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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Building Location:
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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
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HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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RICHMOND, VA 23230

Building Location:
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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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RICHMOND, VA 23230

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

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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ATTN: SCOTT GIBSON
6601 W BROAD ST
RICHMOND, VA 23230

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

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

Elevator Location ID:	ELVLOC-2001-00200	**Code in Effect:**	2008
Equipment Sequence:	7	**Key Location:**	GUARD DSK-CALL MAINT
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Building Location:
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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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RICHMOND, VA 23230

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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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RICHMOND, VA 23230

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6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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ALTRIA HEADQUARTERS
ATTN: SCOTT GIBSON
6601 W BROAD ST
RICHMOND, VA 23230

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

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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RICHMOND, VA 23230

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

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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6603 W BROAD ST
HENRICO, VA 23230-1711

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23230-1711

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23230-1711

Phone: (804) 484-8157
Email: christopher.s.gibson@altria.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 267-3636
Email: lisa@reydev.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 267-3636
Email: lisa@reydev.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494
Email: francine.rivera@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00217	**Code in Effect:**	1971/2010
Equipment Sequence:	1	**Key Location:**	LOWER LOBBY
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494
Email: francine.rivera@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00217	**Code in Effect:**	1971/2010
Equipment Sequence:	2	**Key Location:**	LOWER LOBBY
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494
Email: francine.rivera@thalhimer.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494
Email: francine.rivera@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00217	**Code in Effect:**	1971/2010
Equipment Sequence:	4	**Key Location:**	LOWER LOBBY
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

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

Building Location:
BROOKFIELD PLACE
6606 W BROAD ST
HENRICO, VA 23230

Phone: (804) 697-3494
Email: francine.rivera@thalhimer.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 514-5637
Email: noah.rogers@bgav.org

Building Location:
VIRGINIA BAPTIST BUILDING
2828 EMERYWOOD PKWY
HENRICO, VA 23294

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 514-5637
Email: noah.rogers@bgav.org

Building Location:
VIRGINIA BAPTIST BUILDING
2828 EMERYWOOD PKWY
HENRICO, VA 23294

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
AFFINITY FUNERAL SERVICE
2720 ENTERPRISE PKWY
HENRICO, VA 23294

Phone: (804) 477-3136
Email: affinityfh@gmail.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
AETNA
9881 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 968-7280
Email: jalevesque@aetna.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000
Email: kledesma@premierinvestment.com

Elevator Location ID:	ELVLOC-2001-00366	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	SECURITY DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000
Email: kledesma@premierinvestment.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000
Email: kledesma@premierinvestment.com

Elevator Location ID:	ELVLOC-2001-00366	**Code in Effect:**	1981
Equipment Sequence:	3	**Key Location:**	SECURITY DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
2810 BUILDING
2810 N PARHAM RD
HENRICO, VA 23294

Phone: (240) 630-4000
Email: kledesma@premierinvestment.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HOLLAND ASSOCIATES LLC
ATTN: JOE MARCHETTI
PO BOX 17055
RICHMOND, VA 23226

Building Location:
VA ENDOSCOPY CENTER
2369 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 320-5500
Email: joe.marchetti@colliers.com

Elevator Location ID:	ELVLOC-2001-00407	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	RECP.DESK 1ST/FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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:
VIRGINIA FOOD SERVICE GROUP,LLC
ATTN: GEORGE KOSKO
7420 RANCO RD
HENRICO, VA 23228

Building Location:
VIRGINIA FOODSERVICE GROUP , LLC
7420 RANCO RD
HENRICO, VA 23228

Phone: (804) 237-1001
Email: gkosko@pfgc.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
GLENSIDE GREEN OFFICE BLDG
3991 GLENSIDE DR
HENRICO, VA 23228

Phone: (804) 502-3673
Email: ifemida@aol.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LAKESIDE UNITED METHODIST CHURCH
2333 HILLIARD RD
HENRICO, VA 23228

Phone: (804) 266-7016
Email: office@lakesideum.org

Elevator Location ID:	ELVLOC-2001-00607	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CAPITAL REGION AIRPORT COMMISSION
ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
Attn: Director of Maintenance
HENRICO, VA 23250

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

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

Elevator Location ID:	ELVLOC-2001-00612	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	AIRPORT SECURITY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CAPITAL REGION AIRPORT COMMISSION
ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
Attn: Director of Maintenance
HENRICO, VA 23250

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

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

Elevator Location ID:	ELVLOC-2001-00612	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	AIRPORT SECURITY
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for June:	**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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Email: bchristopher@flyrichmond.com

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

Elevator Location ID:	ELVLOC-2001-00612	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	AIRPORT SECURITY
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23250

