

**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:

Integrative Pain Specialists
ATTN: Bronwyn Georges
5901 W. Broad St.
Richmond, VA 23230

Building Location:

Integrative Pain Specialists
5901 W BROAD ST
HENRICO, VA 23230-2219

Phone: (804) 249-8888

Email: APATTERSON@RANGECOMMERCIA

Elevator Location ID: ELVLOC-2001-00205

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COLONIAL SHOOTING ACADEMY
ATTN: LEON JOHNSON
6020 WEST BROAD ST
RICHMOND, VA 23230

Building Location:

COLONIAL SHOOTING ACADEMY
6020 W BROAD ST
HENRICO, VA 23230

Phone: (804) 266-2666

Email: alux@colonialshooting.com

Elevator Location ID: ELVLOC-2001-00207

Code in Effect: 1971/2007

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

GENWORTH FINANCIAL BLDG. 4
6630 W BROAD ST
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

Elevator Location ID: ELVLOC-2001-00219**Equipment Sequence:** 1**Elevator Type:** Electric Elevator**Code in Effect:** 1978**Key Location:** MAINT. \ SECURITY**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (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:

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

Building Location:

GENWORTH FINANCIAL BLDG. 4
6630 W BROAD ST
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

Elevator Location ID: ELVLOC-2001-00219**Code in Effect:** 1978**Equipment Sequence:** 2**Key Location:** MAINT. \ SECURITY**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (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:

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

Building Location:

GENWORTH FINANCIAL BLDG. 4
6630 W BROAD ST
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

Elevator Location ID: ELVLOC-2001-00219**Code in Effect:** 1978**Equipment Sequence:** 3**Key Location:** MAINT. \ SECURITY**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (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:

COLLIERS INC.
ATTN: DAWN ROSATO
PO BOX 13470
RICHMOND, VA 23225

Building Location:

VG COMMERCE PLAZA
2809 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 420-3242

Email: dawn.rosato@colliers.com

Elevator Location ID: ELVLOC-2001-00227

Code in Effect: 1981

Equipment Sequence: 1

Key Location: KEYBOX @ M.R. DOOR

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (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:

COLLIERS INC.
ATTN: DAWN ROSATO
PO BOX 13470
RICHMOND, VA 23225

Building Location:

VG COMMERCE PLAZA
2809 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 420-3242

Email: dawn.rosato@colliers.com

Elevator Location ID: ELVLOC-2001-00227**Equipment Sequence:** 2**Elevator Type:** Electric Elevator**Code in Effect:** 1981**Key Location:** KEYBOX @ M.R. DOOR**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (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:

5100 MONUMENT AVE, A CONDO
ATTN: HOLLY THORNTON
5100 MONUMENT AVE SUITE 100
RICHMOND, VA 23230-3638

Building Location:

5100 MONUMENT AVENUE, A CONDO
5100 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 282-4288

Email: 5100monumentmanager@gmail.co

Elevator Location ID: ELVLOC-2001-00251

Code in Effect: 1960/2009

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (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:

5100 MONUMENT AVE, A CONDO
ATTN: HOLLY THORNTON
5100 MONUMENT AVE SUITE 100
RICHMOND, VA 23230-3638

Building Location:

5100 MONUMENT AVENUE, A CONDO
5100 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 282-4288

Email: 5100monumentmanager@gmail.co

Elevator Location ID: ELVLOC-2001-00251

Code in Effect: 1960/2009

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested 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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Elevator Contractor: _____

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

Building Location:

5100 MONUMENT AVENUE, A CONDO
5100 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 282-4288

Email: 5100monumentmanager@gmail.co

Elevator Location ID: ELVLOC-2001-00251

Code in Effect: 1960/2009

Equipment Sequence: 3

Key Location: FRONT DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

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

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Owner / Agent:

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

Building Location:

Monument 5101
5101 MONUMENT AVE
HENRICO, VA 23230-3621

Phone: (804) 340-4094

Email: susan.heath@ukrops.com

Elevator Location ID: ELVLOC-2001-00253

Code in Effect: 1960

Equipment Sequence: 1

Key Location: MAINTENANCE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (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:

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

Building Location:

TWIN HORSE PLACE
8814 FARGO RD
HENRICO, VA 23229

Phone: (804) 282-3131

Email: smosley@joinpeakpm.com

Elevator Location ID: ELVLOC-2001-00370**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1971**Key Location:** 2ND\FL. RECPT.**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

ROBINS INSURANCY AGENCY
2800 N PARHAM RD
HENRICO, VA 23294

Phone: (804) 747-1281

Email: jmichels@commonwealthcommerci.com

Elevator Location ID: ELVLOC-2001-00379

Code in Effect: 1981

Equipment Sequence: 1

Key Location: ROOM 106

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (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:

