON RD, SUITE 225
 ST LOUIS, MO 63141

Building Location:

DICK'S SPORTING GOODS - #128
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (314) 441-3983
 Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072

Code in Effect: 1993

Equipment Sequence: 2

Key Location: DESK

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 AMERICAN TESTING & INSPECTION SER
 ATTN: ATIS CERTIFICATION MANAGEMENT
 600 EMERSON RD, SUITE 225
 ST LOUIS, MO 63141

Building Location:
 DICK'S SPORTING GOODS - #128
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (314) 441-3983
 Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AMERICAN TESTING & INSPECTION SER
ATTN: ATIS CERTIFICATION MANAGEMENT
600 EMERSON RD, SUITE 225
ST LOUIS, MO 63141

Building Location:
DICK'S SPORTING GOODS - #128
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (314) 441-3983
Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WILLIAMS-SONOMA INC.
ATTN: LESLIE NYLAND
753 DAVIS ST.
SAN FRANCISCO, CA 94111

Building Location:

POTTERY BARN - #732 - SPTC
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (415) 214-5747

Email: LNYLAND@WSGC.COM

Elevator Location ID: ELVLOC-2003-01081

Code in Effect: 1993

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CRATE & BARREL
ATTN: TYLER STENTON
1250 TECHNY RD
NORTHBROOK, IL 60062

Building Location:
CRATE & BARREL
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (847) 239-6791
Email: tstenton@crateandbarrel.com

Elevator Location ID:	ELVLOC-2003-01082	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
 CRATE & BARREL
 ATTN: TYLER STENTON
 1250 TECHNY RD
 NORTHBROOK, IL 60062

Building Location:
 CRATE & BARREL
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (847) 239-6791
 Email: tstenton@crateandbarrel.com

Elevator Location ID:	ELVLOC-2003-01082	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CRATE & BARREL
ATTN: TYLER STENTON
1250 TECHNY RD
NORTHBROOK, IL 60062

Building Location:
CRATE & BARREL
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (847) 239-6791
Email: tstenton@crateandbarrel.com

Elevator Location ID: ELVLOC-2003-01082
Equipment Sequence: 3
Elevator Type: Escalator
Inspections for March: **Periodic**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CRATE & BARREL
 ATTN: TYLER STENTON
 1250 TECHNY RD
 NORTHBROOK, IL 60062

Building Location:
 CRATE & BARREL
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (847) 239-6791
 Email: tstenton@crateandbarrel.com

Elevator Location ID: ELVLOC-2003-01082
Equipment Sequence: 4
Elevator Type: Escalator
Inspections for March: Periodic

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

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CHILD CARE DEV. CENTER @ WYNDHAM
 ATTN: PAIGE KEPNER
 1206 ROTHESAY CIR
 RICHMOND, VA 23221

Building Location:
 CHILD CARE DEV. CENTER @ WYNDHAM
 11601 NUCKOLS RD
 GLEN ALLEN, VA 23059

Phone: (804) 360-8400
 Email: pkepner@cdcwschool.com

Elevator Location ID:	ELVLOC-2003-01088	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	ADMINISTRATOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for March:	Periodic		

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

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

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



County of Henrico, Virginia
 Department of Building Construction and Inspections
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SHORT PUMP SIMPLY STORAGE
 ATTN: TERRY SMIT
 4475 POUNCEY TRACT RD
 GLEN ALLEN, VA 23059

Building Location:

SHORT PUMP SIMPLY STORAGE
 4475 POUNCEY TRACT RD
 RICHMOND, VA 23235

Phone: (804) 360-7920

Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHORT PUMP SIMPLY STORAGE
ATTN: TERRY SMIT
4475 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:
SHORT PUMP SIMPLY STORAGE
4475 POUNCEY TRACT RD
RICHMOND, VA 23235

Phone: (804) 360-7920
Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHORT PUMP SIMPLY STORAGE
 ATTN: TERRY SMIT
 4475 POUNCEY TRACT RD
 GLEN ALLEN, VA 23059

Building Location:
 SHORT PUMP SIMPLY STORAGE
 4475 POUNCEY TRACT RD
 RICHMOND, VA 23235

Phone: (804) 360-7920
 Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHORT PUMP SIMPLY STORAGE
ATTN: TERRY SMIT
4475 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:
SHORT PUMP SIMPLY STORAGE
4475 POUNCEY TRACT RD
RICHMOND, VA 23235

