



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:
 DIAMOND HOTEL LLC
 ATTN: DIANN DICKENSON
 8008 W BROAD ST
 HENRICO, VA 23294

Building Location:
 HOLIDAY INN
 8008 W BROAD ST
 HENRICO, VA 23294

Phone: (804) 346-0000
 Email: diann@jphospitality.com

Elevator Location ID: ELVLOC-2001-00240
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

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

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



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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: _____

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



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CUSHMAN & WAKEFIELD
 ATTN: GEORGE REMNER
 3011 HUNGARY SPRING RD
 HENRICO, VA 23228

Building Location:
 VERIZON
 3011 HUNGARY SPRING RD
 HENRICO, VA 23228

Phone: (804) 923-1848
 Email: george.m.remner@verizon.com

Elevator Location ID: ELVLOC-2001-00576

Code in Effect: 1971/1984/2013

Equipment Sequence: 1

Key Location: SEC.DSK.=CALL MAINT.

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: _____

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Owner / Agent:
CUSHMAN & WAKEFIELD
ATTN: GEORGE REMNER
3011 HUNGARY SPRING RD
HENRICO, VA 23228

Building Location:
VERIZON
3011 HUNGARY SPRING RD
HENRICO, VA 23228

Phone: (804) 923-1848
Email: george.m.remner@verizon.com

Elevator Location ID: ELVLOC-2001-00576 **Code in Effect:** 1971/1984/2013
Equipment Sequence: 2 **Key Location:** SEC.DSK.=CALL MAINT.
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



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Owner / Agent:
CUSHMAN & WAKEFIELD
ATTN: GEORGE REMNER
3011 HUNGARY SPRING RD
HENRICO, VA 23228

Building Location:
VERIZON
3011 HUNGARY SPRING RD
HENRICO, VA 23228

Phone: (804) 923-1848
Email: george.m.remner@verizon.com

Elevator Location ID:	ELVLOC-2001-00576	Code in Effect:	1971/1984/2013
Equipment Sequence:	3	Key Location:	SEC.DSK.=CALL MAINT.
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: _____

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Owner / Agent:
CUSHMAN & WAKEFIELD
ATTN: GEORGE REMNER
3011 HUNGARY SPRING RD
HENRICO, VA 23228

Building Location:
VERIZON
3011 HUNGARY SPRING RD
HENRICO, VA 23228

Phone: (804) 923-1848
Email: george.m.remner@verizon.com

Elevator Location ID: ELVLOC-2001-00576 **Code in Effect:** 1971
Equipment Sequence: 4 **Key Location:** SEC.DSK.=CALL MAINT.
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:
CUSHMAN & WAKEFIELD
ATTN: GEORGE REMNER
3011 HUNGARY SPRING RD
HENRICO, VA 23228

Building Location:
VERIZON
3011 HUNGARY SPRING RD
HENRICO, VA 23228

Phone: (804) 923-1848
Email: george.m.remner@verizon.com

Elevator Location ID: ELVLOC-2001-00576
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1971/
Key Location: SEC.DSK.=CALL MAINT.
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
OUR LADY OF LOURDES CHURCH
ATTN: CHIP MORRIS
8200 WOODMAN RD
HENRICO, VA 23228

Building Location:
OUR LADY OF LOURDES CHURCH
8200 WOODMAN RD
HENRICO, VA 23228

Phone: (804) 262-7315
Email: deanechip@aol.com

Elevator Location ID: ELVLOC-2001-00602 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** CHURCH OFFICE
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:
SANDSTON BAPTIST CHURCH
ATTN: MARY VAYO
100 W WILLIAMSBURG RD
SANDSTON, VA 23150

Building Location:
SANDSTON BAPTIST CHURCH
100 W WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 737-2171
Email: sandstonbaptist@verizon.net

Elevator Location ID: ELVLOC-2001-00618
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

MONDELEZ GLOBAL LLC
ATTN: Reginald James
6002 S LABURNUM AVE
HENRICO, VA 23231

Building Location:

NABISCO RICHMOND BAKERY
6002 S LABURNUM AVE
HENRICO, VA 23231

Phone: (804) 624-8382

Email: reginald.james@mdlz.com

Elevator Location ID: ELVLOC-2001-00651

Code in Effect: 1965/2010

Equipment Sequence: 1

Key Location: TOP FL. OFFICE

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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Owner / Agent:
MONDELEZ GLOBAL LLC
ATTN: Reginald James
6002 S LABURNUM AVE
HENRICO, VA 23231