Range Commercial Properties
ATTN: Allison Patterson
PO Box 13470
RICHMOND, VA 23225

Building Location:

FIRST CAROUSEL BUILDING
7814 CAROUSEL LN
HENRICO, VA 23294

Phone: (603) 988-5108

Email: felecia.washington@colliers.com

Elevator Location ID: ELVLOC-2001-00381**Code in Effect:** 1978**Equipment Sequence:** 1**Key Location:** RM 104 - KEY#52219**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Range Commercial Properties
ATTN: Allison Patterson
PO Box 13470
RICHMOND, VA 23225

Building Location:

FIRST CAROUSEL BUILDING
7814 CAROUSEL LN
HENRICO, VA 23294

Phone: (603) 988-5108

Email: felecia.washington@colliers.com

Elevator Location ID: ELVLOC-2001-00381**Code in Effect:** 1978**Equipment Sequence:** 2**Key Location:** RM 104 - KEY#52219**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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**Code in Effect:** 1990**Key Location:** FRONT DESK**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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 September: Periodic

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

Inspector Name (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

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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

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:

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:** 3**Elevator Type:** Electric Elevator**Code in Effect:** 1971/1984/2013**Key Location:** SEC.DSK.=CALL MAINT.**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

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Owner / Agent:

CUSHMAN & WAKEFIELD
ATTN: GEORGE REMNER
3011 HUNGARY SPRING RD
Henrico, VA 23228

Building Location:

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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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: 5

Key Location: SEC.DSK.=CALL MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 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**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1993**Key Location:** CHURCH OFFICE**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SANDSTON 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

Code in Effect: 1990

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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 September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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 September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

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**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1965**Key Location:** TOP FL. OFFICE**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTPORT REHAB AND NURSING CTR.
ATTN: ROBERT REECE
7300 FOREST AVE
RICHMOND, VA 23226

Building Location:

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

Phone: (804) 287-8600

Email: rrobert@westporthc.com

Elevator Location ID: ELVLOC-2001-00726**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1960**Key Location:** MAINT. SHOP**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTPORT REHAB AND NURSING CTR.
ATTN: ROBERT REECE
7300 FOREST AVE
RICHMOND, VA 23226

Building Location:

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

Phone: (804) 287-8600

Email: rrobert@westporthc.com

Elevator Location ID: ELVLOC-2001-00726**Code in Effect:** 1960**Equipment Sequence:** 2**Key Location:** MAINT. SHOP**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTPORT REHAB AND NURSING CTR.
ATTN: ROBERT REECE
7300 FOREST AVE
RICHMOND, VA 23226

Building Location:

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

Phone: (804) 287-8600

Email: rrobert@westporthc.com

Elevator Location ID: ELVLOC-2001-00726**Code in Effect:** 2004**Equipment Sequence:** 3**Key Location:** MAINT. SHOP**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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**Code in Effect:** 1971**Key Location:** C.J.MEADE**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: 1971

Equipment Sequence: 3

Key Location: C.J.MEADE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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 September: 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:

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 September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 1

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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P.O. Box 90775

Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HENRICO DOCTORS HOSPITAL

ATTN: TROY BARBOUR

1602 SKIPWITH RD

RICHMOND, VA 23229

Building Location:

HENRICO DOCTORS HOSPITAL

1602 SKIPWITH RD

HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801**Code in Effect:** 1971**Equipment Sequence:** 2**Key Location:** ENG OFFICE - L-2**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 3

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 4

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 5

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 6

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 7

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 8

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1984

Equipment Sequence: 10

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1984

Equipment Sequence: 11

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1984

Equipment Sequence: 12

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1984

Equipment Sequence: 14

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801**Code in Effect:** 1984**Equipment Sequence:** 15**Key Location:** ENG OFFICE - L-2**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1993

Equipment Sequence: 17

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1993

Equipment Sequence: 18

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801**Code in Effect:** 1993/2010**Equipment Sequence:** 19**Key Location:** ENG OFFICE - L-2**Elevator Type:** Roped Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801**Code in Effect:** 2005**Equipment Sequence:** 21**Key Location:** ENG OFFICE - L-2**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801**Equipment Sequence:** 22**Elevator Type:** Electric Elevator**Code in Effect:** 2005**Key Location:** ENG OFFICE - L-2**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 2005

Equipment Sequence: 23

Key Location: ENG OFFICE - L-2

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801**Equipment Sequence:** 24**Elevator Type:** Electric Elevator**Code in Effect:** 2005**Key Location:** ENG OFFICE - L-2**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 2010

Equipment Sequence: 25

Key Location: ENG OFFICE - L-2

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801**Code in Effect:** 2010**Equipment Sequence:** 26**Key Location:** ENG OFFICE - L-2**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 289-4554

Email: TROYBARBOUR@HCAHEALTHCARE.

