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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FREEDOM OUTDOORS
ATTN: PHILIP KEY
6020 WEST BROAD ST
RICHMOND, VA 23230

Building Location:
FREEEDOM OUTDOORS
6020 W BROAD ST
HENRICO, VA 23230

Phone: (757) 724-0845
Email: PKEY@FREEDOMOUTDOORS.US

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: _____

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

Building Location:
GENWORTH FINANCIAL BLDG. 4
0 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:	1	**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: _____

Inspection / Test Results
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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
0 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: _____

Inspection / Test Results
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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
0 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: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

Building Location:
VG COMMERCE PLAZA
2809 EMERYWOOD PKWY
HENRICO, VA 23294

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: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

Building Location:
VG COMMERCE PLAZA
2809 EMERYWOOD PKWY
HENRICO, VA 23294

Elevator Location ID:	ELVLOC-2001-00227	**Code in Effect:**	1981
Equipment Sequence:	2	**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: _____

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

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

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

Elevator Location ID:	ELVLOC-2001-00240	**Code in Effect:**	1984
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:
DIAMOND HOTEL LLC
ATTN: DIANN DICKENSON
8008 W BROAD ST
HENRICO, VA 23294

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

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

Elevator Location ID:	ELVLOC-2001-00240	**Code in Effect:**	1984
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: _____

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

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

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

Elevator Location ID:	ELVLOC-2001-00240	**Code in Effect:**	1984
Equipment Sequence:	3	**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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00251	**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: _____

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

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

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

Elevator Location ID:	ELVLOC-2001-00251	**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: _____

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

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

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

Elevator Location ID:	ELVLOC-2001-00251	**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: _____

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:
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: _____

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TWIN HORSE PLACE
8814 FARGO RD
HENRICO, VA 23229

Phone: (804) 282-3131
Email: smosley@joinpeakpm.com

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ROBINS INSURANCY AGENCY
ATTN: Michael Caldwell
2800 PARHAM RD
HENRICO, VA 23294

Building Location:
ROBINS INSURANCY AGENCY
2800 N PARHAM RD
HENRICO, VA 23294

Phone: (804) 747-1281
Email: mcaldwell@commonwealthcommer

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: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RANGE COMMERCIAL PROPERTIES
ATTN: TRACI PARSLEY
PO BOX 13470
RICHMOND, VA 23225

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

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

Elevator Location ID: ELVLOC-2001-00381
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Code in Effect: 1978
Key Location: RM 104 - KEY#52219
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
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RANGE COMMERCIAL PROPERTIES
ATTN: TRACI PARSLEY
PO BOX 13470
RICHMOND, VA 23225

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

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

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: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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: ctribble@pscpower.com

Elevator Location ID:	ELVLOC-2001-00409	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	FRONT 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: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CUSHMAN & WAKEFIELD
ATTN: Robert Mazzucco
3011 Hungary Spring Rd.
Henrico, VA 23228

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

Phone: (804) 337-7193
Email: robert.mazzucco@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: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
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Building Location:
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3011 HUNGARY SPRING RD
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Phone: (804) 337-7193
Email: robert.mazzucco@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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Building Location:
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HENRICO, VA 23228

Phone: (804) 337-7193
Email: robert.mazzucco@verizon.com

Elevator Location ID:	ELVLOC-2001-00576	**Code in Effect:**	1971/1984/2013
Equipment Sequence:	3	**Key Location:**	SEC.DSK.=CALL MAINT.
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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 23228

Phone: (804) 337-7193
Email: robert.mazzucco@verizon.com

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

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: _____

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Henrico, VA 23228

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

Phone: (804) 337-7193
Email: robert.mazzucco@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
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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

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

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

Elevator Location ID:	ELVLOC-2001-00602	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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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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
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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:
MONDELEZ GLOBAL LLC
ATTN: Donte Jones
6002 S Laburnum Ave
Henrico, VA 23231

Phone: (804) 362-1100
Email: donte.jones@mdlz.com

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

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: _____

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MONDELEZ GLOBAL LLC
ATTN: Donte Jones
6002 S Laburnum Ave
Henrico, VA 23231

Phone: (804) 362-1100
Email: donte.jones@mdlz.com

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

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: _____

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ATTN: Donte Jones
6002 S Laburnum Ave
Henrico, VA 23231

Phone: (804) 362-1100
Email: donte.jones@mdlz.com

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

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: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTPORT REHAB AND NURSING CTR
ATTN: ZACHARY SIMS
400 BOULEVARD OF AMERICAS, STE 401
LAKEWOOD, NJ 08701

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

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

Elevator Location ID:	ELVLOC-2001-00726	**Code in Effect:**	1960
Equipment Sequence:	1	**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: _____

