



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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**  
HENRICO COURTHOUSE  
4309 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00101      **Code in Effect:** 1978  
**Equipment Sequence:** 1      **Key Location:** SECURITY CONSOLE  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:** **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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**Building Location:**

HENRICO COURTHOUSE  
4309 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152  
Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2001-00101	<b>Code in Effect:</b>	1978
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	SECURITY CONSOLE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
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

**Building Location:**  
HENRICO ADMINISTRATION BLDG  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152  
Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2001-00102	<b>Code in Effect:</b>	1965/2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY CONSOLE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
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:**  
 HENRICO ADMINISTRATION BLDG  
 4301 E PARHAM RD  
 HENRICO, VA 23228

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00102  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1965/2018  
**Key Location:** SECURITY CONSOLE  
**Alarm Status:** Not Alarmed

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

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

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

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ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO ADMINISTRATION BLDG  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00102  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1965/2010  
**Key Location:** SECURITY CONSOLE  
**Alarm Status:** Not Alarmed

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

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

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**Building Location:**

HENRICO ADMINISTRATION BLDG  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00102  
**Equipment Sequence:** 4  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1965/2010  
**Key Location:** SECURITY CONSOLE  
**Alarm Status:** Not Alarmed

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

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

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

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 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 ADULT DETENTION CENTER  
 4317 E PARHAM RD  
 HENRICO, VA 23228

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2001-00103	<b>Code in Effect:</b>	1965
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

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

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

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PO BOX 90775  
HENRICO, VA 23273

**Building Location:**  
ADULT DETENTION CENTER  
4317 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00103

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** **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: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 ADMINISTRATION ANNEX BLDG. - 4305 E.  
 PARHAM RD.  
 4301 E PARHAM RD  
 HENRICO, VA 23228

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2001-00104	<b>Code in Effect:</b>	1965
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY CONSOLE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 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: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 ADMINISTRATION ANNEX BLDG. - 4305 E.  
 PARHAM RD.  
 4301 E PARHAM RD  
 HENRICO, VA 23228

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00104      **Code in Effect:** 1993  
**Equipment Sequence:** 2      **Key Location:** SECURITY CONSOLE  
**Elevator Type:** Roped Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:**      **Periodic, Category 1**

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

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

Inspection / Test Results  
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**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

HENRICO COUNTY MH/MR CTR  
10299 WOODMAN RD  
GLEN ALLEN, VA 23060

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00107

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** RECPT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** **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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 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 EASTERN GOVERNMENT CENTER  
 3820 NINE MILE RD  
 HENRICO, VA 23223

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00109  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1984  
**Key Location:** CALL RICHARD STRANG  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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**Building Location:**  
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3820 NINE MILE RD  
HENRICO, VA 23223

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00109  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1984  
**Key Location:** CALL RICHARD STRANG  
**Alarm Status:** Not Alarmed

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 GENETWORX, LLC  
 ATTN: MICHAEL ASHTON  
 4060 INNSLAKE DR  
 GLEN ALLEN, VA 23060

**Building Location:**  
 GENETWORX  
 4060 INNSLAKE DR  
 GLEN ALLEN, VA 23060

Phone: (203) 982-9682  
 Email: [mashton@genetworx.com](mailto:mashton@genetworx.com)

**Elevator Location ID:** ELVLOC-2001-00110  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1981  
**Key Location:** STAFF RM. BY ELEV.  
**Alarm Status:** Not Alarmed

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

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

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**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 HUMAN SERVICES BUILDING  
 8600 DIXON POWERS DR  
 HENRICO, VA 23228

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00111  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1978/2010  
**Key Location:** KEYBOX  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
 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:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 PUBLIC SAFETY BUILDING  
 7721 E PARHAM RD  
 HENRICO, VA 23294

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2001-00115	<b>Code in Effect:</b>	1978/2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY CONSOLE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 PUBLIC SAFETY BUILDING  
 7721 E PARHAM RD  
 HENRICO, VA 23294

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2001-00115	<b>Code in Effect:</b>	1978
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	SECURITY CONSOLE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

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

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 DOREY PARK RECREATION CENTER  
 2999 DARBYTOWN RD  
 HENRICO, VA 23231

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00117      **Code in Effect:** 1990  
**Equipment Sequence:** 1      **Key Location:** LOBBY DESK  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:** **Periodic, Category 1**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 HENRICO TRAINING CENTER  
 7721 E PARHAM RD  
 HENRICO, VA 23294

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2001-00118	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

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

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**  
HENRICO TRAINING CENTER  
7721 E PARHAM RD  
HENRICO, VA 23294

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00118  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 HENRICO COUNTY PARKING DECK  
 4301 E PARHAM RD  
 HENRICO, VA 23228

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00120

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**  
HENRICO COUNTY PARKING DECK  
4301 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2001-00120  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 HENRICO CULTURAL ARTS CENTER  
 2880 MOUNTAIN RD  
 GLEN ALLEN, VA 23060

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2001-00121	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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:**  
LIFE OF VIRGINIA  
ATTN: MARK TERETLA  
PO BOX 27601  
RICHMOND, VA 23261

**Building Location:**  
GENWORTH FINANCIAL - BLDG. 3  
6604 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 289-6831  
Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00222  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1981  
**Key Location:** LOBBY  
**Alarm Status:** Not Alarmed

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

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

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

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

**Owner / Agent:**  
 LIFE OF VIRGINIA  
 ATTN: MARK TERETLA  
 PO BOX 27601  
 RICHMOND, VA 23261

**Building Location:**  
 GENWORTH FINANCIAL - BLDG. 3  
 6604 W BROAD ST  
 HENRICO, VA 23230

Phone: (804) 289-6831  
 Email: mark.tereyla@genworth.com

**Elevator Location ID:** ELVLOC-2001-00222  
**Equipment Sequence:** 2  
**Elevator Type:** Electric Elevator  
**Inspections for April:** Periodic

**Code in Effect:** 1981  
**Key Location:** LOBBY  
**Alarm Status:** Not Alarmed

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

UTICA  
2701 EMERYWOOD PKWY  
HENRICO, VA 23294

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00223	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	LOBBY LOCK BOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



**County of Henrico, Virginia**

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BRANDYWINE REALTY TRUST  
ATTN: BRANDON MALONE  
300 ARBORETUM PL SUITE 300  
RICHMOND, VA 23236

**Building Location:**

BRANDYWINE REALTY TRUST  
2812 EMERYWOOD PKWY  
HENRICO, VA 23294

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

**Elevator Location ID:** ELVLOC-2001-00225  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1978  
**Key Location:** BLDG. ENGINEER  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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**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 COURTYARD  
ATTN: JERRY ATKINS  
6400 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**  
MARRIOTT COURTYARD  
6400 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 282-1881  
Email: jerry.atkins@marriott.com

**Elevator Location ID:** ELVLOC-2001-00231  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1984  
**Key Location:** FRT.DSK\CALL MAINT.  
**Alarm Status:** Not Alarmed

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

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

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

**Owner / Agent:**  
 CHILD FUND INTERNATIONAL  
 ATTN: WAYNE PARKER  
 2821 EMERYWOOD PKWY  
 HENRICO, VA 23229

**Building Location:**  
 CHILD FUND INTERNATIONAL  
 2821 EMERYWOOD PKWY  
 HENRICO, VA 23294

Phone: (804) 756-2700  
 Email: wparker@childfund.org

**Elevator Location ID:** ELVLOC-2001-00232  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic**

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

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

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

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

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**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:**  
CHILD FUND INTERNATIONAL  
ATTN: WAYNE PARKER  
2821 EMERYWOOD PKWY  
HENRICO, VA 23229