Building Location:
NABISCO RICHMOND BAKERY
6002 S LABURNUM AVE
HENRICO, VA 23231

Phone: (804) 624-8382
Email: reginald.james@mdlz.com

Elevator Location ID:	ELVLOC-2001-00651	Code in Effect:	1965
Equipment Sequence:	2	Key Location:	TOP FL. OFFICE
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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Owner / Agent:
MONDELEZ GLOBAL LLC
ATTN: Reginald James
6002 S LABURNUM AVE
HENRICO, VA 23231

Building Location:
NABISCO RICHMOND BAKERY
6002 S LABURNUM AVE
HENRICO, VA 23231

Phone: (804) 624-8382
Email: reginald.james@mdlz.com

Elevator Location ID: ELVLOC-2001-00651
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1965
Key Location: TOP FL. 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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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WESTPORT REHAB AND NURSING CTR.
 ATTN: Zachary Sims
 400 Boulevard of American
 Suite 401
 Lakewood, NJ 08701

Building Location:
 WESTPORT REHAB AND NURSING CTR.
 7300 FOREST AVE
 HENRICO, VA 23226

Phone: (540) 313-1577
 Email: zachary.sims@westporthc.cm

Elevator Location ID: ELVLOC-2001-00726
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1960
Key Location: MAINT. SHOP
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WESTPORT REHAB AND NURSING CTR.
 ATTN: Zachary Sims
 400 Boulevard of American
 Suite 401
 Lakewood, NJ 08701

Building Location:
 WESTPORT REHAB AND NURSING CTR.
 7300 FOREST AVE
 HENRICO, VA 23226

Phone: (540) 313-1577
 Email: zachary.sims@westporthc.cm

Elevator Location ID: ELVLOC-2001-00726
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1960
Key Location: MAINT. SHOP
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTPORT REHAB AND NURSING CTR.
ATTN: Zachary Sims
400 Boulevard of American
Suite 401
Lakewood, NJ 08701

Building Location:

WESTPORT REHAB AND NURSING CTR.
7300 FOREST AVE
HENRICO, VA 23226

Phone: (540) 313-1577
Email: zachary.sims@westporthc.cm

Elevator Location ID: ELVLOC-2001-00726
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 2004
Key Location: MAINT. SHOP
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AUGUST HEALTHCARE
ATTN: NABIL AFILAL
1503 MICHAELS RD
HENRICO, VA 23229

Building Location:
AUGUST HEALTHCARE
1503 MICHAELS RD
HENRICO, VA 23229

Phone: (804) 997-6312
Email: nafilal@augustrichmond.com

Elevator Location ID: ELVLOC-2001-00790
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1971
Key Location: C.J.MEADE
Alarm Status: Not Alarmed

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

Inspector Name (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:
 AUGUST HEALTHCARE
 ATTN: NABIL AFILAL
 1503 MICHAELS RD
 HENRICO, VA 23229

Building Location:
 AUGUST HEALTHCARE
 1503 MICHAELS RD
 HENRICO, VA 23229

Phone: (804) 997-6312
 Email: nafilal@augustrichmond.com

Elevator Location ID: ELVLOC-2001-00790
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1971
Key Location: C.J.MEADE
Alarm Status: Not Alarmed

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

Inspector Name (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:
AUGUST HEALTHCARE
ATTN: NABIL AFILAL
1503 MICHAELS RD
HENRICO, VA 23229

Building Location:
AUGUST HEALTHCARE
1503 MICHAELS RD
HENRICO, VA 23229

Phone: (804) 997-6312
Email: nafilal@augustrichmond.com

Elevator Location ID:	ELVLOC-2001-00790	Code in Effect:	1993
Equipment Sequence:	4	Key Location:	C.J.MEADE
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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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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

Code in Effect: 1971

Equipment Sequence: 9

Key Location: PHARMACY

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:
 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: troy.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: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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: troy.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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Building Location:
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1602 SKIPWITH RD
HENRICO, VA 23229

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Email: troy.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: _____

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



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1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: troy.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: _____

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Phone: (804) 289-4550
Email: troy.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: _____

Inspection / Test Results
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Building Location:

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Phone: (804) 289-4550

Email: troy.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: _____

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



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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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HENRICO, VA 23229

Phone: (804) 289-4550
Email: troy.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: _____

Inspection / Test Results
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 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: troy.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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 HENRICO, VA 23229

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 Email: troy.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801
Equipment Sequence: 11
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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 1602 SKIPWITH RD
 HENRICO, VA 23229