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Owner / Agent:
WESTPORT REHAB AND NURSING CTR
ATTN: ZACHARY SIMS
400 BOULEVARD OF AMERICAS, STE 401
LAKEWOOD, NJ 08701

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

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

Elevator Location ID:	ELVLOC-2001-00726	**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: _____

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ATTN: ZACHARY SIMS
400 BOULEVARD OF AMERICAS, STE 401
LAKEWOOD, NJ 08701

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

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

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: _____

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00790	**Code in Effect:**	1971
Equipment Sequence:	1	**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: _____

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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:	2	**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
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_____

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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: _____

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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
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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:
LILLIBRIDGE HEALTHCARE SERVICES INC.
ATTN: KAREN ANDERSON
8220 MEADOWBRIDGE RD, STE 311
MECHANICSVILLE, VA 23116

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

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

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: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: MELISSA PAGE
7650 E PARHAM RD, STE 225
HENRICO, VA 23294

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: MELISSA PAGE
7650 E PARHAM RD, STE 225
HENRICO, VA 23294

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

Phone: (804) 967-5449
Email: melissa.page@cbfr.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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Phone: (804) 967-5449
Email: melissa.page@cbfr.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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1602 SKIPWITH RD
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Email: melissa.page@cbfr.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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Building Location:
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1602 SKIPWITH RD
HENRICO, VA 23229

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
Please use a separate sheet for each elevator

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1602 SKIPWITH RD
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Phone: (804) 967-5449
Email: melissa.page@cbfr.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

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HENRICO, VA 23229

Phone: (804) 967-5449
Email: melissa.page@cbfr.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
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Building Location:
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1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 967-5449
Email: melissa.page@cbfr.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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HENRICO, VA 23229

Phone: (804) 967-5449
Email: melissa.page@cbfr.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
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Phone: (804) 967-5449
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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: _____

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

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

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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ATTN: MELISSA PAGE
7650 E PARHAM RD, STE 225
HENRICO, VA 23294

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

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

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: _____

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Phone: (804) 967-5449
Email: melissa.page@cbfr.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: _____

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Phone: (804) 967-5449
Email: melissa.page@cbfr.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: _____

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Phone: (804) 967-5449
Email: melissa.page@cbfr.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: _____

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Please use a separate sheet for each elevator

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Phone: (804) 967-5449
Email: melissa.page@cbfr.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: _____

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Phone: (804) 967-5449
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Elevator Location ID:	ELVLOC-2001-00801	**Code in Effect:**	2005
Equipment Sequence:	21	**Key Location:**	ENG OFFICE - L-2
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed

Inspections for 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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Phone: (804) 967-5449
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Elevator Location ID:	ELVLOC-2001-00801	**Code in Effect:**	2005
Equipment Sequence:	22	**Key Location:**	ENG OFFICE - L-2
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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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Building Location:
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1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 967-5449
Email: melissa.page@cbfr.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: _____

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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: MELISSA PAGE
7650 E PARHAM RD, STE 225
HENRICO, VA 23294

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

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

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

Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: MELISSA PAGE
7650 E PARHAM RD, STE 225
HENRICO, VA 23294

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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ATTN: MELISSA PAGE
7650 E PARHAM RD, STE 225
HENRICO, VA 23294

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

Phone: (804) 967-5449
Email: melissa.page@cbfr.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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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Henrico, VA 23273-0775

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

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

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

Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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.gov

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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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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: 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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Building Location:
THREE CHOPT PRESBYTERIAN CHURCH
9315 THREE CHOPT RD
HENRICO, VA 23229

Elevator Location ID:	ELVLOC-2001-00813	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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:
HENRICO DOCTORS HOSPITAL
ATTN: MELISSA PAGE
7650 E PARHAM RD, STE 225
HENRICO, VA 23294

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

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

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Henrico, VA 23273-0775

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Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: MELISSA PAGE
7650 E PARHAM RD, STE 225
HENRICO, VA 23294

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

Phone: (804) 967-5449
Email: melissa.page@cbfr.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: _____

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00819	**Code in Effect:**	AINSI A17.1 - 1971
Equipment Sequence:	2	**Key Location:**	MGT. 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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00819	**Code in Effect:**	AINSI A17.1 - 1971
Equipment Sequence:	4	**Key Location:**	MGT. 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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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: AINSI A17.1 - 1971
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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: AINSI A17.1 - 1971
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Building Location:
JC PENNEY COMPANY, INC
1408 N PARHAM RD
HENRICO, VA 23229

Elevator Location ID:	ELVLOC-2001-00821	**Code in Effect:**	1965
Equipment Sequence:	2	**Key Location:**	FIRE BOX @ DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00824
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: PETE TEODORI
8701 RIDGE RD
HENRICO, VA 23229