**Building Location:**  
CHILD FUND INTERNATIONAL  
2821 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 756-2700  
Email: wparker@childfund.org

**Elevator Location ID:** ELVLOC-2001-00232  
**Equipment Sequence:** 2  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic**

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

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

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

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

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:**  
CHILD FUND INTERNATIONAL  
ATTN: WAYNE PARKER  
2821 EMERYWOOD PKWY  
HENRICO, VA 23229

**Building Location:**  
CHILD FUND INTERNATIONAL  
2821 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 756-2700  
Email: [wparker@childfund.org](mailto:wparker@childfund.org)

**Elevator Location ID:** ELVLOC-2001-00232  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic**

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

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

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

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

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**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:**  
LEMONAIDE MM SKIPWITH LLC  
ATTN: EMMA GHAZAOU  
PO BOX 5160  
Glen Allen, VA 23058

**Building Location:**  
LEMONAIDE MM SKIPWITH  
3214 SKIPWITH RD  
HENRICO, VA 23294

Phone: (804) 344-7164  
Email: emma.ghazaoui@thalhimer.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00234	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation 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:**  
 COLLIERS  
 ATTN: DAVID CARL  
 P O BOX 13470  
 RICHMOND, VA 23225

**Building Location:**  
 THE ENTERPRISE BUILDING  
 2727 ENTERPRISE PKWY  
 HENRICO, VA 23294

Phone: (804) 967-2722  
 Email: DAVID.CARL@COLLIERS.COM

<b>Elevator Location ID:</b>	ELVLOC-2001-00235	<b>Code in Effect:</b>	1978
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	KEYBOX @ 1ST.FL.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

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

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

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**County of Henrico, Virginia**  
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Henrico, VA 23273-0775

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WESTWOOD CLUB  
ATTN: BRADFORD JONES  
6200 WEST CLUB LA  
RICHMOND, VA 23226

**Building Location:**  
WESTWOOD CLUB  
6200 WEST CLUB LN  
HENRICO, VA 23226

Phone: (804) 502-3599  
Email: esherwood@westwoodclub.net

**Elevator Location ID:** ELVLOC-2001-00295  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** ENGINEERING  
**Alarm Status:** Not Alarmed

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

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

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

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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 Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WILLIS HUTCHENS  
 ATTN: WILLIS HUTCHENS  
 8914 RIVER RD  
 RICHMOND, VA 23229

**Building Location:**  
 LIBBIE LAW BUILDING  
 2201 LIBBIE AVE  
 HENRICO, VA 23230

Phone: (804) 513-0362  
 Email: hutchens313@gmail.com

**Elevator Location ID:** ELVLOC-2001-00299  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1987  
**Key Location:** RECPT DESK  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
 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:**  
FEDERAL REALTY INVESTMENTS  
ATTN: TOM FUNARI  
1117 EMETT ST.  
CHARLOTTESVILLE, VA 22903

**Building Location:**  
FEDERAL REALTY INVESTMENTS  
1601 WILLOW LAWN DR  
HENRICO, VA 23230

Phone: (434) 977-0100  
Email: tfunari@federalrealty.com

**Elevator Location ID:** ELVLOC-2001-00308  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1971  
**Key Location:** OFFICE  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto: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

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

**Building Location:**  
MEDICAL OFFICE BUILDING III  
7702 E PARHAM RD  
HENRICO, VA 23294

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

**Elevator Location ID:** ELVLOC-2001-00384  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

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

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
MEDICAL OFFICE BUILDING III  
7702 E PARHAM RD  
HENRICO, VA 23294

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

**Elevator Location ID:** ELVLOC-2001-00384  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
MEDICAL OFFICE BUILDING III  
7702 E PARHAM RD  
HENRICO, VA 23294

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

**Elevator Location ID:** ELVLOC-2001-00384  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** Periodic

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

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 MEDICAL OFFICE BUILDING III  
 7702 E PARHAM RD  
 HENRICO, VA 23294

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

**Elevator Location ID:** ELVLOC-2001-00384  
**Equipment Sequence:** 4  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

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

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

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

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

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**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:**

HCA/PARHAM DOCTORS HOSPITAL  
ATTN: DWIGHT MCKEE  
7700 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**

HENRICO DOCTORS HOSP. PARHAM  
7700 E PARHAM RD  
HENRICO, VA 23294-4301

Phone: (804) 747-5640

Email: dwight.mckee@hcahealthcare.com

**Elevator Location ID:** ELVLOC-2001-00385

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** MAINT. SHOP

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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 Henrico, VA 23273-0775

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HCA/PARHAM DOCTORS HOSPITAL  
 ATTN: DWIGHT MCKEE  
 7700 E PARHAM RD  
 HENRICO, VA 23294

**Building Location:**  
 HENRICO DOCTORS HOSP. PARHAM  
 7700 E PARHAM RD  
 HENRICO, VA 23294-4301

Phone: (804) 747-5640  
 Email: dwight.mckee@hcahealthcare.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00385	<b>Code in Effect:</b>	1971
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	MAINT. SHOP
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
HCA/PARHAM DOCTORS HOSPITAL  
ATTN: DWIGHT MCKEE  
7700 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**  
HENRICO DOCTORS HOSP. PARHAM  
7700 E PARHAM RD  
HENRICO, VA 23294-4301

Phone: (804) 747-5640  
Email: [dwight.mckee@hcahealthcare.com](mailto:dwight.mckee@hcahealthcare.com)

**Elevator Location ID:** ELVLOC-2001-00385  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1971  
**Key Location:** MAINT. SHOP  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
 HCA/PARHAM DOCTORS HOSPITAL  
 ATTN: DWIGHT MCKEE  
 7700 E PARHAM RD  
 HENRICO, VA 23294

**Building Location:**  
 HENRICO DOCTORS HOSP. PARHAM  
 7700 E PARHAM RD  
 HENRICO, VA 23294-4301

Phone: (804) 747-5640  
 Email: dwight.mckee@hcahealthcare.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00385	<b>Code in Effect:</b>	1971/2010
<b>Equipment Sequence:</b>	4	<b>Key Location:</b>	MAINT. SHOP
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

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

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

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**County of Henrico, Virginia**

Department of Building Construction and Inspections

P.O. Box 90775

Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HCA/PARHAM DOCTORS HOSPITAL

ATTN: DWIGHT MCKEE

7700 E PARHAM RD

HENRICO, VA 23294

**Building Location:**

HENRICO DOCTORS HOSP. PARHAM

7700 E PARHAM RD

HENRICO, VA 23294-4301

Phone: (804) 747-5640

Email: dwight.mckee@hcahealthcare.com

**Elevator Location ID:** ELVLOC-2001-00385

**Code in Effect:** 1996/2010

**Equipment Sequence:** 5

**Key Location:** MAINT. SHOP

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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**County of Henrico, Virginia**

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

MEDICAL OFFICE BUILDING 1  
7660 E PARHAM RD  
HENRICO, VA 23294

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

**Elevator Location ID:** ELVLOC-2001-00386  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1981  
**Key Location:** MAINT SHOP  
**Alarm Status:** Not Alarmed