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Email: bchristopher@flyrichmond.com

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
RICHMOND AIRPORT PARKING DECK
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HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2001-00613	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	AIRPORT SECURITY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Building Location:
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HENRICO, VA 23250

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Email: bchristopher@flyrichmond.com

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

Elevator Location ID:	ELVLOC-2001-00613	**Code in Effect:**	1993
Equipment Sequence:	5	**Key Location:**	AIRPORT SECURITY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

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

Elevator Location ID:	ELVLOC-2001-00613	**Code in Effect:**	2004
Equipment Sequence:	6	**Key Location:**	AIRPORT SECURITY
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 5, Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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1 RICHARD E BYRD TERMINAL DR
Attn: Director of Maintenance
HENRICO, VA 23250

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

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

Elevator Location ID:	ELVLOC-2001-00613	**Code in Effect:**	2004
Equipment Sequence:	7	**Key Location:**	AIRPORT SECURITY
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic, Category 5**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
Attn: Director of Maintenance
HENRICO, VA 23250

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2006
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2006
Equipment Sequence:	2	**Key Location:**	OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Building Location:
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600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2006
Equipment Sequence:	3	**Key Location:**	OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
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600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	1993
Equipment Sequence:	4	**Key Location:**	OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Building Location:
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600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2004
Equipment Sequence:	7	**Key Location:**	OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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RICHMOND, VA 23222

Building Location:
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600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2000
Equipment Sequence:	10	**Key Location:**	OFFICE
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2000
Equipment Sequence:	11	**Key Location:**	OFFICE
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2000
Equipment Sequence:	12	**Key Location:**	OFFICE
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2000
Equipment Sequence:	13	**Key Location:**	OFFICE
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2007
Equipment Sequence:	21	**Key Location:**	OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00622	**Code in Effect:**	2010
Equipment Sequence:	102	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
RICHMOND INTERNATIONAL RACEWAY
602 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501
Email: ldaneker@richmondraceway.com

Elevator Location ID:	ELVLOC-2001-00629	**Code in Effect:**	1987
Equipment Sequence:	2	**Key Location:**	ADMIN. BLDG.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Building Location:
HOLIDAY INN EXPRESS
491 INTERNATIONAL CENTRE DR
HENRICO, VA 23231

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00634	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

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

Building Location:
HOLIDAY INN EXPRESS
491 INTERNATIONAL CENTRE DR
HENRICO, VA 23231

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00634	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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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:
Accounts Receivable
ATTN: 5711 Chamberlayne Realty LLC
311 S ARTHUR ASHE BLVD
Richmond, VA 23220

Building Location:
5711 CHAMBERLAYNE REALTY LLC
5711 CHAMBERLAYNE RD
HENRICO, VA 23227

Phone:

Email:

Elevator Location ID:	ELVLOC-2001-00653	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	FRT.DSK.@ REAR DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
BAYBERRY BUILDING
1700 BAYBERRY CT
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00702	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	BOX AT LOBBY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
BAYBERRY BUILDING
1700 BAYBERRY CT
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00702	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	BOX AT LOBBY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
MERIDIAN BUILDING
1800 BAYBERRY CT
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00725	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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RICHMOND, VA 23226

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Building Location:
MERIDIAN BUILDING
1800 BAYBERRY CT
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2001-00725	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
FOREST PLAZA I
7201 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Elevator Location ID:	ELVLOC-2001-00735	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	KEYBOX AT LOBBY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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7201 GLEN FOREST DR
RICHMOND, VA 23226

Building Location:
FOREST PLAZA I
7201 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EQUITABLE REALESTATE PARTNERS
ATTN: Chris Napoli
P.O. BOX 70037
RICHMOND, VA 23229

Building Location:
LEE BUILDING
8004 FRANKLIN FARMS DR
HENRICO, VA 23229

Phone: (804) 658-3168
Email: cnapoli@equitablerealestate.com

Elevator Location ID:	ELVLOC-2001-00782	**Code in Effect:**	1971 / 2010
Equipment Sequence:	1	**Key Location:**	BREAK GLASS KEYBOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FLAGSHIP HEALTHCARE PROPERTIES LLC
ATTN: KYLE KNEELAND
2701 COLTSGATE RD, STE 300
CHARLOTTE, NC 28211

Phone: (704) 749-7242
Email: kyle.kneeland@flagshiphp.com

Building Location:
BLAIR BUILDING
8007 DISCOVERY DR
HENRICO, VA 23229

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FLAGSHIP HEALTHCARE PROPERTIES LLC
ATTN: KYLE KNEELAND
2701 COLTSGATE RD, STE 300
CHARLOTTE, NC 28211