Phone: (804) 360-7920
Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109 **Code in Effect:** 2010
Equipment Sequence: 4 **Key Location:** MGR. OFFICE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

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



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 Department of Building Construction and Inspections
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DARBY HOUSE SENIOR APTS
 ATTN: SAMANTHA JESSUP
 1400 SHIRLEYDALE AVE
 HENRICO, VA 23231

Building Location:
 DARBY HOUSE SENIOR APTS
 1400 SHIRLEYDALE AVE
 HENRICO, VA 23231

Phone: (804) 236-8382
 Email: manager502@habitatamerica.com

Elevator Location ID: ELVLOC-2006-01200 **Code in Effect:** 1996
Equipment Sequence: 1 **Key Location:** LOCKBOX ,FRONT OF BL
Elevator Type: Hydraulic Elevator **Alarm Status:** Alarmed
Inspections for March: **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:
 DARBY HOUSE SENIOR APTS
 ATTN: SAMANTHA JESSUP
 1400 SHIRLEYDALE AVE
 HENRICO, VA 23231

Building Location:
 DARBY HOUSE SENIOR APTS
 1400 SHIRLEYDALE AVE
 HENRICO, VA 23231

Phone: (804) 236-8382
 Email: manager502@habitatamerica.com

Elevator Location ID:	ELVLOC-2006-01200	Code in Effect:	1996
Equipment Sequence:	2	Key Location:	LOCKBOX ,FRONT OF BL
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for March:	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:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD - LAUREL BLDG.
 1940 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2006-01203 **Code in Effect:** 1996
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic, Category 1**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD - DOGWOOD BLDG.
 1950 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2006-01204	Code in Effect:	1996
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic, Category 1		

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD - LINDEN BLDG.
1960 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2006-01205	Code in Effect:	1996
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 BROWN DISTRIBUTING COMPANY
 ATTN: JASON SPENCER
 7986 VILLA PARK DRIVE
 HENRICO, VA 23228

Building Location:
 BROWN DISTRIBUTING CO
 7986 VILLA PARK DR
 HENRICO, VA 23228-6506

Phone: (804) 553-1520
 Email: jason.spencer@brown.com

Elevator Location ID: ELVLOC-2007-01272
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2000
Key Location: ROOM 126
Alarm Status: Alarmed

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMFORT SUITES
ATTN: MAYUSH MEHTA
10601 TELEGRAPH RD
GLEN ALLEN, VA 23059

Building Location:
COMFORT SUITES
10601 TELEGRAPH RD
GLEN ALLEN, VA 23059

Phone: (804) 262-2000
Email: mayush@jphospitality.com

Elevator Location ID: ELVLOC-2007-01283
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2000
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COMFORT SUITES
 ATTN: MAYUSH MEHTA
 10601 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Building Location:
 COMFORT SUITES
 10601 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Phone: (804) 262-2000
 Email: mayush@jphospitality.com

Elevator Location ID: ELVLOC-2007-01283
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2000
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

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

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



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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:
 ETHAN ALLEN
 ATTN: ANDREW STARK
 12000 W BROAD ST
 HENRICO, VA 23233

Building Location:
 ETHAN ALLEN
 12000 W BROAD ST
 HENRICO, VA 23233-7689

Phone: (804) 360-1530
 Email: andrew.stark@ethanallen.com

Elevator Location ID:	ELVLOC-2007-01284	Code in Effect:	2004
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	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:
 FOREST AVENUE OFFICE LLC
 ATTN: SUSAN MCLANE
 6641 W BROAD ST SUITE 100
 HENRICO, VA 23230

Building Location:
 REYNOLDS CROSSING BLDG 1
 6641 W BROAD ST
 HENRICO, VA 23230-1700

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

Elevator Location ID:	ELVLOC-2007-01302	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	FIRE COMMAND CTR.
Elevator Type:	Electric Elevator	Alarm Status:	Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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



County of Henrico, Virginia
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FOREST AVENUE OFFICE LLC
 ATTN: SUSAN MCLANE
 6641 W BROAD ST SUITE 100
 HENRICO, VA 23230

Building Location:
 REYNOLDS CROSSING BLDG 1
 6641 W BROAD ST
 HENRICO, VA 23230-1700

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

Elevator Location ID:	ELVLOC-2007-01302	Code in Effect:	2000
Equipment Sequence:	2	Key Location:	FIRE COMMAND CTR.
Elevator Type:	Electric Elevator	Alarm Status:	Alarmed
Inspections for March:	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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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FOREST AVENUE OFFICE LLC
ATTN: SUSAN MCLANE
6641 W BROAD ST SUITE 100
HENRICO, VA 23230