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
MEDICAL OFFICE BUILDING 1  
7660 E PARHAM RD  
HENRICO, VA 23294

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

**Elevator Location ID:** ELVLOC-2001-00386  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1981  
**Key Location:** MAINT SHOP  
**Alarm Status:** Not Alarmed

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

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

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

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 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO FCU  
 ATTN: VIVIAN SEYMOUR  
 9401 W BROAD STREET  
 RICHMOND, VA 23294-5331

**Building Location:**  
 HENRICO FCU  
 9401 W BROAD ST  
 HENRICO, VA 23294

Phone: (804) 266-0193  
 Email: seymourv@henricofcu.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00388	<b>Code in Effect:</b>	1984
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FRT.DSK. P.COLEMAN
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
MEDICAL OFFICE BUILDING II  
7650 E PARHAM RD  
HENRICO, VA 23294

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00389	<b>Code in Effect:</b>	1990
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	MAINT. SHOP
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
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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Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
PARHAM PARK SENIORS APARTMENTS  
ATTN: MATTHEW DEWORKEN  
7600 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**  
PARHAM PARK SENIORS APARTMENTS  
7600 E PARHAM RD  
HENRICO, VA 23294-4307

Phone: (804) 672-7718  
Email: parhampark@epochinc.com

**Elevator Location ID:** ELVLOC-2001-00391  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

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

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

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

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





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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COLLIERS INTERNATIONAL  
 ATTN: Benjamin Haltead  
 PO BOX 13470  
 RICHMOND, VA 23225

**Building Location:**  
 COLLIERS HOLLAND TOWER  
 2221 EDWARD HOLLAND DR  
 HENRICO, VA 23230

Phone: (804) 320-5500  
 Email: benjamin.haltsead@colliers.com

**Elevator Location ID:** ELVLOC-2001-00399      **Code in Effect:** 2004  
**Equipment Sequence:** 2      **Key Location:** SECURITY DESK  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:** **Periodic, Category 1, Category 5**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 VIBRA HOSPITAL  
 ATTN: JOE THOMPSON  
 2220 EDWARD HOLLAND DR  
 RICHMOND, VA 23230

**Building Location:**  
 KINDRED HOSPITAL RICHMOND  
 2220 EDWARD HOLLAND DR  
 HENRICO, VA 23230

Phone: (804) 678-7094  
 Email: jthompson@vrichmond.com

**Elevator Location ID:** ELVLOC-2001-00400  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1984  
**Key Location:** MAINT. DEPT.  
**Alarm Status:** Not Alarmed

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

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

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

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



**County of Henrico, Virginia**  
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 P.O. Box 90775  
 Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 VIBRA HOSPITAL  
 ATTN: JOE THOMPSON  
 2220 EDWARD HOLLAND DR  
 RICHMOND, VA 23230

**Building Location:**  
 KINDRED HOSPITAL RICHMOND  
 2220 EDWARD HOLLAND DR  
 HENRICO, VA 23230

Phone: (804) 678-7094  
 Email: jthompson@vhrichmond.com

**Elevator Location ID:** ELVLOC-2001-00400      **Code in Effect:** 1984  
**Equipment Sequence:** 3      **Key Location:** MAINT. DEPT.  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:**      **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](mailto:ElevatorInspectionReports@henrico.us)



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

# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
HOLIDAY INN EXPRESS MIDTOWN  
ATTN: GEORGE MEALER  
2000 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**  
HOLIDAY INN EXPRESS MIDTOWN  
2000 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 359-6061  
Email: geogr.mealer@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00401  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic**

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

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

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

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



**County of Henrico, Virginia**

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HOLIDAY INN EXPRESS MIDTOWN  
ATTN: GEORGE MEALER  
2000 STAPLES MILL RD  
RICHMOND, VA 23230

**Building Location:**  
HOLIDAY INN EXPRESS MIDTOWN  
2000 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 359-6061  
Email: geogr.mealer@kmhotels.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00401	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	LOBBY DESK
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

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

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

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

**Owner / Agent:**  
 FAMILY HOLDINGS LC  
 ATTN: SUSAN HEATH  
 2001 MAYWILL ST SUITE 100  
 RICHMOND, VA 23230

**Building Location:**  
 UKROPS  
 2001 MAYWILL ST  
 HENRICO, VA 23230

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00405	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SERVICE DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

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

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

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

**Owner / Agent:**  
 FAMILY HOLDINGS LC  
 ATTN: SUSAN HEATH  
 2001 MAYWILL ST SUITE 100  
 RICHMOND, VA 23230

**Building Location:**  
 UKROPS  
 2001 MAYWILL ST  
 HENRICO, VA 23230

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00405	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	SERVICE DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
BEST WESTERN/EXECUTIVE HOTEL  
ATTN: BHAVINI MEHTA  
7007 W BROAD ST  
HENRICO, VA 23294

**Building Location:**  
BEST WESTERN/EXECUTIVE HOTEL  
7007 W BROAD ST  
HENRICO, VA 23294

Phone: (804) 672-7007  
Email: bwexecutivehotel@gmail.com

**Elevator Location ID:** ELVLOC-2001-00475  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** Periodic

**Code in Effect:** 1981/2010  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**

BEST WESTERN/EXECUTIVE HOTEL  
 ATTN: BHAVINI MEHTA  
 7007 W BROAD ST  
 HENRICO, VA 23294

**Building Location:**

BEST WESTERN/EXECUTIVE HOTEL  
 7007 W BROAD ST  
 HENRICO, VA 23294

Phone: (804) 672-7007

Email: bwexecutivehotel@gmail.com

**Elevator Location ID:** ELVLOC-2001-00475  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1981/2010  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto: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:**  
EMBASSY SUITES  
ATTN: KATHLEEN LYONS  
2925 EMERYWOOD PKY.  
RICHMOND, VA 23294

**Building Location:**  
EMBASSY SUITES  
2925 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 672-8585  
Email: kathleen.lyons@hilton.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00480	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FRT.DSK.\ CALL MAINT
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation 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

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ATTN: KATHLEEN LYONS  
2925 EMERYWOOD PKY.  
RICHMOND, VA 23294

**Building Location:**  
EMBASSY SUITES  
2925 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 672-8585  
Email: kathleen.lyons@hilton.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00480	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	FRT.DSK.\ CALL MAINT
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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**Building Location:**  
EMBASSY SUITES  
2925 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 672-8585  
Email: kathleen.lyons@hilton.com

**Elevator Location ID:** ELVLOC-2001-00480  
**Equipment Sequence:** 4  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1981  
**Key Location:** FRT.DSK.\ CALL MAINT  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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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.MARY'S M.O.B. SOUTH  
5875 BREMO RD  
HENRICO, VA 23226

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2001-00548

**Code in Effect:** 1993/2013

**Equipment Sequence:** 1

**Key Location:** ENG. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** **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:**  
MEADOWS AND OHLY  
ATTN: JEFF MERKLE  
5875 BREMO RD. SUITE 510  
RICHMOND, VA 23226

**Building Location:**  
ST.MARY'S M.O.B. SOUTH  
5875 BREMO RD  
HENRICO, VA 23226

Phone: (804) 282-5392  
Email: jeff.merkle@meadowsandohly.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00548	<b>Code in Effect:</b>	1993/2013
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	ENG. OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (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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5875 BREMO RD  
HENRICO, VA 23226