Building Location:
BLAIR BUILDING
8007 DISCOVERY DR
HENRICO, VA 23229

Phone: (704) 749-7242
Email: kyle.kneeland@flagshiphp.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 287-6834
Email: mwood@richmond.edu

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TRINITY METHODIST CHURCH
903 FOREST AVE
HENRICO, VA 23229

Phone: (804) 288-6056
Email: bpike@trinityumc.net

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TRINITY METHODIST CHURCH
903 FOREST AVE
HENRICO, VA 23229

Phone: (804) 288-6056
Email: bpike@trinityumc.net

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TRINITY METHODIST CHURCH
903 FOREST AVE
HENRICO, VA 23229

Phone: (804) 288-6056
Email: bpike@trinityumc.net

Elevator Location ID:	ELVLOC-2001-00795	**Code in Effect:**	2004
Equipment Sequence:	3	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 282-6640
Email: dmcnamee@extraattic.net

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
RIVER ROAD BAPTIST CHURCH
8000 RIVER RD
HENRICO, VA 23229

Phone: (804) 288-1131
Email: danielingram@rrcb.org

Elevator Location ID:	ELVLOC-2001-00810	**Code in Effect:**	1978/2010
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
RIVER ROAD BAPTIST CHURCH
8000 RIVER RD
HENRICO, VA 23229

Phone: (804) 288-1131
Email: danielingram@rrcb.org

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RIDGE BAPTIST CHURCH
ATTN: DEANNA JANSS
1515 EASTRIDGE RD
HENRICO, VA 23229

Building Location:
RIDGE BAPTIST CHURCH
1515 EASTRIDGE RD
HENRICO, VA 23229

Phone: (804) 288-5805
Email: ridgefinance@comcast.net

Elevator Location ID:	ELVLOC-2001-00835	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
PARHAM MEDICAL VILLAGE
2103 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 346-4578
Email: parhamraidology@hotmail.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MARRIOTT HOTEL
ATTN: GREG JOHNSON
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Building Location:
MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 968-7120
Email: ricmw.ce@commonwealthlodging.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MARRIOTT HOTEL
ATTN: GREG JOHNSON
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Building Location:
MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 968-7120
Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID:	ELVLOC-2001-00849	**Code in Effect:**	1993/2010
Equipment Sequence:	2	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MARRIOTT HOTEL
ATTN: GREG JOHNSON
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Building Location:
MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 968-7120
Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID:	ELVLOC-2001-00849	**Code in Effect:**	1993/2010
Equipment Sequence:	3	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MARRIOTT HOTEL
ATTN: GREG JOHNSON
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Building Location:
MARRIOTT HOTEL
4240 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 968-7120
Email: ricmw.ce@commonwealthlodging.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
DANKOS OFFICE PARK
1360 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 262-8000
Email: mdankos@dankosgordon.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VIRGINIA ASSOCIATION OF REALTORS
ATTN: DAWN FREEMAN
10231 TELEGRAPH RD
GLEN ALEN, VA 23060

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

Phone: (804) 264-5033
Email: dfreeman@virginiarealtors.org

Elevator Location ID:	ELVLOC-2001-00859	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: Colliers International
ATTN: Amy Rowe
PO Box 13470
Richmond, VA 23235

Phone: (804) 320-5500
Email: Amy.Rowe@colliers.com

Building Location:
HAMILTON BEACH BUILDING
4421 WATERFRONT DR
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00911	**Code in Effect:**	1978/2013
Equipment Sequence:	1	**Key Location:**	RECPT.DSK\CALL MAINT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: Colliers International
ATTN: Amy Rowe
PO Box 13470
Richmond, VA 23235

Phone: (804) 320-5500
Email: Amy.Rowe@colliers.com

Building Location:
HAMILTON BEACH BUILDING
4421 WATERFRONT DR
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00911	**Code in Effect:**	1978/2013
Equipment Sequence:	2	**Key Location:**	RECPT.DSK\CALL MAINT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Phone: (804) 965-1229
Email: jandrews@vhha.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 965-1229
Email: jandrews@vhha.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

Elevator Location ID:	ELVLOC-2001-00919	**Code in Effect:**	1978/2010
Equipment Sequence:	4	**Key Location:**	GUARD DSK.CALL MAINT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Notify Security
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

Elevator Location ID:	ELVLOC-2001-00919	**Code in Effect:**	1978
Equipment Sequence:	9	**Key Location:**	GUARD DSK.CALL MAINT
Elevator Type:	Escalator	**Alarm Status:**	Notify Security
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

Elevator Location ID:	ELVLOC-2001-00919	**Code in Effect:**	1978
Equipment Sequence:	10	**Key Location:**	GUARD DSK.CALL MAINT
Elevator Type:	Escalator	**Alarm Status:**	Notify Security
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