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

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

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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00832	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SEE MAINT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00839	**Code in Effect:**	1921
Equipment Sequence:	1	**Key Location:**	RECPT 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

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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

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 1
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: _____

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Please use a separate sheet for each elevator

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Elevator Periodic Inspection and Test Report Form

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ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

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

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

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: _____

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8011 VILLA PARK DR
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for September: **Periodic**

Code in Effect: 1987/2010
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 5
Elevator Type: Electric Elevator
Inspections for September: **Periodic**

Code in Effect: 1987/2010
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 6
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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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 7
Elevator Type: Electric Elevator
Inspections for September: **Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

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

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

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

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8011 VILLA PARK DR
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 9
Elevator Type: Electric Elevator
Inspections for September: **Periodic**

Code in Effect: 1987/2010
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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

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8011 VILLA PARK DR
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 10
Elevator Type: Electric Elevator
Inspections for September: **Periodic**

Code in Effect: 1987/2010
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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8011 VILLA PARK DR
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 11
Elevator Type: Electric Elevator
Inspections for September: **Periodic**

Code in Effect: 1987/2010
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

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

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

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 12
Elevator Type: Electric Elevator
Inspections for September: **Periodic**

Code in Effect: 2018
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

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

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Elevator Periodic Inspection and Test Report Form

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ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 14
Elevator Type: Hydraulic Elevator
Inspections for September: **Periodic**

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

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

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

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

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8011 VILLA PARK DR
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 15
Elevator Type: Escalator
Inspections for September: **Periodic**

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

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

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

Inspection / Test Results
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ATTN: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 16
Elevator Type: Escalator
Inspections for September: **Periodic**

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

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

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

Inspection / Test Results
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: MELANDO (MOE) BROWN
8011 VILLA PARK DR
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 17
Elevator Type: Hydraulic Elevator
Code in Effect: 2000
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 934-9300
Email: katia.diaz@dalyseven.com

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

Elevator Location ID: ELVLOC-2001-00854
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Code in Effect: 1993
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

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

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 320-5500
Email: felicia.washington@colliers.com

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

Elevator Location ID:	ELVLOC-2001-00901	**Code in Effect:**	1984/2010
Equipment Sequence:	1	**Key Location:**	BRK.GL.BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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:
COLLIERS INTERNATIONAL
ATTN: FELICIA Washington
2221 EDWARD HOLLAND DRIVE, SUITE 600
RICHMOND, VA 23230

Phone: (804) 320-5500
Email: felicia.washington@colliers.com

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

Elevator Location ID:	ELVLOC-2001-00901	**Code in Effect:**	1984/2010
Equipment Sequence:	2	**Key Location:**	BRK.GL.BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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:
TAILORED BRANDS
ATTN: CHRISTOPHER HAMBY
5601 ARNOLD RD, STE 200
DUBLIN, CA 94568

Phone: (281) 776-6856
Email: repairs@tailoredbrands.com

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

Elevator Location ID: ELVLOC-2001-00915
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Code in Effect: 1971
Key Location: 2ND.FL.= MR.SALAZAR
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@commonwealthcommercia

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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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P.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:**	MAINTENCE
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00920	**Code in Effect:**	1971
Equipment Sequence:	2	**Key Location:**	MAINTENCE
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
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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:
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:	3	**Key Location:**	MAINTENCE
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:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

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

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

Elevator Location ID:	ELVLOC-2001-00920	**Code in Effect:**	1971
Equipment Sequence:	4	**Key Location:**	MAINTENCE
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00920	**Code in Effect:**	1971
Equipment Sequence:	5	**Key Location:**	MAINTENCE
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00920	**Code in Effect:**	1993
Equipment Sequence:	6	**Key Location:**	MAINTENCE
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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00920	**Code in Effect:**	2000
Equipment Sequence:	7	**Key Location:**	MAINTENCE
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:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

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

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

Elevator Location ID:	ELVLOC-2001-00920	**Code in Effect:**	2000
Equipment Sequence:	8	**Key Location:**	MAINTENCE
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:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

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

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

Elevator Location ID:	ELVLOC-2001-00920	**Code in Effect:**	2010
Equipment Sequence:	9	**Key Location:**	MAINTENCE
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00920	**Code in Effect:**	2010
Equipment Sequence:	10	**Key Location:**	MAINTENCE
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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00920	**Code in Effect:**	2010
Equipment Sequence:	11	**Key Location:**	MAINTENCE
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: LISA HARRIS
4991 LAKE BROOK DR, STE G90
GLEN ALLEN, VA 23060

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

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

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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00951	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	RECPT.DSK.\CALLMAINT
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.gov

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Building Location:
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13700 N GAYTON RD
HENRICO, VA 23233-7017