Phone: (804) 282-5392  
Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2001-00548  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993/2013  
**Key Location:** ENG. OFFICE  
**Alarm Status:** Not Alarmed

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

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

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**Building Location:**  
 ST.MARY'S M.O.B. SOUTH  
 5875 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 282-5392  
 Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2001-00548      **Code in Effect:** 1993/2013  
**Equipment Sequence:** 4      **Key Location:** ENG. OFFICE  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:** **Category 1, Periodic**

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ST. MARY'S HOSPITAL  
 ATTN: JASON COLLINS  
 5801 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
 ST MARY'S PARKING DECK  
 5850 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 285-2011  
 Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00549  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1987  
**Key Location:** MAINT.  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
ST. MARY'S HOSPITAL  
ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST MARY'S PARKING DECK  
5850 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00549  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1987  
**Key Location:** MAINT.  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST MARY'S PARKING DECK  
5850 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00549  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

Inspection / Test Results  
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ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST MARY'S PARKING DECK  
5850 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00549  
**Equipment Sequence:** 4  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 ST. MARY'S HOSPITAL MOB NORTH  
 5855 BREMO RD  
 HENRICO, VA 23226

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00550	<b>Code in Effect:</b>	1965
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	ENGR. OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
LILLIBRIDGE HEALTHCARE SERVICES INC.  
ATTN: KAREN ANDERSON  
8220 MEADOWBRIDGE RD, STE 301  
MECHANICSVILLE, VA 23116

**Building Location:**  
ST. MARY'S HOSPITAL MOB NORTH  
5855 BREMO RD  
HENRICO, VA 23226

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

**Elevator Location ID:** ELVLOC-2001-00550  
**Equipment Sequence:** 2  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1965  
**Key Location:** ENGR. OFFICE  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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 LILLIBRIDGE HEALTHCARE SERVICES INC.  
 ATTN: KAREN ANDERSON  
 8220 MEADOWBRIDGE RD, STE 301  
 MECHANICSVILLE, VA 23116

**Building Location:**  
 ST. MARY'S HOSPITAL MOB NORTH  
 5855 BREMO RD  
 HENRICO, VA 23226

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

**Elevator Location ID:** ELVLOC-2001-00550      **Code in Effect:** 1965  
**Equipment Sequence:** 3      **Key Location:** ENGR. OFFICE  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:** **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:**  
 LILLIBRIDGE HEALTHCARE SERVICES INC.  
 ATTN: KAREN ANDERSON  
 8220 MEADOWBRIDGE RD, STE 301  
 MECHANICSVILLE, VA 23116

**Building Location:**  
 ST. MARY'S HOSPITAL MOB NORTH  
 5855 BREMO RD  
 HENRICO, VA 23226

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

**Elevator Location ID:** ELVLOC-2001-00550  
**Equipment Sequence:** 4  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1965  
**Key Location:** ENGR. OFFICE  
**Alarm Status:** Not Alarmed

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

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

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

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 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ST. MARY'S HOSPITAL  
 ATTN: JASON COLLINS  
 5801 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
 ST. MARY'S HOSPITAL  
 5801 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 285-2011  
 Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

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

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

**Owner / Agent:**  
 ST. MARY'S HOSPITAL  
 ATTN: JASON COLLINS  
 5801 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
 ST. MARY'S HOSPITAL  
 5801 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 285-2011  
 Email: jason\_collins@bshsi.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00551	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	ENG. OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
ST. MARY'S HOSPITAL  
ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
ST. MARY'S HOSPITAL  
ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 4  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ST. MARY'S HOSPITAL  
 ATTN: JASON COLLINS  
 5801 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
 ST. MARY'S HOSPITAL  
 5801 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 285-2011  
 Email: jason\_collins@bshsi.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00551	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	5	<b>Key Location:</b>	ENG. OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (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:**  
ST. MARY'S HOSPITAL  
ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 6  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ST. MARY'S HOSPITAL  
 ATTN: JASON COLLINS  
 5801 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
 ST. MARY'S HOSPITAL  
 5801 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 285-2011  
 Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 7  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
 ST. MARY'S HOSPITAL  
 ATTN: JASON COLLINS  
 5801 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
 ST. MARY'S HOSPITAL  
 5801 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 285-2011  
 Email: [jason\\_collins@bshsi.org](mailto:jason_collins@bshsi.org)

<b>Elevator Location ID:</b>	ELVLOC-2001-00551	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	8	<b>Key Location:</b>	ENG. OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 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:**  
ST. MARY'S HOSPITAL  
ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 9  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 2010  
**Key Location:** ENG. OFFICE  
**Alarm Status:** Not Alarmed

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
ST. MARY'S HOSPITAL  
ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00551	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	10	<b>Key Location:</b>	ENG. OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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

**Owner / Agent:**  
ST. MARY'S HOSPITAL  
ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 11  
**Elevator Type:** Dumbwaiter  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1987  
**Key Location:** ENG. OFFICE  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ST. MARY'S HOSPITAL  
 ATTN: JASON COLLINS  
 5801 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
 ST. MARY'S HOSPITAL  
 5801 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 285-2011  
 Email: jason\_collins@bshsi.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00551	<b>Code in Effect:</b>	1987/2013
<b>Equipment Sequence:</b>	12	<b>Key Location:</b>	ENG. OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

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

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

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 ATTN: JASON COLLINS  
 5801 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
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 5801 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 285-2011  
 Email: [jason\\_collins@bshsi.org](mailto:jason_collins@bshsi.org)

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 16  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ST. MARY'S HOSPITAL  
 ATTN: JASON COLLINS  
 5801 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
 ST. MARY'S HOSPITAL  
 5801 BREMO RD  
 HENRICO, VA 23226

Phone: (804) 285-2011  
 Email: [jason\\_collins@bshsi.org](mailto:jason_collins@bshsi.org)

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 17  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

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

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**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
ST. MARY'S HOSPITAL  
ATTN: JASON COLLINS  
5801 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST. MARY'S HOSPITAL  
5801 BREMO RD  
HENRICO, VA 23226

Phone: (804) 285-2011  
Email: jason\_collins@bshsi.org

**Elevator Location ID:** ELVLOC-2001-00551  
**Equipment Sequence:** 18  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Category 1, Periodic**

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

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

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

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

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COMMONWEALTH CATHOLIC CHARITIES  
ATTN: Mike Zacharias  
1307 Lakeside Ave  
Henrico, VA 23228

**Building Location:**  
COMMONWEALTH CATHOLIC CHARITIES  
1307 LAKESIDE AVE  
HENRICO, VA 23228

Phone: (804) 338-2085  
Email: [mzcorporation@aol.com](mailto:mzcorporation@aol.com)

**Elevator Location ID:** ELVLOC-2001-00603  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** SISTERS  
**Alarm Status:** Not Alarmed

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

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

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
BEST WESTERN PLUS  
ATTN: CHINTAN MAJMUDAR  
5300 AIRPORT SQUARE LN  
SANDSTON, VA 23150

**Building Location:**  
BEST WESTERN PLUS HOTEL  
5300 AIRPORT SQUARE LN  
SANDSTON, VA 23150

Phone: (518) 636-9735

Email: firstbrandcorporation@gmail.com

**Elevator Location ID:** ELVLOC-2001-00615  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1978  
**Key Location:** LOBBY DESK.  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 BEST WESTERN PLUS  
 ATTN: CHINTAN MAJMUDAR  
 5300 AIRPORT SQUARE LN  
 SANDSTON, VA 23150