Elevator Location ID: ELVLOC-2001-00802**Code in Effect:** 1984**Equipment Sequence:** 1**Key Location:** ENGR. OFFICE - L-2**Elevator Type:** Hydraulic Elevator**Alarm Status:** Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 289-4554

Email: TROYBARBOUR@HCAHEALTHCARE.

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

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

Building Location:

PROFESSIONAL BUILDING
7605 FOREST AVE #102
HENRICO, VA 23229

Phone: (804) 967-5449

Email: melissa.page@cbre.com

Elevator Location ID: ELVLOC-2001-00803**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1984/2009**Key Location:** ENGR. OFFICE - L-2**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

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

Building Location:

PROFESSIONAL BUILDING
7605 FOREST AVE #102
HENRICO, VA 23229

Phone: (804) 967-5449

Email: melissa.page@cbre.com

Elevator Location ID: ELVLOC-2001-00803**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1984/2009/2010**Key Location:** ENGR. OFFICE - L-2**Alarm Status:** Not Alarmed**Inspections for September: 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:

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**Code in Effect:** 1984/2009/2010**Key Location:** ENGR. OFFICE - L-2**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THREE CHOPT PRESBYTERIAN CH
ATTN: ROBERT LOCKARD
9315 THREE CHOPT RD
HENRICO, VA 23229

Building Location:

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

Phone: (804) 337-7224

Email: hello@threechoptchurch.org

Elevator Location ID: ELVLOC-2001-00813

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for September: Periodic, Category 1

Code in Effect: 1987

Key Location: CHURCH OFFICE

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00816**Code in Effect:** 1987**Equipment Sequence:** 1**Key Location:** L-2 NEW PARKING DECK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00816**Code in Effect:** 1987**Equipment Sequence:** 2**Key Location:** L-2 NEW PARKING DECK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518

Email: cl@broadskymgmt.com

Elevator Location ID: ELVLOC-2001-00819

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Code in Effect:

Key Location: MGT. OFFICE

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Code in Effect:****Key Location:** MGT. OFFICE**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518

Email: cl@broadskymgmt.com

Elevator Location ID: ELVLOC-2001-00819

Equipment Sequence: 3

Elevator Type: Hydraulic Elevator

Code in Effect:

Key Location: MGT. OFFICE

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Equipment Sequence: 4

Elevator Type: Hydraulic Elevator

Code in Effect:

Key Location: MGT. OFFICE

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Equipment Sequence: 5

Elevator Type: Escalator

Inspections for September: Periodic

Code in Effect:

Key Location: MGT. OFFICE

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Equipment Sequence: 6

Elevator Type: Escalator

Inspections for September: Periodic

Code in Effect:

Key Location: MGT. OFFICE

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Department of Building Construction and Inspections

P.O. Box 90775

Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

J. C. PENNEY COMPANY, INC.
ATTN: CHRIS LILLY
2800 PATTERSON AVE STE 200
Richmond, VA 23221

Building Location:

J. C. 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**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1965**Key Location:** FIRE BOX @ DOOR**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

DERBYSHIRE BAPTIST CHURCH
8800 DERBYSHIRE RD
HENRICO, VA 23229

Phone: (804) 740-7238

Email: jfielden@DBCRICHMOND.ORG

Elevator Location ID: ELVLOC-2001-00824

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MAIN OFFICE/KEYBOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

GROVE AVENUE BAPTIST CHURCH
8701 RIDGE RD
HENRICO, VA 23229

Phone: (804) 301-4130

Email: joy.hughes@groveave.com

Elevator Location ID: ELVLOC-2001-00832

Code in Effect: 1993

Equipment Sequence: 1

Key Location: SEE MAINT

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

GROVE AVENUE BAPTIST CHURCH
8701 RIDGE RD
HENRICO, VA 23229

Phone: (804) 301-4130

Email: joy.hughes@groveave.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ST. JOSEPH'S VILLA
ATTN: WILLIAM MCDOWALL
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: wmcdowall@sjvmail.net**Elevator Location ID:** ELVLOC-2001-00839**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1921**Key Location:** RECPT DESK**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303

Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840

Code in Effect: 1987

Equipment Sequence: 1

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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:** 2**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1987**Key Location:** ENGR.OFF. BLDG. B**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: 3

Elevator Type: Electric Elevator

Code in Effect: 1987/2010

Key Location: ENGR.OFF. BLDG. B

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 / 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

Code in Effect: 1987/2010

Key Location: ENGR.OFF. BLDG. B

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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**Code in Effect:** 1987/2010**Key Location:** ENGR.OFF. BLDG. B**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303

Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840

Code in Effect: 1987/2010

Equipment Sequence: 6

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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: 7

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:** 8**Elevator Type:** Electric Elevator**Code in Effect:** 1987/2010**Key Location:** ENGR.OFF. BLDG. B**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

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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: 9

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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: 1987/2010

Equipment Sequence: 10

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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**Equipment Sequence:** 11**Elevator Type:** Electric Elevator**Code in Effect:** 1987/2010**Key Location:** ENGR.OFF. BLDG. B**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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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:** 12**Key Location:** ENGR.OFF. BLDG. B**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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**Code in Effect:** 1987**Key Location:** ENGR.OFF. BLDG. B**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8011 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303

Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840**Equipment Sequence:** 14**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1987**Key Location:** ENGR.OFF. BLDG. B**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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: 2000

Equipment Sequence: 17

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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

Building Location:

HOLIDAY INN EXPRESS
9933 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 934-9300

Email: stan.webb@dalyseven.com

Elevator Location ID: ELVLOC-2001-00854

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COLLIERS INTERNATIONAL
ATTN: MIKE JAMES
2221 Edward Holland Drive Suite 600
RICHMOND, VA 23230

Building Location:

NEW YORK LIFE
4435 WATERFRONT DR
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: mike.james@colliers.com

Elevator Location ID: ELVLOC-2001-00901**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1984/2010**Key Location:** BRK.GL.BOX**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COLLIERS INTERNATIONAL
ATTN: MIKE JAMES
2221 Edward Holland Drive Suite 600
RICHMOND, VA 23230

Building Location:

NEW YORK LIFE
4435 WATERFRONT DR
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: mike.james@colliers.com

Elevator Location ID: ELVLOC-2001-00901**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1984/2010**Key Location:** BRK.GL.BOX**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (510) 723-8506

Email: maintenanceinvoices@tailoredbran

Elevator Location ID: ELVLOC-2001-00915

Code in Effect: 1971

Equipment Sequence: 1

Key Location: 2ND.FL.= MR.SALAZAR

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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@commonwealthcommercial.com

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 September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WILTON PROPERTIES, INC
ATTN: JIMMY FITCH
P.O. BOX 6895
RICHMOND, VA 23230

Building Location:

ATAK - EAGLE BUILDING
4191 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 237-1370

Email: jimmy@tehwiltonco.com

Elevator Location ID: ELVLOC-2001-00917

Code in Effect: 1984

Equipment Sequence: 1

Key Location: ROOM 101

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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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**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920

Code in Effect: 1971

Equipment Sequence: 1

Key Location: MAINTENANCE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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**County of Henrico, Virginia**

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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: 1971

Equipment Sequence: 2

Key Location: MAINTENANCE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920

Equipment Sequence: 3

Elevator Type: Hydraulic Elevator

Code in Effect: 1971

Key Location: MAINTENANCE

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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**Code in Effect:** 1971**Key Location:** MAINTENANCE**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920**Equipment Sequence:** 5**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1971**Key Location:** MAINTENANCE**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920

Equipment Sequence: 6

Elevator Type: Hydraulic Elevator

Code in Effect: 1993

Key Location: MAINTENANCE

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

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:** 7**Elevator Type:** Hydraulic Elevator**Code in Effect:** 2000**Key Location:** MAINTENANCE**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920**Equipment Sequence:** 8**Elevator Type:** Hydraulic Elevator**Code in Effect:** 2000**Key Location:** MAINTENANCE**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920

Equipment Sequence: 9

Elevator Type: Electric Elevator

Code in Effect: 2010

Key Location: MAINTENANCE

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org**Elevator Location ID:** ELVLOC-2001-00920**Equipment Sequence:** 10**Elevator Type:** Electric Elevator**Code in Effect:** 2010**Key Location:** MAINTENANCE**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920

Equipment Sequence: 11

Elevator Type: Electric Elevator

Code in Effect: 2010

Key Location: MAINTENANCE

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HIGHWOODS PROPERTIES
ATTN: MONIQUE DOUCETTE
4991 Lake Brook Dr
SUITE G90
GLEN ALLEN, VA 23060

Building Location:

4900 BUILDING
4900 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: monique.doucette@highwoods.com

Elevator Location ID: ELVLOC-2001-00936**Code in Effect:** 1981**Equipment Sequence:** 1**Key Location:** BOX ON WALL**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

BRANDYWINE REALTY TRUST
ATTN: AMANDA TYSON
300 ARBORETUM PL SUITE 330
RICHMOND, VA 23236

Building Location:

LAKE BROOK OFFICE BLDG.
4805 LAKE BROOK DR
GLEN ALLEN, VA 23060

Phone: (804) 521-1831

Email: amanda.tyson@bonreit.com

Elevator Location ID: ELVLOC-2001-00949**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** MAINT. SHOP**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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:** 1**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1993**Key Location:** RECPT.DSK.\CALLMAINT**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Code in Effect: 1993