Building Location:
REYNOLDS CROSSING BLDG 1
6641 W BROAD ST
HENRICO, VA 23230-1700

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

Elevator Location ID: ELVLOC-2007-01302
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: FIRE COMMAND CTR.
Alarm Status: Alarmed

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

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

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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FOREST AVENUE OFFICE LLC
ATTN: SUSAN MCLANE
6641 W BROAD ST SUITE 100
HENRICO, VA 23230

Building Location:
REYNOLDS CROSSING BLDG 1
6641 W BROAD ST
HENRICO, VA 23230-1700

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

Elevator Location ID: ELVLOC-2007-01302
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: FIRE COMMAND CTR.
Alarm Status: Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Department of Building Construction and Inspections
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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:
 CANDLEWOOD SUITES
 ATTN: PAYYAB ALI
 10609 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Building Location:
 CANDLEWOOD SUITES
 10609 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Phone: (804) 262-2240
 Email:

Elevator Location ID:	ELVLOC-2008-01310	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HART HEALTHCARE FOREST MOB
 ATTN: WES NEWCOME
 1802 BAYBERRY CT SUITE 201
 RICHMOND, VA 23226

Building Location:
 HART HEALTHCARE - FOREST M.O.B.
 7611 FOREST AVE
 HENRICO, VA 23229

Phone: (276) 237-4298
 Email: wes.newcome@cbre.com

Elevator Location ID: ELVLOC-2008-01361
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: FIRE BOX @SOUTH 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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HART HEALTHCARE FOREST MOB
 ATTN: WES NEWCOME
 1802 BAYBERRY CT SUITE 201
 RICHMOND, VA 23226

Building Location:
 HART HEALTHCARE - FOREST M.O.B.
 7611 FOREST AVE
 HENRICO, VA 23229

Phone: (276) 237-4298
 Email: wes.newcome@cbre.com

Elevator Location ID: ELVLOC-2008-01361
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: FIRE BOX @SOUTH DOOR
Alarm Status: Not Alarmed

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

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

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HART HEALTHCARE FOREST MOB
 ATTN: WES NEWCOME
 1802 BAYBERRY CT SUITE 201
 RICHMOND, VA 23226

Building Location:
 HART HEALTHCARE - FOREST M.O.B.
 7611 FOREST AVE
 HENRICO, VA 23229

Phone: (276) 237-4298
 Email: wes.newcome@cbre.com

Elevator Location ID: ELVLOC-2008-01361
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: FIRE BOX @SOUTH 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.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHAMIN HOTELS
 ATTN: OMAR ANSARI
 1001 Boulders Pkwy, Suite 400
 North Chesterfield, VA 23225

Building Location:
 HAMPTON INN INTERNATIONAL AIRPORT
 421 INTERNATIONAL CENTRE DR
 SANDSTON, VA 23150

Phone: (571) 329-0078
 Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01369 **Code in Effect:** 2004/5
Equipment Sequence: 1 **Key Location:** FRT. DESK
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Category 1, Periodic**

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHAMIN HOTELS
 ATTN: OMAR ANSARI
 1001 Boulders Pkwy, Suite 400
 North Chesterfield, VA 23225

Building Location:
 HAMPTON INN INTERNATIONAL AIRPORT
 421 INTERNATIONAL CENTRE DR
 SANDSTON, VA 23150

Phone: (571) 329-0078
 Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01369

Code in Effect: 2004/5

Equipment Sequence: 2

Key Location: FRT. DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for March: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MOUNT VERNON BAPTIST CHURCH
ATTN: TED MILBY
11220 NUCKOLS RD
GLEN ALLEN, VA 23059-5501

Building Location:
MOUNT VERNON BAPTIST CHURCH
11220 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 885-9790
Email: tmilby@mvbcnow.org

Elevator Location ID: ELVLOC-2009-01418
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2004
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MOUNT VERNON BAPTIST CHURCH
ATTN: TED MILBY
11220 NUCKOLS RD
GLEN ALLEN, VA 23059-5501

Building Location:
MOUNT VERNON BAPTIST CHURCH
11220 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 885-9790
Email: tmilby@mvbcnow.org

Elevator Location ID: ELVLOC-2009-01418 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic, Category 1**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COMMONWEALTH COMMERCIAL PARTNERS
ATTN: CHRIS WELLS
PO Box 71150
RICHMOND, VA 23255

Building Location:

COMMUNITY CARE NETWORK OF VA
3831 WESTERRE PKWY
HENRICO, VA 23233

Phone: (804) 220-1587

Email: cwells@commonwealthcommercial.