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

Elevator Location ID:	ELVLOC-2001-00951	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	RECPT.DSK.\CALLMAINT
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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Building Location:
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13700 N GAYTON RD
HENRICO, VA 23233-7017

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

Elevator Location ID:	ELVLOC-2001-00951	**Code in Effect:**	2010
Equipment Sequence:	4	**Key Location:**	RECPT.DSK.\CALLMAINT
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:
HIGHWOODS PROPERTIES
ATTN: LISA HARRIS
4991 LAKE BROOK DR, STE G90
GLEN ALLEN, VA 23060

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

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

Elevator Location ID: ELVLOC-2001-00984
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Code in Effect: 1993
Key Location: LOCK BOX
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:
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: _____

Inspection / Test Results
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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 23233

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

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

Elevator Location ID: ELVLOC-2003-01055
Code in Effect: 1993
Equipment Sequence: 1
Key Location:
Elevator Type: Escalator
Alarm Status:
Inspections for 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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NORDSTROM INC. / C/O TAX DEPT.
ATTN: RICHARD BARLOW
11800 W BROAD ST
RICHMOND , VA 23233

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

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

Elevator Location ID: ELVLOC-2003-01055
Code in Effect: 1993
Equipment Sequence: 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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RICHMOND , VA 23233

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

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

Elevator Location ID: ELVLOC-2003-01055
Code in Effect: 1993
Equipment Sequence: 3
Key Location:
Elevator Type: Hydraulic Elevator
Alarm Status:
Inspections for 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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RICHMOND , VA 23233

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

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

Elevator Location ID: ELVLOC-2003-01055
Code in Effect: 1993
Equipment Sequence: 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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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

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

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

Elevator Location ID: ELVLOC-2003-01061
Equipment Sequence: 1
Elevator Type: Escalator
Code in Effect: 1993
Key Location: STORE MAINT.
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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ATTN: G. BOWDEN
11621 SPRING CYPRUS RD. SUITE D
TOMBALL, TX 77377

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

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

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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TOMBALL, TX 77377

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

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

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): _____

Type of Inspection/Test Performed: _____

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TOMBALL, TX 77377

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

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

Elevator Location ID: ELVLOC-2003-01061
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Code in Effect: 1993
Key Location: STORE MAINT.
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: _____
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Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

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

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

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

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: _____

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237 WOODBRIDGE CENTER DR 3RD FL
WOODBRIDGE, NJ 07095

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

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

Elevator Location ID: ELVLOC-2003-01064
Equipment Sequence: 2
Elevator Type: Escalator
Code in Effect: 1993
Key Location: SERV. DESK
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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237 WOODBRIDGE CENTER DR 3RD FL
WOODBRIDGE, NJ 07095

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

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

Elevator Location ID:	ELVLOC-2003-01064	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	SERV. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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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Phone: (732) 734-3436
Email: vertical@macys.com

Building Location:
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11872 W BROAD ST
HENRICO, VA 23233-1064

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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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) 640-5763
Email: richard.barlow@ggp.com

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 1
Key Location: MAIN UP
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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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) 640-5763
Email: richard.barlow@ggp.com

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 1
Key Location: BLOCK 5 SVC
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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) 640-5763
Email: richard.barlow@ggp.com

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 2
Key Location: MAIN DOWN
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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Phone: (804) 640-5763
Email: richard.barlow@ggp.com

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 2
Key Location: BLOCK 5 PASS
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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Phone: (804) 640-5763
Email: richard.barlow@ggp.com

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 3
Key Location: YANKEE DOWN
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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HENRICO, VA 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 3
Key Location: BLOCK 1 SVC
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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Phone: (804) 640-5763
Email: richard.barlow@ggp.com

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 4
Key Location: YANKEE UP
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
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11800 W BROAD ST
HENRICO, VA 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 4
Key Location: CLUBHOUSE PASS
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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Email: richard.barlow@ggp.com

Elevator Location ID:	ELVLOC-2003-01068	**Code in Effect:**	1993/2013
Equipment Sequence:	5	**Key Location:**	MACYS DOWN
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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HENRICO, VA 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 5
Key Location: BLOCK 2 SVC
Elevator Type: Hydraulic Elevator
Alarm Status:
Inspections for September: Category 1, Periodic

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

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HENRICO, VA 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 6
Key Location: BLOCK 3 SVC
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
HENRICO, VA 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 6
Key Location: MACYS UP
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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Building Location:
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11800 W BROAD ST
HENRICO, VA 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 7
Key Location: CLUB DOWN
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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Building Location:
SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 7
Key Location: BLOCK 4 PASS
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 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 8
Key Location: CLUB UP
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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Building Location:
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11800 W BROAD ST
HENRICO, VA 23233-1005