**Building Location:**  
 BEST WESTERN PLUS HOTEL  
 5300 AIRPORT SQUARE LN  
 SANDSTON, VA 23150

Phone: (518) 636-9735  
 Email: firstbrandcorporation@gmail.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00615	<b>Code in Effect:</b>	1978
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	LOBBY DESK.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 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:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8504  
Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1960  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

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

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1984  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8504  
Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1984/2010  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

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

Phone: (804) 226-8504  
Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 4  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1984  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
 ATTN: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 5  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1984  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 CAPITAL REGION AIRPORT COMMISSION  
 ATTN: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

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

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 6  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1984  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

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

Phone: (804) 226-8504  
Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 7  
**Elevator Type:** Escalator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1984  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1984

**Equipment Sequence:** 8

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results

Please use a separate sheet for each elevator

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 CAPITAL REGION AIRPORT COMMISSION  
 ATTN: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

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

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 9  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

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

Phone: (804) 226-8504  
Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 10  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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**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: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

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

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 11  
**Elevator Type:** Escalator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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



County of Henrico, Virginia

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

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

Phone: (804) 226-8504  
Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 12  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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



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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
 ATTN: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 13  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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**County of Henrico, Virginia**

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

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

Phone: (804) 226-8504  
Email: rpeaden@flyrichmond.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00620	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	14	<b>Key Location:</b>	BLDG11/FIS/GATE B/15
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
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:**

CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1993

**Equipment Sequence:** 15

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** **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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 CAPITAL REGION AIRPORT COMMISSION  
 ATTN: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

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

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 16  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 CAPITAL REGION AIRPORT COMMISSION  
 ATTN: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

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

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 17  
**Elevator Type:** Escalator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

CAPITAL REGION AIRPORT COMMISSION  
 ATTN: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

**Building Location:**

RICHMOND INTERNATIONAL AIRPORT  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620

**Code in Effect:** 1993

**Equipment Sequence:** 18

**Key Location:** BLDG11/FIS/GATE B/15

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 CAPITAL REGION AIRPORT COMMISSION  
 ATTN: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

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

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 19  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

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

Phone: (804) 226-8504  
Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 20  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 2013  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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Henrico, VA 23273-0775

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
CAPITAL REGION AIRPORT COMMISSION  
ATTN: RUSS PEADEN  
1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

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

Phone: (804) 226-8504  
Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 21  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 2013  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 CAPITAL REGION AIRPORT COMMISSION  
 ATTN: RUSS PEADEN  
 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

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

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00620  
**Equipment Sequence:** 22  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 2013  
**Key Location:** BLDG11/FIS/GATE B/15  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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

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<b>Owner / Agent:</b> CAPITAL REGION AIRPORT COMMISSION ATTN: RUSS PEADEN 1 RICHARD E BYRD TERMINAL DR HENRICO, VA 23250	<b>Building Location:</b> RICHMOND INTERNATIONAL AIRPORT 1 RICHARD E BYRD TERMINAL DR HENRICO, VA 23250
--	--

Phone: (804) 226-8504  
 Email: rpeaden@flyrichmond.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00620	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	23	<b>Key Location:</b>	BLDG11/FIS/GATE B/15
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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:**

RPS FACILITIES SERVICES  
ATTN: RONALD HATHAWAY JR.  
1461 A COMMERCE RD  
RICHMOND, VA 23224

**Building Location:**

ARMSTRONG HIGH SCHOOL  
2300 COOL LN  
HENRICO, VA 23223

Phone: (804) 780-6293

Email: ireynold@rvaschools.net

**Elevator Location ID:** ELVLOC-2001-00624

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** SCHOOL OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

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](mailto: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:**  
ALFA-LAVAL, INC.  
ATTN: Gary Davis  
5400 INTERNATIONAL TRADE DR  
HENRICO, VA 23231

**Building Location:**  
ALFA-LAVAL, INC.  
5400 INTERNATIONAL TRADE DR  
HENRICO, VA 23231

Phone: (804) 236-1301  
Email: gary.davis@alfalaval.com

**Elevator Location ID:** ELVLOC-2001-00633  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1984  
**Key Location:** MAINT. SHOP  
**Alarm Status:** Not Alarmed

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 MARRIOTT COURTYARD  
 ATTN: Charmelle Washington  
 5400 Williamsburg Rd.  
 Sandston, VA 23150

**Building Location:**  
 MARRIOTT HOTEL  
 5400 WILLIAMSBURG RD  
 SANDSTON, VA 23150

Phone: (804) 652-0500  
 Email: charmelle.washington2@marriott.c

<b>Elevator Location ID:</b>	ELVLOC-2001-00636	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
MARRIOTT COURTYARD  
ATTN: Charmelle Washington  
5400 Williamsburg Rd.  
Sandston, VA 23150

**Building Location:**  
MARRIOTT HOTEL  
5400 WILLIAMSBURG RD  
SANDSTON, VA 23150

Phone: (804) 652-0500  
Email: charmelle.washington2@marriott.c

**Elevator Location ID:** ELVLOC-2001-00636  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: tgross@wcrichmond.org

**Elevator Location ID:** ELVLOC-2001-00654      **Code in Effect:** 2013  
**Equipment Sequence:** 24      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for April:** **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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Phone: (804) 501-4360  
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## Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 ARRINGTON BUILDING  
 1802 BAYBERRY CT  
 HENRICO, VA 23226

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

**Elevator Location ID:** ELVLOC-2001-00718  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

**Inspection / Test Results**  
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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 ARRINGTON BUILDING  
 1802 BAYBERRY CT  
 HENRICO, VA 23226

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

**Elevator Location ID:** ELVLOC-2001-00718  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

ARRINGTON BUILDING  
 1802 BAYBERRY CT  
 HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00718

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:** SEE MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** Periodic

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

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:**

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

**Building Location:**

CAPSTONE OFFICE BLDG  
 7100 FOREST AVE  
 HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00724**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** SEE MAINT**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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:**

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

**Building Location:**

CAPSTONE OFFICE BLDG  
7100 FOREST AVE  
HENRICO, VA 23226

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

**Elevator Location ID:** ELVLOC-2001-00724

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** SEE MAINT

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** Periodic

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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:**

WILTON PROPERTIES, INC  
ATTN: JOHN LONG  
4901 DICKENS RD STE. 100  
RICHMOND, VA 23230

**Building Location:**

OFFICES AT PARHAM & PATTERSON  
8545 PATTERSON AVE  
HENRICO, VA 23229

Phone: (804) 237-1366

Email: john@thewiltonco.com

**Elevator Location ID:** ELVLOC-2001-00807

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** 2ND.FL.W.S.LOGAN

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** Periodic

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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:**

REGENCY INN  
ATTN: CHRYSTAL LEIGH  
1500 EASTRIDGE RD  
HENRICO, VA 23229

**Building Location:**

REGENCY INN  
1500 EASTRIDGE RD  
HENRICO, VA 23229

Phone: (804) 285-9061

Email: regencyinnrichmond@gmail.com

**Elevator Location ID:** ELVLOC-2001-00815

**Code in Effect:** 1965

**Equipment Sequence:** 1

**Key Location:** ENGRS. OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** Periodic

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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:**  
 COLLIERS INTERNATIONAL  
 ATTN: AMY ROWE  
 6641 W BROAD ST  
 RICHMOND, VA 23230