Elevator Location ID: ELVLOC-2010-01483 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 H & M
 ATTN: EDWIN ALVAREZ II
 11800 W BROAD ST
 HENRICO, VA 23233

Building Location:
 H & M
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (845) 906-0556
 Email: edwin.alvarezii@hm.com

Elevator Location ID: ELVLOC-2011-01487
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 2004/2005
Key Location:
Alarm Status:

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

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

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



County of Henrico, Virginia
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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SBCV HOLDINGS LLC
ATTN: ANDREW PEGRAM
4956 DOMINION BLVD
GLEN ALLEN, VA 23060

Building Location:
DOMINION PLACE CONDOS - BLD H
4956 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 270-1848
Email: apegam@sbcv.org

Elevator Location ID:	ELVLOC-2011-01504	Code in Effect:	2005
Equipment Sequence:	1	Key Location:	BLDG. ENGR.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: LINDA PRICE
1950 E PARHAM RD STE 200
HENRICO, VA 23228

Building Location:
PARHAM PLACE III
1950 E PARHAM RD
HENRICO, VA 23228

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

Elevator Location ID: ELVLOC-2012-01574 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
MONUMENT SQUARE CLUBHOUSE
275 FINIAL AVE
HENRICO, VA 23226

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

Elevator Location ID: ELVLOC-2012-01576 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
DISCOVERY SENIOR LIVING
ATTN: OFFICE OF THE DIRECTOR
2422 UNIVERSITY PARK BLVD
HENRICO, VA 23233

Building Location:
UNIVERSITY PARK ASSISTED LIVING
2422 PEMBERTON RD
HENRICO, VA 23233-2006

Phone: (804) 554-1555
Email: jhines@discoveryvillages.com

Elevator Location ID: ELVLOC-2012-01586

Code in Effect: 2005

Equipment Sequence: 1

Key Location: desk

Elevator Type: Hydraulic Elevator

Alarm Status: alarm

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DISCOVERY SENIOR LIVING
 ATTN: OFFICE OF THE DIRECTOR
 2422 UNIVERSITY PARK BLVD
 HENRICO, VA 23233

Building Location:
 UNIVERSITY PARK ASSISTED LIVING
 2422 PEMBERTON RD
 HENRICO, VA 23233-2006

Phone: (804) 554-1555
 Email: jhines@discoveryvillages.com

Elevator Location ID:	ELVLOC-2012-01586	Code in Effect:	2005
Equipment Sequence:	2	Key Location:	desk
Elevator Type:	Hydraulic Elevator	Alarm Status:	alarm
Inspections for March:	Category 1, Periodic		

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BROWNGREER PLC
ATTN: JOHN BATES
250 ROCKETTS WAY
RICHMOND, VA 23231

Building Location:
CEDAR WORKS II @ ROCKETTS LANDING
250 ROCKETTS WAY
HENRICO, VA 23231

Phone: (804) 521-7200
Email: jbbates@browngreer.com

Elevator Location ID: ELVLOC-2013-01610
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2005
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 TUCKAHOE PRESBYTERIAN
 ATTN: BOB LACEY
 7000 PARK AVE
 RICHMOND, VA 23226

Building Location:
 TUCKAHOE PRESBYTERIAN
 7000 PARK AVE
 HENRICO, VA 23226

Phone: (804) 282-2860
 Email: office@tuckahoepres.org

Elevator Location ID:	ELVLOC-2013-01656	Code in Effect:	2007
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Category 1, Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
MONUMENT SQUARE CONDO. BLDG 3 -
5217 MONUMENT AVE
275 FINIAL AVE
HENRICO, VA 23226

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

Elevator Location ID:	ELVLOC-2013-01657	Code in Effect:	2007
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
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:

ROCK BOTTOM BREWERY
 ATTN: RICHARD BARLOW
 11800 W. BROAD ST.
 RICHMOND, VA. , VA 23233

Building Location:

ROCK BOTTOM BREWERY
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@bpretail.com

Elevator Location ID: ELVLOC-2014-01677
Equipment Sequence: 1
Elevator Type: Escalator
Inspections for March: Periodic