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

Elevator Location ID:	ELVLOC-2003-01068	**Code in Effect:**	1993
Equipment Sequence:	8	**Key Location:**	BLOCK 4 SVC
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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Phone: (804) 640-5763
Email: richard.barlow@ggp.com

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 9
Key Location: BLOCK 6 SVC
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 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 9
Key Location: DILLARDS DOWN
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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Phone: (804) 640-5763
Email: richard.barlow@ggp.com

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 10
Key Location: DILLARDS UP
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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11800 W BROAD ST
HENRICO, VA 23233-1005

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

Elevator Location ID:	ELVLOC-2003-01068	**Code in Effect:**	2009
Equipment Sequence:	10	**Key Location:**	CLOCKTOWER
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 23233

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

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 11
Key Location: BUILD A BEAR DOWN
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
HENRICO, VA 23233-1005

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

Elevator Location ID: ELVLOC-2003-01068
Code in Effect: 1993
Equipment Sequence: 12
Key Location: BUILD A BEAR UP
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2003-01071	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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:
AMERICAN TESTING & INSPECTION SER
ATTN: ATIS CERTIFICATION MANAGEMENT
600 EMERSON RD, SUITE 225
ST LOUIS, MO 63141

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

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

Elevator Location ID: ELVLOC-2003-01072
Equipment Sequence: 1
Elevator Type: Escalator
Code in Effect: 1993
Key Location: DESK
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:
AMERICAN TESTING & INSPECTION SER
ATTN: ATIS CERTIFICATION MANAGEMENT
600 EMERSON RD, SUITE 225
ST LOUIS, MO 63141

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

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

Elevator Location ID: ELVLOC-2003-01072
Equipment Sequence: 2
Elevator Type: Escalator
Code in Effect: 1993
Key Location: DESK
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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ATTN: ATIS CERTIFICATION MANAGEMENT
600 EMERSON RD, SUITE 225
ST LOUIS, MO 63141

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

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

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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Please use a separate sheet for each elevator

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

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

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

Elevator Location ID: ELVLOC-2003-01072
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for September: **Periodic, Category 1**

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

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Phone: (415) 214-5747
Email: LNYLAND@WSGC.COM

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

Elevator Location ID: ELVLOC-2003-01081
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Code in Effect: 1993
Key Location:
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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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: _____

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

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

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

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

Elevator Location ID:	ELVLOC-2003-01082	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	OFFICE
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed

Inspections for 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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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: _____

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:
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: _____

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

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

Phone: (804) 360-7920
Email: shortpump@simplystorage.com

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

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

Phone: (804) 360-7920
Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109
Code in Effect: 2010
Equipment Sequence: 4
Key Location: MGR. OFFICE
Elevator Type: Hydraulic Elevator
Alarm Status: Not Alarmed
Inspections for 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:
LUXURA SPA
ATTN: RICHARD BARLOW
11800 W BROAD ST
HENRICO, VA 23233

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

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

Elevator Location ID: ELVLOC-2005-01167
Code in Effect: 1993
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

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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:
ZERO LATENCY VR - RICHMOND
ATTN: MORGAN COLONNA
11800 W BROAD ST, STE 1650
RICHMOND, VA 23233

Building Location:
ZERO LATENCY VR - RICHMOND
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (336) 416-6161
Email: owner@zerolatencyrva.com

Elevator Location ID: ELVLOC-2005-01177
Code in Effect: 1993
Equipment Sequence: 1
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: _____

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:
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: _____

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DARBY HOUSE SENIOR APTS
ATTN: SAMANTHA JESSUP
1400 SHIRLEYDALE AVE
HENRICO, VA 23231

Building Location:
DARBY HOUSE SENIOR APTS
1400 SHIRLEYDALE AVE
HENRICO, VA 23231

Phone: (804) 236-8382
Email: manager502@habitatamerica.com

Elevator Location ID:	ELVLOC-2006-01200	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	LOCKBOX ,FRONT OF BL
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LAKEWOOD - 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
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LAKEWOOD - 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
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LAKEWOOD - 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: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 553-1520
Email: jason.spencer@brown.com

Elevator Location ID: ELVLOC-2007-01272
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for September: **Periodic**

Code in Effect: 2000
Key Location: ROOM 126
Alarm Status: Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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:	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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FOREST AVENUE OFFICE LLC
ATTN: KATIE WELCH
800 W MADISON ST, STE 400
CHICAGO, IL 60607

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

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

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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FOREST AVENUE OFFICE LLC
ATTN: KATIE WELCH
800 W MADISON ST, STE 400
CHICAGO, IL 60607

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

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

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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FOREST AVENUE OFFICE LLC
ATTN: KATIE WELCH
800 W MADISON ST, STE 400
CHICAGO, IL 60607