Elevator Location ID:	ELVLOC-2001-00919	**Code in Effect:**	2013
Equipment Sequence:	11	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION VIRGINIA POWER - CORP. DISP
ATTN: BILL SPICER
PO BOX 25459
RICHMOND, VA 23260

Building Location:
VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563
Email: william.j.spicer@dominionenergy.c

Elevator Location ID:	ELVLOC-2001-00919	**Code in Effect:**	2013
Equipment Sequence:	12	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060

Building Location:
MARKEL 4600
4600 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060

Building Location:
MARKEL 4600
4600 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HYATT PLACE
4100 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HYATT PLACE
4100 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060

Building Location:
MARKEL 4521
4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

Elevator Location ID:	ELVLOC-2001-00938	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	MAINT. OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060

Building Location:
MARKEL 4521
4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060

Building Location:
MARKEL 4521
4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
THALHIMER
11100 W BROAD ST
GLEN ALLEN, VA 23060

Phone: (804) 697-3468
Email: Michelle.Spahr@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00945	**Code in Effect:**	1984
Equipment Sequence:	1	**Key Location:**	CALL MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
VIRGINIA BANKERS BUILDING
4490 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 819-4749
Email: cindtbeazley@highwoods.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ESA MGMT - C/O LERCHBATES
ATTN: LERCH BATES
9780 S MERIDIAN BLVD SUITE 450
ENGLEWOOD, CO 80112

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

Phone: (303) 795-7956
Email: extendedstay.elevators@lerchbates

Elevator Location ID:	ELVLOC-2001-00966	**Code in Effect:**	1993/2013
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: LAURA FREMAN
9930 INDEPENDENCE PARK DR STE 200
HENRICO, VA 23233

Building Location:
DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: RMR-Richmond-Invoices@rmrgrou

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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:
THE RMR GROUP
ATTN: LAURA FREMAN
9930 INDEPENDENCE PARK DR STE 200
HENRICO, VA 23233

Building Location:
DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:	ELVLOC-2001-00967	**Code in Effect:**	1990/2010
Equipment Sequence:	2	**Key Location:**	MAINT DEPT
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: LAURA FREMAN
9930 INDEPENDENCE PARK DR STE 200
HENRICO, VA 23233

Building Location:
DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: RMR-Richmond-Invoices@rmrgrou

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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P.O. Box 90775
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: LAURA FREMAN
9930 INDEPENDENCE PARK DR STE 200
HENRICO, VA 23233

Building Location:
DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:	ELVLOC-2001-00967	**Code in Effect:**	/2010/2010
Equipment Sequence:	4	**Key Location:**	MAINT DEPT
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: LAURA FREMAN
9930 INDEPENDENCE PARK DR STE 200
HENRICO, VA 23233

Building Location:
DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: RMR-Richmond-Invoices@rmrgrou

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: LAURA FREMAN
9930 INDEPENDENCE PARK DR STE 200
HENRICO, VA 23233

Building Location:
DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: RMR-Richmond-Invoices@rmrgrou

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: LAURA FREMAN
9930 INDEPENDENCE PARK DR STE 200
HENRICO, VA 23233

Building Location:
DEEP RUN III
9954 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:	ELVLOC-2001-00967	**Code in Effect:**	1990
Equipment Sequence:	7	**Key Location:**	MAINT DEPT
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HOMEWOOD SUITES
4100 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HOMEWOOD SUITES
4100 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00974	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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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:
WESTDALE ASSET MANAGEMENT LP
ATTN: James Hicks
140 Eastshore Dr. Suite 150
Glen Allen, VA 23059

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

Phone: (804) 747-1551
Email: james.hicks@westdale.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTDALE ASSET MANAGEMENT LP
ATTN: James Hicks
140 Eastshore Dr. Suite 150
Glen Allen, VA 23059

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

Phone: (804) 747-1551
Email: james.hicks@westdale.com

Elevator Location ID:	ELVLOC-2001-00983	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	GUARD DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: Carrington Parrish
PO BOX 13470
Richmond, VA 23225

Building Location:
FRANKLIN COMMONS II
5620 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: carrington.parrish@colliers.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 282-5392
Email: jeff.merkle@meadowsandohly.com

Elevator Location ID:	ELVLOC-2002-01031	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK / MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ESA MGT - C/O LERCHBATES
ATTN: AHNA BROWN VELEZ
9780 S MERDIAN BLVD SUITE 450
ENGLEWOOD, CO 80112