**Building Location:**  
 RIVER ROAD S\C  
 6243 RIVER RD  
 HENRICO, VA 23229

Phone: (804) 320-5500  
 Email: amy.rowe@colliers.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00826	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	BOX @ OUTSIDE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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 INVESTMENT  
 ATTN: ADAM SANTOS  
 7910 WOODMONT AVE. SUITE 1405  
 BETHESDA, MD 20814

**Building Location:**  
 ONE COLONIAL PLACE  
 10571 TELEGRAPH RD  
 GLEN ALLEN, VA 23059

Phone: (240) 630-4000 Ext. 89  
 Email: [asantos@premierinvestment.com](mailto:asantos@premierinvestment.com)

<b>Elevator Location ID:</b>	ELVLOC-2001-00837	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	BLDG.ENGR. AT SITE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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](mailto:ElevatorInspectionReports@henrico.us)



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 SPRINGHILL SUITES  
 ATTN: SARAH BRYANT  
 9701 BROOK RD  
 GLEN ALLEN, VA 23059

**Building Location:**  
 SPRINGHILL SUITES  
 9701 BROOK RD  
 GLEN ALLEN, VA 23059

Phone: (804) 266-9403  
 Email: sarah.bryant@marriott.com

**Elevator Location ID:** ELVLOC-2001-00856  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

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

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County of Henrico, Virginia

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

Owner / Agent:
SPRINGHILL SUITES
ATTN: SARAH BRYANT
9701 BROOK RD
GLEN ALLEN, VA 23059

Building Location:
SPRINGHILL SUITES
9701 BROOK RD
GLEN ALLEN, VA 23059

Phone: (804) 266-9403
Email: sarah.bryant@marriott.com

Elevator Location ID: ELVLOC-2001-00856
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: Category 1, Periodic

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

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

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

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

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:**

AMERISOURCE BERGEN  
ATTN: MIKE HARPER  
9900 JEB STUART PARKWAY  
GLEN ALLEN, VA 23060

**Building Location:**

AMERISOURCE BERGEN  
9900 JEB STUART PKWY  
GLEN ALLEN, VA 23059

Phone: (804) 253-6638  
Email: mharper@amerisourcebergen.com

**Elevator Location ID:** ELVLOC-2001-00858  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1990  
**Key Location:** OPER.MGR.DESK  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: MONIQUE DOUCETTE  
4501 HIGHWOODS PKWY  
SUITE 400  
GLEN ALLEN, VA 23060

**Building Location:**

NORTH SHORE COMMONS I  
4951 LAKE BROOK DR  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: [monique.doucette@highwoods.com](mailto:monique.doucette@highwoods.com)

**Elevator Location ID:** ELVLOC-2001-00885

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** BOX ON M.R.DOOR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HILTON HOTEL  
ATTN: CARTER MARCHANT  
4050 COX RD  
GLEN ALLEN, VA 23060

**Building Location:**  
HILTON HOTEL  
4050 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 521-2900  
Email: carter.marchant@hilton.com

**Elevator Location ID:** ELVLOC-2001-00888  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HILTON HOTEL  
 ATTN: CARTER MARCHANT  
 4050 COX RD  
 GLEN ALLEN, VA 23060

**Building Location:**  
 HILTON HOTEL  
 4050 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 521-2900  
 Email: carter.marchant@hilton.com

**Elevator Location ID:** ELVLOC-2001-00888  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COMMONWEALTH COMMERCIAL  
 ATTN: MICHAEL MOOLHUYZEN  
 4198 COX RD, SUITE 200  
 GLEN ALLEN, VA 23060

**Building Location:**  
 WATERFRONT PLAZA  
 4401 WATERFRONT DR  
 GLEN ALLEN, VA 23060

Phone: (804) 228-4926  
 Email: mmoolhuyzen@commonwealthcom

**Elevator Location ID:** ELVLOC-2001-00899

**Code in Effect:** 1984/2010

**Equipment Sequence:**

1

**Key Location:** LOCK BOX

**Elevator Type:**

Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** **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:**

THALHIMER  
ATTN: PATRICIA HOGAN  
4198 COX RD  
SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**

WESTERRE I OFFICE BUILDING  
3951 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 433-1804

Email: PHOGAN@COMMONWEALTHCOMM

**Elevator Location ID:** ELVLOC-2001-00924

**Code in Effect:** 1987

**Equipment Sequence:** 1

**Key Location:** 1ST/FL, FIRE BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April: 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:**  
THALHIMER  
ATTN: PATRICIA HOGAN  
4198 COX RD  
SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**  
WESTERRE I OFFICE BUILDING  
3951 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 433-1804  
Email: PHOGAN@COMMONWEALTHCOMM

<b>Elevator Location ID:</b>	ELVLOC-2001-00924	<b>Code in Effect:</b>	1987
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	1ST/FL, FIRE BOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COMMONWEALTH COMMERCIAL PARTNERS  
ATTN: BEN HARRIS  
4198 COX ROAD  
SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**  
FORTY EIGHT HUNDRED BUILDING  
4800 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 793-0057  
Email: bharris@commonwealthcommercial

**Elevator Location ID:** ELVLOC-2001-00926  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1987  
**Key Location:** FIRE CAB. @ 1ST\FL  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COMMONWEALTH COMMERCIAL PARTNERS  
 ATTN: BEN HARRIS  
 4198 COX ROAD  
 SUITE 200  
 GLEN ALLEN, VA 23060

**Building Location:**  
 FORTY EIGHT HUNDRED BUILDING  
 4800 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 793-0057  
 Email: bharris@commonwealthcommercial

**Elevator Location ID:** ELVLOC-2001-00926  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1987  
**Key Location:** FIRE CAB. @ 1ST\FL  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COMMONWEALTH COMMERCIAL  
ATTN: ALEX CROUCH  
PO BOX 71150  
RICHMOND, VA 23255

**Building Location:**  
4301 DOMINION BLVD LLC  
4301 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 346-4966  
Email: dcreek@commonwealthcommercial

**Elevator Location ID:** ELVLOC-2001-00928  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1987  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 DEEP RUN SPE, LLC  
 ATTN: Jeffrey Bublitz  
 9550 Mayland Drive  
 Henrico, VA 23233

**Building Location:**  
 DEEP RUN I  
 9950 MAYLAND DR  
 HENRICO, VA 23233

Phone:

Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933

**Code in Effect:** 1984/2010

**Equipment Sequence:** 1

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**

DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:

Email: [jefferyb@corporatefacilitiesgroup.c](mailto:jefferyb@corporatefacilitiesgroup.c)

**Elevator Location ID:** ELVLOC-2001-00933

**Code in Effect:** 1984/2010

**Equipment Sequence:** 3

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for April:** **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:**  
 DEEP RUN SPE, LLC  
 ATTN: Jeffrey Bublitz  
 9550 Mayland Drive  
 Henrico, VA 23233

**Building Location:**  
 DEEP RUN I  
 9950 MAYLAND DR  
 HENRICO, VA 23233

Phone:  
 Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933  
**Equipment Sequence:** 4  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1984/2010  
**Key Location:** ENGR. OFFICE  
**Alarm Status:** Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**  
DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:  
Email: jefferyb@corporatefacilitiesgroup.c

**Elevator Location ID:** ELVLOC-2001-00933  
**Equipment Sequence:** 5  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 1984/2010  
**Key Location:** ENGR. OFFICE  
**Alarm Status:** Alarmed