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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



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Building Location:
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1602 SKIPWITH RD
HENRICO, VA 23229

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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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 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

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

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1984
Equipment Sequence:	15	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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HENRICO, VA 23229

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

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1993
Equipment Sequence:	17	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 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: _____

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1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: troy.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: _____

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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: _____

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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
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 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: troy.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: _____

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 RICHMOND, VA 23229

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 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: troy.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
 Please use a separate sheet for each elevator



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO 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: troy.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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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: troy.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
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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: TROY.BARBOUR@HCAHEALTHCARE

Elevator Location ID:	ELVLOC-2001-00802	Code in Effect:	1984
Equipment Sequence:	1	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
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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:
 HOSPITAL PARKING DECK
 7605 FOREST AVE #100
 HENRICO, VA 23229

Phone: (804) 289-4554
 Email: TROY.BARBOUR@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
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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:	1	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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 Department of Building Construction and Inspections
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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: 2
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
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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:** 1984/2009/2010**Equipment Sequence:** 3**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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Henrico, VA 23273-0775

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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
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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 **Code in Effect:** 1987
Equipment Sequence: 1 **Key Location:** CHURCH 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
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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: troy.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



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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO 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: troy.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: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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Department of Building Construction and Inspections
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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@broadskymgmt.com

Elevator Location ID:	ELVLOC-2001-00819	Code in Effect:	ANSI A17.1 - 1971
Equipment Sequence:	2	Key Location:	MGT. OFFICE
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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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 **Code in Effect:** AINSI A17.1 - 1971
Equipment Sequence: 4 **Key Location:** MGT. OFFICE
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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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@broadskymgmt.com

Elevator Location ID: ELVLOC-2001-00819 **Code in Effect:** AINSI A17.1 - 1971
Equipment Sequence: 6 **Key Location:** MGT. OFFICE
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
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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@broadskymgmt.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: _____

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:
 DERBYSHIRE BAPTIST CHURCH
 ATTN: LARRY BIDWELL
 8800 DERBYSHIRE RD
 HENRICO, VA 23229

Building Location:
 DERBYSHIRE BAPTIST CHURCH
 8800 DERBYSHIRE RD
 HENRICO, VA 23229

Phone: (804) 740-7238
 Email: lbidwell@dbcrichmond.org

Elevator Location ID: ELVLOC-2001-00824
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 301-4130
Email: pete.teodori@groveave.com

Elevator Location ID: ELVLOC-2001-00832
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 301-4130
 Email: pete.teodori@groveave.com

Elevator Location ID: ELVLOC-2001-00832
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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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 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
Equipment Sequence: 1
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
 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: MELAND0 (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: _____

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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: 4
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987/2010
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: 5
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987/2010
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: 6
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987/2010
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: 7
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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County of Henrico, Virginia

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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: 8

Key Location: ENGR.OFF. BLDG. B

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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: 9
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1987/2010
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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County of Henrico, Virginia

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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: 10 **Key Location:** ENGR.OFF. BLDG. B
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
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County of Henrico, Virginia

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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
Equipment Sequence: 11
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1987/2010
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	Code in Effect:	2018
Equipment Sequence:	12	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
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:

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
Please use a separate sheet for each elevator



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE / 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:	14	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
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:
 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
 Please use a separate sheet for each elevator



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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:	16	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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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: 17
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2000
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:
 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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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DALY SEVEN INC
ATTN: Katia Dian
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: katia.diaz@dalyseven.com

Elevator Location ID:	ELVLOC-2001-00854	Code in Effect:	1993
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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 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: FELICIA Washington
 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: felicia.washington@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: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: FELICIA Washington
 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: felicia.washington@colliers.com

Elevator Location ID:	ELVLOC-2001-00901	Code in Effect:	1984/2010
Equipment Sequence:	2	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:
 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
 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:
 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
 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: 1
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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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: 4
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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Equipment Sequence: 6
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1993
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.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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: 9

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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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 Department of Building Construction and Inspections
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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



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: 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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: LISA HARRIS
4991 Lake Brook Dr
Suite G90
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.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 BRANDYWINE REALTY TRUST
 ATTN: BRANDON MALONE
 300 ARBORETUM PL SUITE 330
 RICHMOND, VA 23236

Building Location:
 LAKE BROOK OFFICE BLDG
 4805 LAKE BROOK DR
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00949
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

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

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



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:
 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