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

Phone: (303) 723-7963
Email: extendedstay.elevators@lerchbates

Elevator Location ID:	ELVLOC-2003-01105	**Code in Effect:**	1993/2010/2013
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
YMCA OF GREATER RICHMOND
ATTN: KAITLIN WATKINS
ATTN: PROPERTY DEPT-ASSOC FACILITIES COORD
201 W 7TH ST SUITE 110
RICHMOND, VA 23224

Phone: (804) 474-4371

Email: lowek@ymcarichmond.org

Building Location:
SHADY GROVE YMCA
11255 NUCKOLS RD
GLEN ALLEN, VA 23059

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
NISSAN OF RICHMOND
ATTN: PAM APEL
11401 W BROAD ST
HENRICO, VA 23233

Building Location:
NISSAN OF RICHMOND
11401 W BROAD ST
HENRICO, VA 23233

Phone: (804) 346-4200 Ext. 1104
Email: papel@nissanrva.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
NOVA GLEN ALLEN HOTELS LLC
ATTN: Ciara Gonzales
1101 Techology Park Dr.
Glen Allen, VA 23059

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

Phone: (804) 896-3571
Email: Ciara.gonzales@hilton.com

Elevator Location ID:	ELVLOC-2004-01144	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
NOVA GLEN ALLEN HOTELS LLC
ATTN: Ciara Gonzales
1101 Techology Park Dr.
Glen Allen, VA 23059

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

Phone: (804) 896-3571
Email: Ciara.gonzales@hilton.com

Elevator Location ID:	ELVLOC-2004-01144	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
SANDSTON PLATEAU RETIREMENT
600 E WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 428-7830
Email: sandstonplateaumgr@slnusbaum.n

Elevator Location ID:	ELVLOC-2005-01170	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	MGR. OFFICE - 0514
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
ORTHO VIRGINIA
7858 SHRADER RD
HENRICO, VA 23294

Phone: (804) 270-1305
Email: bridget.murrell@orthovirginia.com

Elevator Location ID:	ELVLOC-2005-01182	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	RECPT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
ORTHO VIRGINIA
7858 SHRADER RD
HENRICO, VA 23294

Phone: (804) 270-1305
Email: bridget.murrell@orthovirginia.com

Elevator Location ID:	ELVLOC-2005-01182	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	RECPT.
Elevator Type:	Dumbwaiter	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH AUTISM
ATTN: CLAUDETTE GLADSEN
4108 E PARHAM ROAD
HENRICO, VA 23228

Building Location:
COMMONWEALTH AUTISM
4108 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 649-8481
Email: claudette.gadsden@cahumanservic

Elevator Location ID:	ELVLOC-2005-01183	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for June:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH AUTISM
ATTN: CLAUDETTE GLADSEN
4108 E PARHAM ROAD
HENRICO, VA 23228

Building Location:
COMMONWEALTH AUTISM
4108 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 649-8481
Email: claudette.gadsden@cahumanservic

Elevator Location ID:	ELVLOC-2005-01183	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	RECPT. DESK
Elevator Type:	Dumbwaiter	**Alarm Status:**	Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CHRIST CHURCH EPISCOPAL
ATTN: DAVID ELLIS
5000 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

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

Phone: (804) 364-0394
Email: d.ellis@ccerva.org

Elevator Location ID:	ELVLOC-2005-01188	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	EQUIP. ROOM
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SNH INDEPENDENCE PARK LLC
ATTN: Laura Freeman
9930 INDEPENDENCE PARK DR SUITE 200
HENRICO, VA 23233

Building Location:
INDEPENDENCE PARK BLDG 3
9930 INDEPENDENCE PARK DR
HENRICO, VA 23233

Phone: (804) 527-0718
Email: smelcherts@rmrgroup.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
THREE PARAGON PLACE
6806 PARAGON PL
HENRICO, VA 23230

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

Elevator Location ID:	ELVLOC-2006-01211	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	MAINT SHOP LOCK BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
THREE PARAGON PLACE
6806 PARAGON PL
HENRICO, VA 23230

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

Elevator Location ID:	ELVLOC-2006-01211	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	MAINT SHOP LOCK BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WAL-MART
ATTN: NICK CARVER
1504 N PARHAM
HENRICO, VA 23229

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

Phone: (804) 270-6034
Email: n0c00t4.s03869.us@wal-mart.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HRLP LLC
ATTN: MONIQUE DOUCETTE
4501 Highwoods Pkwy, Suite 400
Glen Allen, VA 23060

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

Phone: (804) 747-7800
Email: monique.doucette@highwoods.com

Elevator Location ID:	ELVLOC-2006-01233	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	KEYBOX - M.R. DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HRLP LLC
ATTN: MONIQUE DOUCETTE
4501 Highwoods Pkwy, Suite 400
Glen Allen, VA 23060