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

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

Elevator Location ID:	ELVLOC-2007-01302	**Code in Effect:**	2000
Equipment Sequence:	3	**Key Location:**	FIRE COMMAND CTR.
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for 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
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FOREST AVENUE OFFICE LLC
ATTN: KATIE WELCH
800 W MADISON ST, STE 400
CHICAGO, IL 60607

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
CANDLEWOOD SUITES
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Phone: (804) 262-2240
Email: ali@jphospitality.com

Elevator Location ID: ELVLOC-2008-01310
Code in Effect: 2000
Equipment Sequence: 1
Key Location: FRONT DESK
Elevator Type: Hydraulic Elevator
Alarm Status: Not Alarmed
Inspections for 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:
CANDLEWOOD SUITES
ATTN: PAYYAB ALI
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Building Location:
CANDLEWOOD SUITES
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Phone: (804) 262-2240
Email: ali@jphospitality.com

Elevator Location ID:	ELVLOC-2008-01310	**Code in Effect:**	2000
Equipment Sequence:	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

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

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

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

Elevator Location ID:	ELVLOC-2008-01361	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	FIRE BOX @SOUTH DOOR
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2008-01361	**Code in Effect:**	2000
Equipment Sequence:	2	**Key Location:**	FIRE BOX @SOUTH DOOR
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2008-01361	**Code in Effect:**	2000
Equipment Sequence:	3	**Key Location:**	FIRE BOX @SOUTH DOOR
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: KATHRIN SPILLMAN
1001 BOULDERS PKWY, SUITE 400
NORTH CHESTERFIELD, VA 23225

Phone: (571) 329-0078
Email: omar.ansari@shaminhotels.com

Building Location:
HAMPTON INN INTERNATIONAL AIRPORT
421 INTERNATIONAL CENTRE DR
SANDSTON, VA 23150

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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: KATHRIN SPILLMAN
1001 BOULDERS PKWY, SUITE 400
NORTH CHESTERFIELD, VA 23225

Building Location:
HAMPTON INN INTERNATIONAL AIRPORT
421 INTERNATIONAL CENTRE DR
SANDSTON, VA 23150

Phone: (571) 329-0078
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2008-01369	**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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 885-9790
Email: tmilby@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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH COMMERCIAL PARTNERS
ATTN: CHRIS WELLS
PO Box 71150
RICHMOND, VA 23255

Phone: (804) 220-1587
Email: cwells@commonwealthcommercial.

Building Location:
COMMUNITY CARE NETWORK OF VA
3831 WESTERRE PKWY
HENRICO, VA 23233

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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
H & M
ATTN: EDWIN ALVAREZ II
11800 W BROAD ST
HENRICO, VA 23233

Phone: (845) 906-0556
Email: edwin.alvarezii@hm.com

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

Elevator Location ID: ELVLOC-2011-01487
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Code in Effect: 2004/2005
Key Location:
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SBCV HOLDINGS LLC
ATTN: ANDREW PEGRAM
4956 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 270-1848
Email: apegram@sbcv.org

Building Location:
DOMINION PLACE CONDOS - BLD H
4956 DOMINION BLVD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2011-01504	**Code in Effect:**	2005
Equipment Sequence:	1	**Key Location:**	BLDG. ENGR.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
MONUMENT SQUARE 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DISCOVERY SENIOR LIVING
ATTN: OFFICE OF THE DIRECTOR
2422 UNIVERSITY PARK BLVD
HENRICO, VA 23233

Building Location:
UNIVERSITY PARK ASSISTED LIVING
2422 PEMBERTON RD
HENRICO, VA 23233-2006

Phone: (804) 554-1555
Email: jhines@discoveryvillages.com

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DISCOVERY SENIOR LIVING
ATTN: OFFICE OF THE DIRECTOR
2422 UNIVERSITY PARK BLVD
HENRICO, VA 23233

Building Location:
UNIVERSITY PARK ASSISTED LIVING
2422 PEMBERTON RD
HENRICO, VA 23233-2006

Phone: (804) 554-1555
Email: jhines@discoveryvillages.com

Elevator Location ID:	ELVLOC-2012-01586	**Code in Effect:**	2005
Equipment Sequence:	2	**Key Location:**	desk
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	alarm
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BROWNGREER PLC
ATTN: JOHN BATES
250 ROCKETTS WAY
RICHMOND, VA 23231

Phone: (804) 521-7200
Email: jbates@browngreer.com

Building Location:
CEDAR WORKS II @ ROCKETTS LANDING
250 ROCKETTS WAY
HENRICO, VA 23231

Elevator Location ID: ELVLOC-2013-01610
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for September: **Periodic**

Code in Effect: 2005
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TUCKAHOE PRESBYTERIAN
ATTN: ETHAN SHERMAN
7000 PARK AVE
RICHMOND, VA 23226