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

Code in Effect: 1993
Key Location: RECPT.DSK.\CALLMAINT
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1993
Key Location: RECPT.DSK.\CALLMAINT
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
 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
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2010
Key Location: RECPT.DSK.\CALLMAINT
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 HIGHWOODS COMMONS
 5101 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00984
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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



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:
LEWIS GINTER BOTANICAL GARDEN
ATTN: KEN MYERS
1800 LAKESIDE AV
HENRICO, VA 23228

Building Location:
LEWIS GINTER BOTANICAL GARDEN
1800 LAKESIDE AVE
HENRICO, VA 23228

Phone: (804) 516-5479
Email: kenm@lewisginter.org

Elevator Location ID: ELVLOC-2002-01008
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
Please use a separate sheet for each elevator



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Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 640-5763
Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01055	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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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11800 W BROAD ST
RICHMOND , VA 23233

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

Phone: (804) 640-5763
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01055 **Code in Effect:** 1993
Equipment Sequence: 2 **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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 ATTN: RICHARD BARLOW
 11800 W BROAD ST
 RICHMOND , VA 23233

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

Phone: (804) 640-5763
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01055	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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Building Location:
NORDSTROM - SPTC
11812 W BROAD ST
HENRICO, VA 23233-1064

Phone: (804) 640-5763
Email: richard.barlow@brookfieldpropertie

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: _____

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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: _____

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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	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	STORE MAINT.
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: _____

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 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

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Inspector Name (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: (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

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Inspector Name (Print): _____ Inspection Agency: _____
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Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
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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
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



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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: _____

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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: 3
Elevator Type: Hydraulic Elevator
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: _____

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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: 4
Elevator Type: Hydraulic Elevator
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: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHORT PUMP TOWN CENTER
ATTN: TRUDY TOLSON
11800 W BROAD ST
HENRICO, VA 23233

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

Phone: (804) 562-9367

Email: MANAGEMENT@LUXURANY.COM

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: _____

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HENRICO, VA 23233

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

Phone: (804) 562-9367
Email: MANAGEMENT@LUXURANY.COM

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: _____

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

Phone: (804) 562-9367

Email: MANAGEMENT@LUXURANY.COM

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: _____

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Building Representation Contacted (Print): _____

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11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 562-9367
Email: MANAGEMENT@LUXURANY.COM

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 2 **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: _____
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Building Location:

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

Phone: (804) 562-9367

Email: MANAGEMENT@LUXURANY.COM

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 3
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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Building Location:
SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 562-9367
Email: MANAGEMENT@LUXURANY.COM

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: _____

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Building Representation Contacted (Print): _____

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Phone: (804) 562-9367
Email: MANAGEMENT@LUXURANY.COM

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**

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Elevator Tech Name (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: TRUDY TOLSON
 11800 W BROAD ST
 HENRICO, VA 23233

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

Phone: (804) 562-9367

Email: MANAGEMENT@LUXURANY.COM

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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 SHORT PUMP TOWN CENTER
 ATTN: TRUDY TOLSON
 11800 W BROAD ST
 HENRICO, VA 23233

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

Phone: (804) 562-9367
 Email: MANAGEMENT@LUXURANY.COM

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: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHORT PUMP TOWN CENTER
ATTN: TRUDY TOLSON
11800 W BROAD ST
HENRICO, VA 23233

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

Phone: (804) 562-9367
Email: MANAGEMENT@LUXURANY.COM

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
Please use a separate sheet for each elevator



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHORT PUMP TOWN CENTER
 ATTN: TRUDY TOLSON
 11800 W BROAD ST
 HENRICO, VA 23233

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

Phone: (804) 562-9367
 Email: MANAGEMENT@LUXURANY.COM

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 6
Elevator Type: Hydraulic Elevator
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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHORT PUMP TOWN CENTER
 ATTN: TRUDY TOLSON
 11800 W BROAD ST
 HENRICO, VA 23233

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

Phone: (804) 562-9367
 Email: MANAGEMENT@LUXURANY.COM

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: _____

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



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHORT PUMP TOWN CENTER
 ATTN: TRUDY TOLSON
 11800 W BROAD ST
 HENRICO, VA 23233

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

Phone: (804) 562-9367
 Email: MANAGEMENT@LUXURANY.COM

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	7	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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHORT PUMP TOWN CENTER
 ATTN: TRUDY TOLSON
 11800 W BROAD ST
 HENRICO, VA 23233

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

Phone: (804) 562-9367
 Email: MANAGEMENT@LUXURANY.COM

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: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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 ATTN: TRUDY TOLSON
 11800 W BROAD ST
 HENRICO, VA 23233