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

Phone: (804) 747-7800
Email: monique.doucette@highwoods.com

Elevator Location ID:	ELVLOC-2006-01233	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	KEYBOX - M.R. DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TRINITY LUTHERAN CHURCH
ATTN: DAVID CONRAD
2315 N PARHAM RD
HENRICO, VA 23229

Building Location:
TRINITY LUTHERAN CHURCH
2315 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 270-4626
Email: admin@tlcrva.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2007-01308	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TRINITY CHURCH
ATTN: CHAD MORRIS
2811 FENDALL AVE
RICHMOND, VA 23222

Building Location:
TRINITY FAMILY LIFE CENTER
3601 DILL RD
RICHMOND, VA 23222

Phone: (804) 321-6761
Email: cmorris@tflconline.org

Elevator Location ID:	ELVLOC-2008-01321	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2008-01323	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AUDUBON HOSPITALITY LLC
ATTN: JANET GRAHAM
5400 AUDUBON DR
RICHMOND, VA 23231

Building Location:
CANDLEWOOD SUITES
5400 AUDUBON DR
HENRICO, VA 23231

Phone: (804) 652-1888
Email: jgraham@cwsric.com

Elevator Location ID:	ELVLOC-2008-01371	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COBB TECHNOLOGIES
ATTN: TONI GORVEAT
1000 TECHNOLOGY PARK DR
GLEN ALLEN, VA 23059

Building Location:
COBB TECHNOLOGIES
8827 STAPLES MILL RD
HENRICO, VA 23228

Phone: (804) 515-5700
Email: suzanne@porterinc.com

Elevator Location ID:	ELVLOC-2009-01407	**Code in Effect:**	2004
Equipment Sequence:	1	**Key Location:**	RECPT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:
1420 N PARHAM RD LLC
1404 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 754-4724
Email: cl@broadskymgmt.com

Elevator Location ID:	ELVLOC-2009-01428	**Code in Effect:**	2005
Equipment Sequence:	1	**Key Location:**	CUST. SERV.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:
1420 N PARHAM RD LLC
1404 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 754-4724
Email: cl@broadskymgmt.com

Elevator Location ID:	ELVLOC-2009-01428	**Code in Effect:**	2005
Equipment Sequence:	2	**Key Location:**	CUST. SERV.
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:
1420 N PARHAM RD LLC
1404 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 754-4724
Email: cl@broadskymgmt.com

Elevator Location ID:	ELVLOC-2009-01428	**Code in Effect:**	2005
Equipment Sequence:	3	**Key Location:**	CUST. SERV.
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LIBBIE ASSOCIATES
ATTN: LAURA BABIK
7900 SHRADER RD
HENRICO, VA 23294

Building Location:
LIBBIE ASSOCIATES
7900 SHRADER RD
HENRICO, VA 23294-4215

Phone: (804) 241-0542
Email: lbabik@thesaonline.com

Elevator Location ID:	ELVLOC-2010-01481	**Code in Effect:**	2004/2005
Equipment Sequence:	1	**Key Location:**	BLDG. ENGR.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for June:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLEGIATE SCHOOL
ATTN: CARROLL CAMPBELL
103 N MOORELAND RD
HENRICO, VA 23229

Building Location:
COLLEGIATE SCHOOL - LUCK HALL
103 N MOORELAND RD
HENRICO, VA 23229

Phone: (804) 741-9733
Email: carroll_campbell@collegiate-va.org

Elevator Location ID:	ELVLOC-2011-01524	**Code in Effect:**	2005
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ACAC SHORT PUMP LLC
ATTN: ERIC KIRKPATRICK
2201 OLD BRICK RD
GLEN ALLEN, VA 23060

Building Location:
ACAC
2201 OLD BRICK RD
GLEN ALLEN, VA 23060

Phone: (804) 464-0990
Email: erick@acac.com

Elevator Location ID:	ELVLOC-2012-01575	**Code in Effect:**	2004
Equipment Sequence:	1	**Key Location:**	FRONT DECK
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MONUMENT SQUARE CONDO ASSN.
ATTN: MARY SINGER
275 FINIAL AVE.
HENRICO, VA 23226

Building Location:
MONUMENT SQUARE CONDO. BLDG 4 -
5225 MONUMENT AVE
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905
Email: msinger@communitygroup.com

Elevator Location ID:	ELVLOC-2013-01609	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ARTCRAFT MANAGEMENT
ATTN: FELICIA WALKER
4447 COX RD
GLEN ALLEN, VA 23060