Building Location:
TUCKAHOE PRESBYTERIAN
7000 PARK AVE
HENRICO, VA 23226

Phone: (804) 282-2860
Email: office@tuckahoepres.org

Elevator Location ID: ELVLOC-2013-01656
Code in Effect: 2007
Equipment Sequence: 1
Key Location:
Elevator Type: Hydraulic Elevator
Alarm Status:
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
MONUMENT SQUARE CONDO. BLDG 3 -
5217 MONUMENT AVE
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905
Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2013-01657
Code in Effect: 2007
Equipment Sequence: 1
Key Location:
Elevator Type: Hydraulic Elevator
Alarm Status:
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHORT PUMP TOWN CENTER MAINTENANCE DEPT
ATTN: RICHARD BARLOW
11800 W BROAD ST
RICHMOND , VA 23233

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

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

Elevator Location ID: ELVLOC-2014-01677
Equipment Sequence: 1
Elevator Type: Escalator
Code in Effect: 2009
Key Location: FUNNY BONE UP
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GUMENICK PROPERTIES
ATTN: ADAM JOHNSTON
4901 LIBBIE MILL EAST BLVD UNIT 200
RICHMOND, VA 23230

Phone: (804) 288-0011
Email: ajohnston@gumprop.com

Building Location:
LIBBIE MILL - BLDG A
4901 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Elevator Location ID: ELVLOC-2014-01701
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for September: **Category 1, Periodic**

Code in Effect: 2009
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 340-7350
Email: alspingler@basspro.com

Elevator Location ID: ELVLOC-2015-01752
Code in Effect: 2010
Equipment Sequence: 1
Key Location:
Elevator Type: Hydraulic Elevator
Alarm Status:
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CHASE BANK
ATTN: DEBORAH LEWIS
11720 W BROAD ST
HENRICO, VA 23233

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

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

Elevator Location ID: ELVLOC-2016-01771
Code in Effect: 2010
Equipment Sequence: 1
Key Location:
Elevator Type: Electric Elevator
Alarm Status:
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
MONUMENT SQUARE CONDO. BLDG 2
5209 MONUMENT AVE #2A
HENRICO, VA 23226

Phone: (804) 288-3905
Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2016-01780
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LIBERTY PROPERTY LP
ATTN: JOHN LOHR
5800 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (757) 323-3739
Email: jlohr@breakthrubev.com

Building Location:
ASSOCIATED DISTRIBUTORS
5800 TECHNOLOGY BLVD
SANDSTON, VA 23150

Elevator Location ID: ELVLOC-2016-01783
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for September: **Category 1, Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH COMMERCIAL
ATTN: STACY DELGADO
PO Box 7115
RICHMOND, VA 23255

Phone: (804) 433-1831
Email: SDELGADO@COMMONWEALTHCOM

Building Location:
VA WOMENS CENTER
12129 GRAHAM MEADOWS DR
HENRICO, VA 23233-6661

Elevator Location ID: ELVLOC-2016-01794
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for September: **Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

Phone: (804) 967-5447
Email: melissa.page@cbre.com

Building Location:
SARAH CANNON CANCER INSTITUTE
7607 FOREST AVE
HENRICO, VA 23229

Elevator Location ID: ELVLOC-2017-01828
Equipment Sequence: 1
Elevator Type: Electric Elevator
Code in Effect: 2010
Key Location:
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE
ATTN: MELISSA PAGE
7650 E PARHAM RD STE 225
HENRICO, VA 23294

Phone: (804) 967-5447
Email: melissa.page@cbre.com

Building Location:
SARAH CANNON CANCER INSTITUTE
7607 FOREST AVE
HENRICO, VA 23229

Elevator Location ID: ELVLOC-2017-01828
Equipment Sequence: 2
Elevator Type: Electric Elevator
Code in Effect: 2010
Key Location:
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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
WILTON COMPANIES, INC
4909 DICKENS RD
HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2017-01861
Code in Effect: 2010
Equipment Sequence: 1
Key Location:
Elevator Type: Hydraulic Elevator
Alarm Status:
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EXTRA SPACE STORAGE
ATTN: MATT RIGDON
1790 DABNEY ROAD
RICHMOND, VA 23230

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EXTRA SPACE STORAGE
ATTN: MATT RIGDON
1790 DABNEY ROAD
RICHMOND, VA 23230

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LAKEWOOD 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LAKEWOOD 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TOP GOLF RICHMOND
ATTN: MARK KIRKSTY
2308 WESTWOOD AVE
RICHMOND, VA 23230

Building Location:
TOP GOLF
2308 WESTWOOD AVE
HENRICO, VA 23230

Phone: (804) 533-4124
Email: ION.KIRKSTY@TOPGOLF.COM

Elevator Location ID:	ELVLOC-2019-02005	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TOP GOLF RICHMOND
ATTN: MARK KIRKSTY
2308 WESTWOOD AVE
RICHMOND, VA 23230