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

Phone: (804) 562-9367
 Email: MANAGEMENT@LUXURANY.COM

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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 ATTN: TRUDY TOLSON
 11800 W BROAD ST
 HENRICO, VA 23233

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

Phone: (804) 562-9367
 Email: MANAGEMENT@LUXURANY.COM

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 9
Elevator Type: Hydraulic Elevator
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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHORT PUMP TOWN CENTER
ATTN: TRUDY TOLSON
11800 W BROAD ST
HENRICO, VA 23233

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

Phone: (804) 562-9367
Email: MANAGEMENT@LUXURANY.COM

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: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHORT PUMP TOWN CENTER
 ATTN: TRUDY TOLSON
 11800 W BROAD ST
 HENRICO, VA 23233

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

Phone: (804) 562-9367
 Email: MANAGEMENT@LUXURANY.COM

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: _____

Inspection / Test Results
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Department of Building Construction and Inspections
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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHORT PUMP TOWN CENTER
ATTN: TRUDY TOLSON
11800 W BROAD ST
HENRICO, VA 23233

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

Phone: (804) 562-9367
Email: MANAGEMENT@LUXURANY.COM

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: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHORT PUMP TOWN CENTER
ATTN: TRUDY TOLSON
11800 W BROAD ST
HENRICO, VA 23233

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

Phone: (804) 562-9367
Email: MANAGEMENT@LUXURANY.COM

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: _____

Inspection / Test Results
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Owner / Agent:
SHORT PUMP TOWN CENTER
ATTN: TRUDY TOLSON
11800 W BROAD ST
HENRICO, VA 23233

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

Phone: (804) 562-9367
Email: MANAGEMENT@LUXURANY.COM

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: _____

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

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	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	CHURCH OFFICE
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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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: _____

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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: 2
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
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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
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 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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
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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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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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



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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: 3 **Key Location:** OFFICE
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: _____

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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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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



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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
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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
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 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:	3	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
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 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: 4
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: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

LUXURA SPA
ATTN: TRUDY TOLSON
11800 W BROAD ST
HENRICO, VA 23233

Building Location:

LUXURA SPA
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 562-9367

Email: MANAGEMENT@LUXURANY.COM

Elevator Location ID: ELVLOC-2005-01167

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

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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
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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
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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 - 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



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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 - 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
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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:
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: _____

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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: _____

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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
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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
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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
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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: KATIE Welch
 800 W. MADISON.ST
 SUITE 400
 CHICAGO, IL 60607

Building Location:
 REYNOLDS CROSSING BLDG 1
 6641 W BROAD ST
 HENRICO, VA 23230-1700

Phone: (757) 580-6680
 Email: kwelch@remedymed.com

Elevator Location ID: ELVLOC-2007-01302
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FOREST AVENUE OFFICE LLC
 ATTN: KATIE Welch
 800 W. MADISON.ST
 SUITE 400
 CHICAGO, IL 60607

Building Location:
 REYNOLDS CROSSING BLDG 1
 6641 W BROAD ST
 HENRICO, VA 23230-1700

Phone: (757) 580-6680
 Email: kwelch@remedymed.com

Elevator Location ID: ELVLOC-2007-01302
Equipment Sequence: 2
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.gov



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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FOREST AVENUE OFFICE LLC
ATTN: KATIE Welch
800 W. MADISON.ST
SUITE 400
CHICAGO, IL 60607

Building Location:

REYNOLDS CROSSING BLDG 1
6641 W BROAD ST
HENRICO, VA 23230-1700

Phone: (757) 580-6680

Email: kwelch@remedymed.com

Elevator Location ID: ELVLOC-2007-01302

Code in Effect: 2000

Equipment Sequence: 3

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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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FOREST AVENUE OFFICE LLC
 ATTN: KATIE Welch
 800 W. MADISON.ST
 SUITE 400
 CHICAGO, IL 60607

Building Location:
 REYNOLDS CROSSING BLDG 1
 6641 W BROAD ST
 HENRICO, VA 23230-1700

Phone: (757) 580-6680
 Email: kwelch@remedymed.com

Elevator Location ID:	ELVLOC-2007-01302	Code in Effect:	2000
Equipment Sequence:	4	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
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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: ali@jphospitality.com

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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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: ali@jphospitality.com

Elevator Location ID: ELVLOC-2008-01310
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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
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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:
HART HEALTHCARE FOREST MOB
ATTN: RYAN BOTER
1550 Market Street, Suite 200
Attn: Accounts Payable
RICHMOND, CO 80202