Code in Effect: 2009
Key Location:
Alarm Status:

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GUMENICK PROPERTIES
 ATTN: ADAM JOHNSTON
 4901 LIBBIE MILL EAST BLVD UNIT 200
 RICHMOND, VA 23230

Building Location:
 LIBBIE MILL - BLDG A
 4901 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Phone: (804) 288-0011
 Email: ajohnston@gumprop.com

Elevator Location ID:	ELVLOC-2014-01701	Code in Effect:	2009
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
 CABELA'S
 ATTN: REGINA TURNER
 5000 CABELA DR
 HENRICO, VA 23233

Building Location:
 CABELA'S
 5000 CABELA DR
 HENRICO, VA 23233-7601

Phone: (804) 340-7350
 Email: regina.turner@cabelas.com

Elevator Location ID:	ELVLOC-2015-01752	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic, Category 1		

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CHASE BANK
ATTN: JENNIFER SHANKO
11720 W BROAD ST
HENRICO, VA 23233

Building Location:
CHASE BANK
11720 W BROAD ST
HENRICO, VA 23233-1005

Phone: (202) 437-6133
Email: jennifer.shanko@jpmchase.com

Elevator Location ID: ELVLOC-2016-01771 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
MONUMENT SQUARE CONDO ASSN
ATTN: MARY SINGER
275 FINIAL AVE.
HENRICO, VA 23226

Building Location:
MONUMENT SQUARE CONDO. BLDG 2
5209 MONUMENT AVE #2A
HENRICO, VA 23226

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

Elevator Location ID: ELVLOC-2016-01780
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **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: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LIBERTY PROPERTY LP
 ATTN: JOHN LOHR
 5800 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Building Location:
 ASSOCIATED DISTRIBUTORS
 5800 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (757) 323-3739
 Email: jlohr@breakthrubev.com

Elevator Location ID: ELVLOC-2016-01783
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **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
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH COMMERCIAL
ATTN: STACY DELGADO
PO Box 7115
RICHMOND, VA 23255

Building Location:
VA WOMENS CENTER
12129 GRAHAM MEADOWS DR
HENRICO, VA 23233-6661

Phone: (804) 433-1831
Email: SDELGADO@COMMONWEALTHCOM

Elevator Location ID: ELVLOC-2016-01794 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **Periodic, Category 1**

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

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 SARAH CANNON CANCER INSTITUTE
 7607 FOREST AVE
 HENRICO, VA 23229

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

Elevator Location ID: ELVLOC-2017-01828 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

Building Location:
 SARAH CANNON CANCER INSTITUTE
 7607 FOREST AVE
 HENRICO, VA 23229

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

Elevator Location ID:	ELVLOC-2017-01828	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (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:
 EXTRA SPACE STORAGE
 ATTN: JOSEPH LEWIS
 1790 DABNEY ROAD
 RICHMOND, VA 23230

Building Location:
 EXTRA SPACE STORAGE
 1790 DABNEY RD
 HENRICO, VA 23230

Phone: (804) 767-4411
 Email: fac7338@extraspaces.com

Elevator Location ID:	ELVLOC-2018-01924	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EXTRA SPACE STORAGE
ATTN: JOSEPH LEWIS
1790 DABNEY ROAD
RICHMOND, VA 23230

Building Location:
EXTRA SPACE STORAGE
1790 DABNEY RD
HENRICO, VA 23230

Phone: (804) 767-4411
Email: fac7338@extraspaces.com

Elevator Location ID: ELVLOC-2018-01924
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **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: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD MANOR - ORCHARD BLD.
1970 LAUDERDALE DR
HENRICO, VA 23238-3941

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2018-01979
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD MANOR - GROVE BLD.
 1980 LAUDERDALE DR
 HENRICO, VA 23238-3941

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2018-01980	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for March:	Category 1, Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TOP GOLF RICHMOND
ATTN: MARK KIRKSTY
2308 WESTWOOD AVE
RICHMOND, VA 23230

Building Location:
TOP GOLF
2308 WESTWOOD AVE
HENRICO, VA 23230

Phone: (804) 533-4124
Email: ION.KIRKSTY@TOPGOLF.COM

Elevator Location ID:	ELVLOC-2019-02005	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TOP GOLF RICHMOND
ATTN: MARK KIRKSTY
2308 WESTWOOD AVE
RICHMOND, VA 23230