Building Location:
FAISON RESIDENCE
5215 W BROAD ST
HENRICO, VA 23230

Phone: (804) 387-4184
Email: fwalker@artcraftmanagement.com

Elevator Location ID:	ELVLOC-2014-01673	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
UNIVERSITY OF RICHMOND
ATTN: MCKINLEY WOOD
27 WESTHAMPTON WAY
RICHMOND, VA 23173

Building Location:
UR SOUTH CAMPUS APTS - BLDG 3
151 UR DR
RICHMOND, VA 23173

Phone: (804) 289-8600
Email: mwood2@richmond.edu

Elevator Location ID:	ELVLOC-2014-01679	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	PHYSICAL PLANT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
UNIVERSITY OF RICHMOND
ATTN: MCKINLEY WOOD
27 WESTHAMPTON WAY
RICHMOND, VA 23173

Building Location:
UR SOUTH CAMPUS APTS - BLDG 4
151 UR DR
RICHMOND, VA 23173

Phone: (804) 289-8600
Email: mwood2@richmond.edu

Elevator Location ID:	ELVLOC-2014-01680	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	PHYSICAL PLANT
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CAPITAL REGION AIRPORT COMMISSION
ATTN: Brad Christopher
1 RICHARD E BYRD TERMINAL DR
Attn: Director of Maintenance
HENRICO, VA 23250

Phone: (804) 226-8507
Email: bchristopher@flyrichmond.com

Building Location:
HANGER 3649 - 3649 THUNDERCHIEF DR
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Elevator Location ID:	ELVLOC-2015-01737	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for June:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST. MICHAELS CHURCH
ATTN: Rob Hiller
4495 SPRINGFIELD RD
GLEN ALLEN, VA 23060

Building Location:
ST. MICHAELS CHURCH
4495 SPRINGFIELD RD
GLEN ALLEN, VA 23060

Phone: (804) 527-1037
Email: scott.guy@saint-mikes.org

Elevator Location ID:	ELVLOC-2017-01817	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ARWB LLC
ATTN: ARWB LLC
6115 STAPLES MILL RD
HENRICO, VA 23228

Building Location:
ARCO IRIS LATINO MART
6115 STAPLES MILL RD
HENRICO, VA 23228

Phone: (804) 338-5294
Email: info@terrazarva.com

Elevator Location ID:	ELVLOC-2017-01832	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CORINTH UNITED METHODIST CHURCH
ATTN: SUE BUCK
23 W WILLIAMSBURG RD
SANDSTON, VA 23150-2009

Building Location:
CORINTH UNITED METHODIST CHURCH
23 W WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 737-4837
Email: office@cornithumchurch.org

Elevator Location ID:	ELVLOC-2018-01923	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASPIRE AT WEST END
ATTN: Sherri Seal
5020 Sulky Dr
Henrico, VA 23228

Building Location:
ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 624-7150
Email: sseal@seniorlifestyle.com

Elevator Location ID:	ELVLOC-2018-01930	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASPIRE AT WEST END
ATTN: Sherri Seal
5020 Sulky Dr
Henrico, VA 23228

Building Location:
ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 624-7150
Email: sseal@seniorlifestyle.com

Elevator Location ID:	ELVLOC-2018-01930	**Code in Effect:**	2010
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASPIRE AT WEST END
ATTN: Sherri Seal
5020 Sulky Dr
Henrico, VA 23228

Building Location:
ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 624-7150
Email: sseal@seniorlifestyle.com

Elevator Location ID:	ELVLOC-2018-01930	**Code in Effect:**	2010
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DRURY DEVELOPMENT CORPORATION
ATTN: ERIC HYRE
11049 W BROAD ST
GLEN ALLEN, VA 23060-5937

Building Location:
DRURY PLAZA HOTEL
11049 W BROAD ST
HENRICO, VA 23233

Phone: (804) 354-1542
Email: eric.hyre@druryhotels.com

Elevator Location ID:	ELVLOC-2018-01975	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DRURY DEVELOPMENT CORPORATION
ATTN: ERIC HYRE
11049 W BROAD ST
GLEN ALLEN, VA 23060-5937

Building Location:
DRURY PLAZA HOTEL
11049 W BROAD ST
HENRICO, VA 23233

Phone: (804) 354-1542
Email: eric.hyre@druryhotels.com

Elevator Location ID:	ELVLOC-2018-01975	**Code in Effect:**	2010
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DRURY DEVELOPMENT CORPORATION
ATTN: ERIC HYRE
11049 W BROAD ST
GLEN ALLEN, VA 23060-5937

Building Location:
DRURY PLAZA HOTEL
11049 W BROAD ST
HENRICO, VA 23233

Phone: (804) 354-1542
Email: eric.hyre@druryhotels.com

Elevator Location ID:	ELVLOC-2018-01975	**Code in Effect:**	2010
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FACEBOOK RVA
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:
FACEBOOK RVA
0 ELKO RD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolina.maxwell@fb.com