Building Location:
HART HEALTHCARE - FOREST M.O.B.
7611 FOREST AVE
HENRICO, VA 23229

Phone: (276) 237-4298
Email: ryan.boyer@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



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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: RYAN BOTER
1550 Market Street, Suite 200
Attn: Accounts Payable
RICHMOND, CO 80202

Building Location:
HART HEALTHCARE - FOREST M.O.B.
7611 FOREST AVE
HENRICO, VA 23229

Phone: (276) 237-4298
Email: ryan.boyer@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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HART HEALTHCARE FOREST MOB
ATTN: RYAN BOTER
1550 Market Street, Suite 200
Attn: Accounts Payable
RICHMOND, CO 80202

Building Location:
HART HEALTHCARE - FOREST M.O.B.
7611 FOREST AVE
HENRICO, VA 23229

Phone: (276) 237-4298
Email: ryan.boyer@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
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHAMIN HOTELS
 ATTN: KATHRIN SPILLMAN
 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
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2004/5
Key Location: FRT. 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:
 SHAMIN HOTELS
 ATTN: KATHRIN SPILLMAN
 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
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2004/5
Key Location: FRT. 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:
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@mvbcnw.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.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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@mvbcbnow.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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH 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



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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:
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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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: apeggram@sbcv.org

Elevator Location ID: ELVLOC-2011-01504
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 2005
Key Location: BLDG. ENGR.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **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
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:
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
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Phone: (804) 501-4360
Fax: (804) 501-4984

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

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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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: jrbates@browngreer.com

Elevator Location ID:	ELVLOC-2013-01610	Code in Effect:	2005
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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
MONUMENT SQUARE CONDO. BLDG 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
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:
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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CABELA'S
 ATTN: Andrea Spingler
 5000 CABELA DR
 HENRICO, VA 23233

Building Location:
 CABELA'S
 5000 CABELA DR
 HENRICO, VA 23233-7601

Phone: (804) 340-7350
 Email: alspingler@basspro.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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CHASE BANK
 ATTN: Deborah Lewis
 11720 W. Broad St.
 Henrico, VA 23233

Building Location:
 CHASE BANK
 11720 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 370-2499
 Email: deborah.x.lewis@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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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Department of Building Construction and Inspections
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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
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:
 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: _____

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:
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: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Equipment Sequence: 2
Elevator Type: Electric 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
Please use a separate sheet for each elevator



County of Henrico, Virginia

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:

WILTON COMPANIES, INC
ATTN: JIMMY FITCH
PO Box 6895
RICHMOND, VA 23230

Building Location:

WILTON COMPANIES, INC
4909 DICKENS RD
HENRICO, VA 23230

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

Elevator Location ID:	ELVLOC-2017-01861	Code in Effect:	2010
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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EXTRA SPACE STORAGE
ATTN: Matt Rigdon
1790 DABNEY ROAD
RICHMOND, VA 23230

Building Location:
EXTRA SPACE STORAGE
1790 DABNEY RD
HENRICO, VA 23230

Phone: (804) 245-8384
Email: fac4134@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
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EXTRA SPACE STORAGE
 ATTN: Matt Rigdon
 1790 DABNEY ROAD
 RICHMOND, VA 23230

Building Location:
 EXTRA SPACE STORAGE
 1790 DABNEY RD
 HENRICO, VA 23230

Phone: (804) 245-8384
 Email: fac4134@extraspaces.com

Elevator Location ID:	ELVLOC-2018-01924	Code in Effect:	2010
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



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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 - GROVE BLD.
1980 LAUDERDALE DR
HENRICO, VA 23238-3941

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

Elevator Location ID: ELVLOC-2018-01980
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

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

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

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

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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: _____

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:
 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
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for March: **Periodic**

Code in Effect: 20109
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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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 RVA FACEBOOK 3
 6260 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (650) 541-9632
 Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2020-02107 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for 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
 Please use a separate sheet for each elevator



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

Owner / Agent:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic 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:
 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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 QUALITY TECHNOLOGY
 ATTN: KIETH RIGSBY
 12851 FOSTER ST SUITE 205
 OVERLAND PARK, KS 66213

Building Location:
 QTS-RIC2-DC3-East
 6050 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (703) 673-8675
 Email: KEITH.RIGSBY@QTSDATACENTERS

Elevator Location ID: ELVLOC-2025-000007 **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
 Please use a separate sheet for each elevator