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

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

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





**County of Henrico, Virginia**

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

DEEP RUN SPE, LLC  
ATTN: Jeffrey Bublitz  
9550 Mayland Drive  
Henrico, VA 23233

**Building Location:**

DEEP RUN I  
9950 MAYLAND DR  
HENRICO, VA 23233

Phone:

Email: jefferyb@corporatelifegroup.com

**Elevator Location ID:** ELVLOC-2001-00933

**Code in Effect:** 1984/2010

**Equipment Sequence:** 6

**Key Location:** ENGR. OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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

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

# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
 DEEP RUN SPE, LLC  
 ATTN: Jeffrey Bublitz  
 9550 Mayland Drive  
 Henrico, VA 23233

**Building Location:**  
 DEEP RUN I  
 9950 MAYLAND DR  
 HENRICO, VA 23233

Phone:  
 Email: jefferyb@corporatelifefacilitiesgroup.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00933	<b>Code in Effect:</b>	1984/2010
<b>Equipment Sequence:</b>	7	<b>Key Location:</b>	ENGR. OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
 GPT PROPERTIES / THE RMR GROUP LLC  
 ATTN: WENDY WALTON-SMITH  
 9930 INDEPENDENCE PK. DR SUITE 200  
 HENRICO, VA 23233

**Building Location:**  
 THE PERIMETER CENTER  
 9960 MAYLAND DR  
 HENRICO, VA 23233

Phone: (804) 349-7403  
 Email: lhogate@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00939

**Code in Effect:** 1987/2013

**Equipment Sequence:** 1

**Key Location:** ENGINEERS OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for April:** Periodic

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

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:**

GPT PROPERTIES / THE RMR GROUP LLC  
ATTN: WENDY WALTON-SMITH  
9930 INDEPENDENCE PK. DR SUITE 200  
HENRICO, VA 23233

**Building Location:**

THE PERIMETER CENTER  
9960 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 349-7403

Email: lhogate@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00939

**Code in Effect:** 1987/2013

**Equipment Sequence:** 2

**Key Location:** ENGINEERS OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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](mailto:ElevatorInspectionReports@henrico.us)



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 GPT PROPERTIES / THE RMR GROUP LLC  
 ATTN: WENDY WALTON-SMITH  
 9930 INDEPENDENCE PK. DR SUITE 200  
 HENRICO, VA 23233

**Building Location:**  
 THE PERIMETER CENTER  
 9960 MAYLAND DR  
 HENRICO, VA 23233

Phone: (804) 349-7403  
 Email: lhogate@rmrgroup.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00939	<b>Code in Effect:</b>	1987/2013
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	ENGINEERS OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
 GPT PROPERTIES / THE RMR GROUP LLC  
 ATTN: WENDY WALTON-SMITH  
 9930 INDEPENDENCE PK. DR SUITE 200  
 HENRICO, VA 23233

**Building Location:**  
 THE PERIMETER CENTER  
 9960 MAYLAND DR  
 HENRICO, VA 23233

Phone: (804) 349-7403  
 Email: lhogate@rmrgroup.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00939	<b>Code in Effect:</b>	1987/2013
<b>Equipment Sequence:</b>	4	<b>Key Location:</b>	ENGINEERS OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
GPT PROPERTIES / THE RMR GROUP LLC  
ATTN: WENDY WALTON-SMITH  
9930 INDEPENDENCE PK. DR SUITE 200  
HENRICO, VA 23233

**Building Location:**  
THE PERIMETER CENTER  
9960 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 349-7403  
Email: lhogate@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00939  
**Equipment Sequence:** 5  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1987/2013  
**Key Location:** ENGINEERS OFFICE  
**Alarm Status:** Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 RIDGEFIELD MEDICAL BUILDING  
 2200 PUMP RD  
 HENRICO, VA 23233

Phone: (804) 796-0500  
 Email: mike.james@collier.com

**Elevator Location ID:** ELVLOC-2001-00941  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1987  
**Key Location:** 2ND.FL.\ RM.205  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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





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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTDALE REAL ESTATE MGT.  
ATTN: DAVID MCCANN  
140 EASTSHORE DR. SUITE 150  
GLEN ALLEN, VA 23059

**Building Location:**

WEST SHORE II BUILDING  
201 CONCOURSE BLVD  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551  
Email: david.mccan@westdale.com

**Elevator Location ID:** ELVLOC-2001-00943  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** M.R. DOOR  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

### Inspection / Test Results

Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
CARMAX AUTO SUPERSTORES  
ATTN: JOHN SABER  
12800 TUCKAHOE CREEK PKWY  
RICHMOND, VA 23238

**Building Location:**  
CAR/MAX  
11090 W BROAD ST  
GLEN ALLEN, VA 23060

Phone: (804) 400-4381  
Email: chris\_baker@carmax.com

**Elevator Location ID:** ELVLOC-2001-00954  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1987  
**Key Location:** SERVICE DESK  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HIGHWOODS PROPERTIES  
ATTN: KAYLA BLAIR  
150 FAYETTEVILLE ST, STE 1400  
RALEIGH, NC 27601

**Building Location:**  
4480 BUILDING  
4480 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2164  
Email: kayla.blair@highwoods.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00956	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	3RD.FL.\VA.MUTUAL RC
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation 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](mailto:ElevatorInspectionReports@henrico.us)



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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HIGHWOODS PROPERTIES  
ATTN: KAYLA BLAIR  
150 FAYETTEVILLE ST, STE 1400  
RALEIGH, NC 27601

**Building Location:**  
4480 BUILDING  
4480 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2164  
Email: kayla.blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00956  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** 3RD.FL.\VA.MUTUAL RC  
**Alarm Status:** Not Alarmed

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 GAYTON BAPTIST CHURCH  
 ATTN: DIANE BELDEN  
 13501 N GAYTON RD  
 HENRICO, VA 23233

**Building Location:**  
 GAYTON BAPTIST CHURCH  
 13501 N GAYTON RD  
 HENRICO, VA 23233-7057

Phone: (804) 360-2801  
 Email: [diane@gayton.church](mailto:diane@gayton.church)

**Elevator Location ID:** ELVLOC-2001-00959  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HIGHWOODS PROPERTIES  
 ATTN: BRIAN EGAN  
 4501 HIGHWOODS PKWY, STE 400  
 GLEN ALLEN, VA 23060

**Building Location:**  
 HIGHWOODS ONE  
 10900 NUCKOLS RD  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2169  
 Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00961  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** KEYBOX ON#3DOOR (MR)  
**Alarm Status:** Not Alarmed

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

---

**Owner / Agent:**  
 HIGHWOODS PROPERTIES  
 ATTN: BRIAN EGAN  
 4501 HIGHWOODS PKWY, STE 400  
 GLEN ALLEN, VA 23060

**Building Location:**  
 HIGHWOODS ONE  
 10900 NUCKOLS RD  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2169  
 Email: brian.egan@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00961  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** KEYBOX ON#3DOOR (MR)  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
 ATTN: BRIAN EGAN  
 4501 HIGHWOODS PKWY, STE 400  
 GLEN ALLEN, VA 23060

**Building Location:**

HIGHWOODS ONE  
 10900 NUCKOLS RD  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2169  
 Email: [brian.egan@highwoods.com](mailto:brian.egan@highwoods.com)