Elevator Location ID:	ELVLOC-2019-01985	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FACEBOOK RVA
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:
FACEBOOK RVA
0 ELKO RD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolina.maxwell@fb.com

Elevator Location ID:	ELVLOC-2019-01985	**Code in Effect:**	2010
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RICHMOND WSP LLC
ATTN: STEVE WINTER
14399 N GAYTON RD
GLEN ALLEN, VA 23059

Building Location:
WESTMONT AT SHORT PUMP
14399 N GAYTON RD
GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140
Email: matther.winningham@rui.net

Elevator Location ID:	ELVLOC-2019-02057	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RICHMOND WSP LLC
ATTN: STEVE WINTER
14399 N GAYTON RD
GLEN ALLEN, VA 23059

Building Location:
WESTMONT AT SHORT PUMP
14399 N GAYTON RD
GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140
Email: matther.winningham@rui.net

Elevator Location ID:	ELVLOC-2019-02057	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MUDS ASSOCIATES LLP
ATTN: SUSAN HEATH
2001 MAYWILL ST SUITE 100
RICHMOND, VA 23230

Building Location:
UKROPS MARKET HALL
7250 PATTERSON AVE
HENRICO, VA 23229

Phone: (804) 340-4094
Email: susan.heath@ukrops.com

Elevator Location ID:	ELVLOC-2020-02135	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RED RIVER FOOD GROUP
ATTN: ROBERTO FUENTES
2840 SPROUSE DR.
HENRICO , VA 23231-6039

Building Location:
RED RIVER FOOD GROUP
2840 SPROUSE DR
HENRICO, VA 23231

Phone: (804) 562-2462
Email: fuentesr@redriverfoods.com

Elevator Location ID:	ELVLOC-2022-000008	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Roped Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Quality Technology
ATTN: JEFF LYNN
12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:
Quality Technology
6040 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000013	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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ATTN: JEFF LYNN
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Building Location:
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6040 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000013	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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OVERLAND PARK, KS 66213

Building Location:
Quality Technology
6040 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000013	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:
Quality Technology
6040 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000013	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	4	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
QUALITY TECHNOLOGY
ATTN: JEFF LYNN
12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:
QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000015	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Owner / Agent:
QUALITY TECHNOLOGY
ATTN: JEFF LYNN
12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:
QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000015	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Building Location:
QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000015	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Building Location:
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6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (804) 316-0010
Email: jeff.lynn@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000015	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	4	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RVA FACEBOOK
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
Sandston, VA 23150

Building Location:
RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolinamaxwell@meta.com

Elevator Location ID:	ELVLOC-2023-000021	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RVA FACEBOOK
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
Sandston, VA 23150

Building Location:
RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolinamaxwell@meta.com

Elevator Location ID:	ELVLOC-2023-000021	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
RVA FACEBOOK
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
Sandston, VA 23150

Building Location:
RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolinamaxwell@meta.com

Elevator Location ID:	ELVLOC-2023-000021	**Code in Effect:**	2013
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (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:
RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolinamaxwell@meta.com

Elevator Location ID:	ELVLOC-2023-000021	**Code in Effect:**	2013
Equipment Sequence:	4	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (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

Owner / Agent:
CCBCC OPERATIONS LLC
ATTN: BRIAN WOOLARD
4530 OAKLEY LN
HENRICO, VA 23231

Building Location:
CCBCC OPERATIONS LLC
4530 OAKLEYS LN
HENRICO, VA 23231

Phone: (804) 878-6530
Email:

Elevator Location ID:	ELVLOC-2023-000024	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	3	**Key Location:**	West Lift Area B
Elevator Type:	Roped Hydraulic Elevator	**Alarm Status:**	NA
Inspections for June:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: PLEASE PROVIDE A CONTACT NAME
2000 WARE BOTTOM RD, STE 212
CHESTER, VA 23836

Building Location:
HOME 2 SUITES GLENSIDE
2915 EMERYWOOD PKWY
HENRICO, VA 23294

Phone:
Email:

Elevator Location ID:	ELVLOC-2023-000048	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:
SHAMIN HOTELS
ATTN: PLEASE PROVIDE A CONTACT NAME
2000 WARE BOTTOM RD, STE 212
CHESTER, VA 23836

Building Location:
HOME 2 SUITES GLENSIDE
2915 EMERYWOOD PKWY
HENRICO, VA 23294

Phone:
Email:

Elevator Location ID:	ELVLOC-2023-000048	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for June:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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