Key Location: RECPT.DSK.\CALLMAINT

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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**Code in Effect:** 1993**Key Location:** RECPT.DSK.\CALLMAINT**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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**Code in Effect:** 2010**Key Location:** RECPT.DSK.\CALLMAINT**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HIGHWOODS PROPERTIES
ATTN: MONIQUE DOUCETTE
4991 Lake Brook Dr
SUITE G90
GLEN ALLEN, VA 23060

Building Location:

HIGHWOODS COMMONS
5101 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: monique.doucette@highwoods.com

Elevator Location ID: ELVLOC-2001-00984

Code in Effect: 1993

Equipment Sequence: 1

Key Location: LOCK BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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:

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

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (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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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:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@bpretail.com

Elevator Location ID: ELVLOC-2003-01055**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:****Elevator Type:** Escalator**Alarm Status:****Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

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Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@bpretail.com

Elevator Location ID: ELVLOC-2003-01055

Code in Effect: 1993

Equipment Sequence: 2

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: 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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11800 W. BROAD ST.
RICHMOND, VA. , VA 23233

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@bpretail.com

Elevator Location ID: ELVLOC-2003-01055

Code in Effect: 1993

Equipment Sequence: 3

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: 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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ATTN: RICHARD BARLOW
11800 W. BROAD ST.
RICHMOND, VA. , VA 23233

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@bpretail.com

Elevator Location ID: ELVLOC-2003-01055**Code in Effect:** 1993**Equipment Sequence:** 4**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (281) 841-6125

Email: gbowden@phahou.com

Elevator Location ID: ELVLOC-2003-01061**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** STORE MAINT.**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

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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

Code in Effect: 1993

Equipment Sequence: 2

Key Location: STORE MAINT.

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for September: 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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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: 3

Key Location: STORE MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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): _____

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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:** 4**Key Location:** STORE MAINT.**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: 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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P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (732) 734-3436

Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** SERV. DESK**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for September: 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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**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (732) 734-3436

Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** SERV. DESK**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for September: 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:

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

Building Location:

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

Phone: (732) 734-3436

Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Code in Effect:** 1993**Key Location:** SERV. DESK**Alarm Status:** Not Alarmed**Inspections for September: 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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Owner / Agent:

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

Building Location:

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

Phone: (732) 734-3436

Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064**Code in Effect:** 1993**Equipment Sequence:** 4**Key Location:** SERV. DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: 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:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

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

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: 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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11800 W BROAD ST
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Building Location:

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11800 W BROAD ST
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Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068**Code in Effect:** 1993**Equipment Sequence:** 3**Key Location:****Elevator Type:** Escalator**Alarm Status:****Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

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

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11800 W BROAD ST
HENRICO, VA 23233

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 4

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: 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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11800 W BROAD ST
HENRICO, VA 23233

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 4

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068**Code in Effect:** 1993**Equipment Sequence:** 5**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993/2013

Equipment Sequence: 5

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: 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:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 6

Key Location:

Elevator Type: Escalator

Alarm Status:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 6

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 7

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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11800 W BROAD ST
HENRICO, VA 23233

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068**Code in Effect:** 1993**Equipment Sequence:** 7**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 8

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 8

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: 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:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 9

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 9

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 2009

Equipment Sequence: 10

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 10

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 11

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: 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:

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

Building Location:

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

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 12

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 360-2600

Email: fbasil@shadygroveumc.net

Elevator Location ID: ELVLOC-2003-01071

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Code in Effect: 1993

Key Location: CHURCH OFFICE

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (314) 441-3983

Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** DESK**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Department of Building Construction and Inspections

P.O. Box 90775

Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (314) 441-3983

Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** DESK**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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Henrico, VA 23273-0775

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Owner / Agent:

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600 EMERSON RD, SUITE 225
ST LOUIS, MO 63141

Building Location:

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

Phone: (314) 441-3983

Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072**Code in Effect:** 1993**Equipment Sequence:** 3**Key Location:** DESK**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:

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

Building Location:

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

Phone: (314) 441-3983

Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072

Code in Effect: 1993

Equipment Sequence: 4

Key Location: DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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:

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 September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (847) 239-6791

Email: tstenton@crateandbarrel.com

Elevator Location ID: ELVLOC-2003-01082

Code in Effect: 1993

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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:

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 September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:

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

Building Location:

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

Phone: (847) 239-6791

Email: tstenton@crateandbarrel.com**Elevator Location ID:** ELVLOC-2003-01082**Equipment Sequence:** 3**Elevator Type:** Escalator**Code in Effect:** 1993**Key Location:** OFFICE**Alarm Status:** Not Alarmed**Inspections for September: 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:

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:** 4**Key Location:** OFFICE**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for September: 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:

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**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Inspections for September: Category 1, Periodic****Code in Effect:** 1993**Key Location:** ADMINISTRATOR**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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P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SHORT PUMP SIMPLY STORAGE
ATTN: TERRY SMIT
4475 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:

SHORT PUMP SIMPLY STORAGE
4475 POUNCEY TRACT RD
RICHMOND, VA 23235

Phone: (804) 360-7920

Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MGR. OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: 2

Key Location: MGR. OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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:

SHORT PUMP SIMPLY STORAGE
ATTN: TERRY SMIT
4475 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:

SHORT PUMP SIMPLY STORAGE
4475 POUNCEY TRACT RD
RICHMOND, VA 23235

Phone: (804) 360-7920

Email: shortpump@simplystorage.com**Elevator Location ID:** ELVLOC-2003-01109**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Code in Effect:** 2010**Key Location:** MGR. OFFICE**Alarm Status:** Not Alarmed**Inspections for September: 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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ATTN: TERRY SMIT
4475 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:

SHORT PUMP SIMPLY STORAGE
4475 POUNCEY TRACT RD
RICHMOND, VA 23235

Phone: (804) 360-7920

Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109

Code in Effect: 2010

Equipment Sequence: 4

Key Location: MGR. OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: 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.

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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:

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 September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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 September: Periodic**

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

Inspector Name (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:

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 September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

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:

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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

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:

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 September: Periodic

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

Inspector Name (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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P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

BROWN DISTRIBUTING COMPANY
ATTN: JASON SPENCER
7986 VILLA PARK DRIVE
HENRICO, VA 23228

Building Location:

BROWN DISTRIBUTING CO
7986 VILLA PARK DR
HENRICO, VA 23228-6506

Phone: (804) 553-1520

Email: jason.spencer@brown.com

Elevator Location ID: ELVLOC-2007-01272

Code in Effect: 2000

Equipment Sequence: 1

Key Location: ROOM 126

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Code in Effect: 2000

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Code in Effect: 2000

Key Location: FRONT DESK

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FOREST AVENUE OFFICE LLC
ATTN: LISA HARRIS
6641 W BROAD ST SUITE 100
HENRICO, VA 23230

Building Location:

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

Phone: (804) 267-3636

Email: service@reydev.com

Elevator Location ID: ELVLOC-2007-01302

Code in Effect: 2000

Equipment Sequence: 1

Key Location: FIRE COMMAND CTR.

Elevator Type: Electric Elevator

Alarm Status: Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FOREST AVENUE OFFICE LLC
ATTN: LISA HARRIS
6641 W BROAD ST SUITE 100
HENRICO, VA 23230

Building Location:

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

Phone: (804) 267-3636

Email: service@reydev.com

Elevator Location ID: ELVLOC-2007-01302**Code in Effect:** 2000**Equipment Sequence:** 2**Key Location:** FIRE COMMAND CTR.**Elevator Type:** Electric Elevator**Alarm Status:** Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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P.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: LISA HARRIS
6641 W BROAD ST SUITE 100
HENRICO, VA 23230

Building Location:

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

Phone: (804) 267-3636

Email: service@reydev.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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FOREST AVENUE OFFICE LLC
ATTN: LISA HARRIS
6641 W BROAD ST SUITE 100
HENRICO, VA 23230

Building Location:

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

Phone: (804) 267-3636

Email: service@reydev.com

Elevator Location ID: ELVLOC-2007-01302**Equipment Sequence:** 4**Elevator Type:** Electric Elevator**Code in Effect:** 2000**Key Location:** FIRE COMMAND CTR.**Alarm Status:** Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CANDLEWOOD SUITES
ATTN: PAYYAB ALI
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Building Location:

CANDLEWOOD SUITES
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Phone: (804) 262-2240

Email:

Elevator Location ID: ELVLOC-2008-01310

Code in Effect: 2000

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CANDLEWOOD SUITES
ATTN: PAYYAB ALI
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Building Location:

CANDLEWOOD SUITES
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Phone: (804) 262-2240

Email:

Elevator Location ID: ELVLOC-2008-01310

Code in Effect: 2000

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HART HEALTHCARE FOREST MOB
ATTN: WES NEWCOME
1802 BAYBERRY CT SUITE 201
RICHMOND, VA 23226

Building Location:

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

Phone: (276) 237-4298

Email: wes.newcome@cbre.com

Elevator Location ID: ELVLOC-2008-01361**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Code in Effect:** 2000**Key Location:** FIRE BOX @SOUTH DOOR**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HART HEALTHCARE FOREST MOB
ATTN: WES NEWCOME
1802 BAYBERRY CT SUITE 201
RICHMOND, VA 23226