Building Location:
TOP GOLF
2308 WESTWOOD AVE
HENRICO, VA 23230

Phone: (804) 533-4124
Email: ION.KIRKSTY@TOPGOLF.COM

Elevator Location ID:	ELVLOC-2019-02005	Code in Effect:	20109
Equipment Sequence:	2	Key Location:	FRONT DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

Department of Building Construction and Inspections
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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 March: **Category 1, Periodic**

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

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

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



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RAILEY HILL ASSOCIATES LLC
ATTN: ALEX IWASHNYA
2610 GASKINS RD #B
HENRICO, VA 23233

Building Location:
DR IWASHNYA
2610 GASKINS RD #B
HENRICO, VA 23233

Phone: (804) 548-4700
Email: help@acornpeds.com

Elevator Location ID:	ELVLOC-2020-02153	Code in Effect:	2013
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	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:
 5711 STAPLES MILL LLC
 ATTN: JOANNE SILVERMAN
 5711 STAPLES MILL RD
 HENRICO, VA 23228

Building Location:
 FETCH A CURE
 5711 STAPLES MILL RD
 HENRICO, VA 23228

Phone: (804) 525-2193
 Email: joanne@fetchacure.com

Elevator Location ID: ELVLOC-2022-000028 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic, Category 1**

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH PROPERTIES
ATTN: JILL WALL
9030 STONY POINT PKWY, STE 540
C/O COMMONWEALTH PROPERTIES LLC
Richmond, VA 23235

Building Location:
3500 WEST VIEW APTS
3500 COX RD
HENRICO, VA 23233

Phone: (804) 327-9500
Email: jwall@cwprop.com

Elevator Location ID:	ELVLOC-2023-000060	Code in Effect:	2016
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
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:
 COMMONWEALTH PROPERTIES
 ATTN: JILL WALL
 9030 STONY POINT PKWY, STE 540
 C/O COMMONWEALTH PROPERTIES LLC
 Richmond, VA 23235

Building Location:
 3500 WEST VIEW APTS
 3500 COX RD
 HENRICO, VA 23233

Phone: (804) 327-9500
 Email: jwall@cwprop.com

Elevator Location ID: ELVLOC-2023-000060 **Code in Effect:** 2016
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
COMMONWEALTH PROPERTIES
ATTN: JILL WALL
9030 STONY POINT PKWY, STE 540
C/O COMMONWEALTH PROPERTIES LLC
Richmond, VA 23235

Building Location:
3500 WEST VIEW APTS
3500 COX RD
HENRICO, VA 23233

Phone: (804) 327-9500
Email: jwall@cwprop.com

Elevator Location ID: ELVLOC-2023-000060
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for March: **Periodic**

Code in Effect: 2016
Key Location:
Alarm Status:

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

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

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COMMONWEALTH PROPERTIES
 ATTN: JILL WALL
 9030 STONY POINT PKWY, STE 540
 C/O COMMONWEALTH PROPERTIES LLC
 Richmond, VA 23235

Building Location:
 3500 WEST VIEW APTS
 3500 COX RD
 HENRICO, VA 23233

Phone: (804) 327-9500
 Email: jwall@cwprop.com

Elevator Location ID: ELVLOC-2023-000060
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for March: **Periodic**

Code in Effect: 2016
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Building Location:

ATTN: DAWES LEE
8020 VILLA PARK DR
RICHMOND, VA 23228

8020 VILLA PARK DR
8020 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 347-9024

Email: dlee@feedmore.org

Elevator Location ID: ELVLOC-2024-000014

Code in Effect: ASME A17.1 - 2016

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:
WESTMINSTER CANTERBURY - VILLAGE #3
-B
1310 VILLAGE BEND RD
HENRICO, VA 23227-3323

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

Elevator Location ID: ELVLOC-2024-000015
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2013
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY - VILLAGE #4-B
1330 VILLAGE BEND RD
HENRICO, VA 23227-3323

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2024-000016

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY
ATTN: ANDY JONES
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY - VITALITY
1650 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone:

Email:

Elevator Location ID: ELVLOC-2024-000048

Code in Effect: ASME A17.1 - 2016

Equipment Sequence:

1

Key Location:

Elevator Type:

Electric Elevator

Alarm Status:

Inspections for March:

Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

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:
 WESTMINSTER CANTERBURY
 ATTN: ANDY JONES
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY - VITALITY
 1650 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone:
 Email:

Elevator Location ID: ELVLOC-2024-000048 **Code in Effect:** ASME A17.1 - 2016
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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