Building Location:
TOP GOLF
2308 WESTWOOD AVE
HENRICO, VA 23230

Phone: (804) 533-4124
Email: ION.KIRKSTY@TOPGOLF.COM

Elevator Location ID:	ELVLOC-2019-02005	**Code in Effect:**	20109
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RAILEY HILL ASSOCIATES
ATTN: RAILEY HILL ASSOCIATES, LLC
2610 GASKINS RD #B
HENRICO, VA 23238

Phone: (804) 548-4700
Email:

Building Location:
2610 GASKINS RD #B
2610 GASKINS RD #B
HENRICO, VA 23233

Elevator Location ID: ELVLOC-2020-02153
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for September: **Periodic**

Code in Effect: 2013
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
5711 STAPLES MILL LLC
ATTN: JOANNE SILVERMAN
5711 STAPLES MILL RD
HENRICO, VA 23228

Phone: (804) 525-2193
Email: joanne@fetchacure.com

Building Location:
FETCH A CURE
5711 STAPLES MILL RD
HENRICO, VA 23228

Elevator Location ID: ELVLOC-2022-000028
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for September: **Periodic**

Code in Effect: 2013
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH PROPERTIES
ATTN: JILL WALL
9030 STONY POINT PKWY, STE 540
C/O COMMONWEALTH PROPERTIES LLC
Richmond, VA 23235

Phone: (804) 327-9500
Email: jwall@cwprop.com

Building Location:
3500 WEST VIEW APTS
3500 COX RD
HENRICO, VA 23233

Elevator Location ID: ELVLOC-2023-000060
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for September: **Category 1, Periodic**

Code in Effect: 2016
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH PROPERTIES
ATTN: JILL WALL
9030 STONY POINT PKWY, STE 540
C/O COMMONWEALTH PROPERTIES LLC
Richmond, VA 23235

Phone: (804) 327-9500
Email: jwall@cwprop.com

Building Location:
3500 WEST VIEW APTS
3500 COX RD
HENRICO, VA 23233

Elevator Location ID: ELVLOC-2023-000060
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for September: **Periodic, Category 1**

Code in Effect: 2016
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH PROPERTIES
ATTN: JILL WALL
9030 STONY POINT PKWY, STE 540
C/O COMMONWEALTH PROPERTIES LLC
Richmond, VA 23235

Phone: (804) 327-9500
Email: jwall@cwprop.com

Building Location:
3500 WEST VIEW APTS
3500 COX RD
HENRICO, VA 23233

Elevator Location ID: ELVLOC-2023-000060
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for September: **Periodic, Category 1**

Code in Effect: 2016
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH PROPERTIES
ATTN: JILL WALL
9030 STONY POINT PKWY, STE 540
C/O COMMONWEALTH PROPERTIES LLC
Richmond, VA 23235

Phone: (804) 327-9500
Email: jwall@cwprop.com

Building Location:
3500 WEST VIEW APTS
3500 COX RD
HENRICO, VA 23233

Elevator Location ID: ELVLOC-2023-000060
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for September: **Category 1, Periodic**

Code in Effect: 2016
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
STUDIO 6 EXTENDED STAY
ATTN: AMMIR PATEL
11401 MCCABES GRANT TER
HENRICO, VA 23233

Building Location:
WATERSIDE PARTNERS LLC
580 TRAMPTON RD
SANDSTON, VA 23150

Phone: (804) 814-2905
Email: amir@tankkgroup.com

Elevator Location ID: ELVLOC-2024-000006
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for September: **Periodic**
Code in Effect: ASME A17.1 - 2016
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FEEDMORE
ATTN: DAWES LEE
8020 VILLA PARK DR
RICHMOND, VA 23228

Phone: (804) 347-9024
Email: dlee@feedmore.org

Building Location:
8020 VILLA PARK DR
8020 VILLA PARK DR
HENRICO, VA 23228

Elevator Location ID: ELVLOC-2024-000014
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for September: **Periodic, Category 1**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2025-000007
Code in Effect: ASME A17.1 - 2016
Equipment Sequence: 1
Key Location:
Elevator Type: Electric Elevator
Alarm Status:
Inspections for 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2025-000007
Code in Effect: ASME A17.1 - 2016
Equipment Sequence: 2
Key Location:
Elevator Type: Roped 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2025-000007
Code in Effect: ASME A17.1 - 2016
Equipment Sequence: 3
Key Location:
Elevator Type: Roped 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.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2025-000007
Code in Effect: ASME A17.1 - 2016
Equipment Sequence: 4
Key Location:
Elevator Type: Roped 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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