Building Location:

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

Phone: (276) 237-4298

Email: wes.newcome@cbre.com

Elevator Location ID: ELVLOC-2008-01361**Equipment Sequence:** 2**Elevator Type:** Hydraulic Elevator**Code in Effect:** 2000**Key Location:** FIRE BOX @SOUTH DOOR**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HART HEALTHCARE FOREST MOB
ATTN: WES NEWCOME
1802 BAYBERRY CT SUITE 201
RICHMOND, VA 23226

Building Location:

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

Phone: (276) 237-4298

Email: wes.newcome@cbre.com

Elevator Location ID: ELVLOC-2008-01361**Equipment Sequence:** 3**Elevator Type:** Hydraulic Elevator**Code in Effect:** 2000**Key Location:** FIRE BOX @SOUTH DOOR**Alarm Status:** Not Alarmed**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HAMPTON INN INTERNATIONAL AIRPORT
421 INTERNATIONAL CENTRE DR
SANDSTON, VA 23150

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01369

Code in Effect: 2004/5

Equipment Sequence: 1

Key Location: FRT. DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

HAMPTON INN INTERNATIONAL AIRPORT
421 INTERNATIONAL CENTRE DR
SANDSTON, VA 23150

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01369

Code in Effect: 2004/5

Equipment Sequence: 2

Key Location: FRT. DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

MOUNT VERNON BAPTIST CHURCH
ATTN: TED MILBY
11220 NUCKOLS RD
GLEN ALLEN, VA 23059-5501

Building Location:

MOUNT VERNON BAPTIST CHURCH
11220 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 885-9790

Email: tmilby@mvbcnow.org**Elevator Location ID:** ELVLOC-2009-01418**Code in Effect:** 2004**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

MOUNT VERNON BAPTIST CHURCH
ATTN: TED MILBY
11220 NUCKOLS RD
GLEN ALLEN, VA 23059-5501

Building Location:

MOUNT VERNON BAPTIST CHURCH
11220 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 885-9790

Email: tmilby@mvbcnow.org**Elevator Location ID:** ELVLOC-2009-01418**Code in Effect:** 2010**Equipment Sequence:** 2**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: ezim2us.costinvoice@hm.com

Elevator Location ID: ELVLOC-2011-01487**Code in Effect:** 2004/2005**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**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:

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**Code in Effect:** 2005**Key Location:** BLDG. ENGR.**Alarm Status:** Not Alarmed**Inspections for September: Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE RMR GROUP
ATTN: LINDA PRICE
1950 E PARHAM RD STE 200
HENRICO, VA 23228

Building Location:

PARHAM PLACE III
1950 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 527-0718

Email: lprice@rmrgroup.com

Elevator Location ID: ELVLOC-2012-01574**Code in Effect:** 2005**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

MONUMENT SQUARE CLUBHOUSE
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2012-01576

Code in Effect: 2005

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: dweihe@discoveryvillages.com

Elevator Location ID: ELVLOC-2012-01586**Equipment Sequence:** 1**Elevator Type:** Hydraulic Elevator**Code in Effect:** 2005**Key Location:** desk**Alarm Status:** alarm**Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: dweihe@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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: jbates@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 September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

TUCKAHOE PRESBYTERIAN
ATTN: Bob Lacey
7000 PARK AVE
RICHMOND, VA 23226

Building Location:

TUCKAHOE PRESBYTERIAN
7000 PARK AVE
HENRICO, VA 23226

Phone: (804) 282-2860

Email: office@tuckahoe-pres.org

Elevator Location ID: ELVLOC-2013-01656

Code in Effect: 2007

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

MONUMENT SQUARE 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 September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ROCK BOTTOM BREWERY
ATTN: RICHARD BARLOW
11800 W. BROAD ST.
RICHMOND, VA. , VA 23233

Building Location:

ROCK BOTTOM BREWERY
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@bpretail.com

Elevator Location ID: ELVLOC-2014-01677

Code in Effect: 2009

Equipment Sequence: 1

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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 September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**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:

CABELA'S
ATTN: REGINA TURNER
5000 CABELA DR
HENRICO, VA 23233

Building Location:

CABELA'S
5000 CABELA DR
HENRICO, VA 23233-7601

Phone: (804) 340-7350

Email: regina.turner@cabelas.com

Elevator Location ID: ELVLOC-2015-01752

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CHASE BANK
ATTN: JENNIFER SHANKO
11720 W BROAD ST
HENRICO, VA 23233

Building Location:

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

Phone: (202) 437-6133

Email: jennifer.shanko@jpmchase.com

Elevator Location ID: ELVLOC-2016-01771

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COMMONWEALTH COMMERCIAL
ATTN: Stacy Delgado
PO Box 71150
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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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 September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**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
ATTN: MELISSA PAGE
7650 E PARHAM RD STE 225
HENRICO, VA 23294

Building Location:

SARAH CANNON CANCER INSTITUTE
7607 FOREST AVE
HENRICO, VA 23229

Phone: (804) 967-5447

Email: melissa.page@cbre.com

Elevator Location ID: ELVLOC-2017-01828

Code in Effect: 2010

Equipment Sequence: 2

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**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 COMPANIES, INC
ATTN: JIMMY FITCH
P.O. 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 September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

EXTRA SPACE STORAGE
ATTN: JOSEPH LEWIS
1790 DABNEY ROAD
RICHMOND, VA 23230

Building Location:

EXTRA SPACE STORAGE
1790 DABNEY RD
HENRICO, VA 23230

Phone: (804) 767-4411

Email: fac7338@extraspace.com

Elevator Location ID: ELVLOC-2018-01924

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

EXTRA SPACE STORAGE
ATTN: JOSEPH LEWIS
1790 DABNEY ROAD
RICHMOND, VA 23230

Building Location:

EXTRA SPACE STORAGE
1790 DABNEY RD
HENRICO, VA 23230

Phone: (804) 767-4411

Email: fac7338@extraspace.com

Elevator Location ID: ELVLOC-2018-01924

Code in Effect: 2010

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

LAKEWOOD MANOR - ORCHARD BLD.
1970 LAUDERDALE DR
HENRICO, VA 23238-3941

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2018-01979**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2018-01980

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

TOP GOLF RICHMOND
ATTN: DAVID HORTON
2308 WESTWOOD AVE
RICHMOND, VA 23230

Building Location:

TOP GOLF
2308 WESTWOOD AVE
HENRICO, VA 23230

Phone: (804) 533-4124

Email: david.horton@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 September: Periodic, Category 5, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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:

TOP GOLF RICHMOND
ATTN: DAVID HORTON
2308 WESTWOOD AVE
RICHMOND, VA 23230

Building Location:

TOP GOLF
2308 WESTWOOD AVE
HENRICO, VA 23230

Phone: (804) 533-4124

Email: david.horton@topgolf.com

Elevator Location ID: ELVLOC-2019-02005

Code in Effect: 20109

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for September: Periodic, Category 1, Category 5

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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 September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

RAILEY HILL ASSOCIATES LLC
ATTN: ALEX IWASHNYA
2610 GASKINS RD #B
HENRICO, VA 23233

Building Location:

DR IWASHNYA
2610 GASKINS RD #B
HENRICO, VA 23233

Phone: (804) 548-4700

Email: help@acornpeds.com

Elevator Location ID: ELVLOC-2020-02153

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

5711 STAPLES MILL LLC
ATTN: JOANNE SILVERMAN
5711 STAPLES MILL RD
HENRICO, VA 23228

Building Location:

FETCH A CURE
5711 STAPLES MILL RD
HENRICO, VA 23228

Phone: (804) 525-2193

Email: joanne@fetchacure.com

Elevator Location ID: ELVLOC-2022-000028

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for September: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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 September: Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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P.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 PROPERTIES
ATTN: JILL WALL
9030 STONY POINT PKWY, STE 540
C/O COMMONWEALTH PROPERTIES LLC
Richmond, VA 23235

Building Location:

3500 WEST VIEW APTS
3500 COX RD
HENRICO, VA 23233

Phone: (804) 327-9500

Email: jwall@cwprop.com

Elevator Location ID: ELVLOC-2023-000060

Code in Effect: 2016

Equipment Sequence: 2

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COMMONWEALTH PROPERTIES
ATTN: JILL WALL
9030 STONY POINT PKWY, STE 540
C/O COMMONWEALTH PROPERTIES LLC
Richmond, VA 23235

Building Location:

3500 WEST VIEW APTS
3500 COX RD
HENRICO, VA 23233

Phone: (804) 327-9500

Email: jwall@cwprop.com

Elevator Location ID: ELVLOC-2023-000060

Code in Effect: 2016

Equipment Sequence: 3

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for September: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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P.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 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: 4

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for September: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Westminster Canterbury Corp
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

Westminster Canterbury - Village #3-B
1310 VILLAGE BEND RD
HENRICO, VA 23227-3323

Phone: (804) 264-6000

Email: tgross@wcrichmond.org**Elevator Location ID:** ELVLOC-2024-000015**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY - VILLAGE #4-B
1330 VILLAGE BEND RD
HENRICO, VA 23227-3323

Phone: (804) 264-6000

Email: tgross@wcrichmond.org**Elevator Location ID:** ELVLOC-2024-000016**Code in Effect:** 2013**Equipment Sequence:** 1**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for September: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us