**Elevator Location ID:** ELVLOC-2001-00961  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** KEYBOX ON#3DOOR (MR)  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 ECONOMIC DEVELOPMENT BUILDING -  
 4300 E PARHAM RD  
 4301 E PARHAM RD  
 HENRICO, VA 23228

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2002-01024  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MEMORIAL TRUST./THE VA. DIOCESE  
ATTN: BRUCE PARTRIDGE  
8727 RIVER RD  
RICHMOND, VA 23229

**Building Location:**

ROSLYN DINING HALL  
8727 RIVER RD  
HENRICO, VA 23229

Phone: (804) 288-6045

Email: [brucep@roslyncenter.org](mailto:brucep@roslyncenter.org)

**Elevator Location ID:** ELVLOC-2002-01026

**Code in Effect:**

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Dumbwaiter

**Alarm Status:**

**Inspections for April:** **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:**  
 CHESTNUT GROVE LP  
 ATTN: LEONARD WILKINSON  
 9010 WOODMAN RD  
 HENRICO, VA 23228

**Building Location:**  
 CHESTNUT GROVE ASSISTED LIVING  
 9010 WOODMAN RD  
 HENRICO, VA 23228

Phone: (804) 262-7333  
 Email: lwilkinson@chestnutgroveliving.co

<b>Elevator Location ID:</b>	ELVLOC-2003-01076	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
 CHESTNUT GROVE LP  
 ATTN: LEONARD WILKINSON  
 9010 WOODMAN RD  
 HENRICO, VA 23228

**Building Location:**  
 CHESTNUT GROVE ASSISTED LIVING  
 9010 WOODMAN RD  
 HENRICO, VA 23228

Phone: (804) 262-7333  
 Email: lwilkinson@chestnutgroveliving.co

<b>Elevator Location ID:</b>	ELVLOC-2003-01076	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 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:**  
CHESTNUT GROVE LP  
ATTN: LEONARD WILKINSON  
9010 WOODMAN RD  
HENRICO, VA 23228

**Building Location:**  
CHESTNUT GROVE ASSISTED LIVING  
9010 WOODMAN RD  
HENRICO, VA 23228

Phone: (804) 262-7333  
Email: lwilkinson@chestnutgroveliving.co

**Elevator Location ID:** ELVLOC-2003-01076

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
 WEINSTEIN COMMUNITY CENTER INC  
 ATTN: ALLISON SNYDER  
 5403 MONUMENT AVE  
 RICHMOND, VA 23226

**Building Location:**  
 JEWISH COMMUNITY CENTER  
 5403 MONUMENT AVE  
 HENRICO, VA 23226

Phone: (804) 285-6500  
 Email: [asnyder@weinsteinjcc.org](mailto:asnyder@weinsteinjcc.org)

**Elevator Location ID:** ELVLOC-2003-01107  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

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

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

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

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RICHMOND AFFORDABLE HOUSING  
ATTN: LYNDA WILLIAMS  
301 DABBS HOUSE RD  
RICHMOND, VA 23223

**Building Location:**

CARTER WOODS SENIOR APTS  
301 DABBS HOUSE RD  
HENRICO, VA 23223

Phone: (804) 222-4395

Email: L.WILLIAMS@BETTERHOUSINGCO

**Elevator Location ID:** ELVLOC-2004-01139

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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 AFFORDABLE HOUSING  
 ATTN: LYNDA WILLIAMS  
 301 DABBS HOUSE RD  
 RICHMOND, VA 23223

**Building Location:**  
 CARTER WOODS SENIOR APTS  
 301 DABBS HOUSE RD  
 HENRICO, VA 23223

Phone: (804) 222-4395  
 Email: L.WILLIAMS@BETTERHOUSINGCO

**Elevator Location ID:** ELVLOC-2004-01139  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 1996  
**Key Location:** MAINT.  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 MEADOWS AND OHLY  
 ATTN: JEFF MERKLE  
 5875 BREMO RD  
 RICHMOND, VA 23226

**Building Location:**  
 ST MARY'S MOB NW  
 1501 MAPLE AVE  
 HENRICO, VA 23226

Phone: (804) 282-5392  
 Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2004-01152      **Code in Effect:** 1996  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for April:** **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:**  
MEADOWS AND OHLY  
ATTN: JEFF MERKLE  
5875 BREMO RD  
RICHMOND, VA 23226

**Building Location:**  
ST MARY'S MOB NW  
1501 MAPLE AVE  
HENRICO, VA 23226

Phone: (804) 282-5392  
Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2004-01152      **Code in Effect:** 1996  
**Equipment Sequence:** 2      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for April:** **Periodic, Category 1**

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

DEEP RUN RECREATION CENTER  
9910 RIDGEFIELD PKWY  
HENRICO, VA 23233

Phone: (804) 501-5152

Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2005-01172

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

PARHAM PARK PLACE SENIOR APTS 1  
ATTN: THERESA CARNEAL  
7600 E PARHAM RD  
HENRICO, VA 23294

**Building Location:**

PARHAM PARK PLACE II  
7590 E PARHAM RD  
HENRICO, VA 23294-4120

Phone: (804) 672-7718

Email: parhampark@epochinc.com

**Elevator Location ID:** ELVLOC-2005-01174

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 WALKERTON TAVERN  
 2892 MOUNTAIN RD  
 GLEN ALLEN, VA 23060

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2005-01185	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**  
TUCKAHOE LIBRARY  
1901 STARLING DR  
HENRICO, VA 23229

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2005-01193  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1996  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 TUCKAHOE LIBRARY  
 1901 STARLING DR  
 HENRICO, VA 23229

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2005-01193	<b>Code in Effect:</b>	1996
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

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

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

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**County of Henrico, Virginia**  
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Henrico, VA 23273-0775

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
GENESIS COMMUNITY MANAGEMENT  
ATTN: JOANNE BOSTON  
11237 NUCKOLS RD  
GLEN ALLEN, VA 23059

**Building Location:**  
HICKORY PARK BLDG F  
11237 NUCKOLS RD  
GLEN ALLEN, VA 23059

Phone: (804) 762-0038 Ext. 81208  
Email: jmboston@genisesmgt.net

**Elevator Location ID:** ELVLOC-2006-01201  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1996  
**Key Location:**  
**Alarm Status:**

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

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

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

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)





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Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**

TWIN HICKORY AREA LIBRARY  
5001 TWIN HICKORY RD  
GLEN ALLEN, VA 23059

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2006-01212  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1996  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**  
TWIN HICKORY AREA LIBRARY  
5001 TWIN HICKORY RD  
GLEN ALLEN, VA 23059

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2006-01212  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 1996  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
RICHMOND RESOURCES/HICKORY PARK  
ATTN: STUART CANTOR  
5300 HICKORY PARK DR SUITE 210  
GLEN ALLEN, VA 23059

**Building Location:**  
HICKORY PARK BLDG H  
5300 HICKORY PARK DR  
GLEN ALLEN, VA 23059

Phone: (804) 262-7601  
Email: [scantor@trustmore.com](mailto:scantor@trustmore.com)

**Elevator Location ID:** ELVLOC-2006-01235  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 2000  
**Key Location:** KEYBOX  
**Alarm Status:** Not Alarmed

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

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

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

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 HENRICO THEATRE  
 305 E NINE MILE RD  
 HENRICO, VA 23075

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2007-01274  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 2000  
**Key Location:** DESK  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
BJ'S WHOLESALE CLUB  
ATTN: LEON THOMAS  
25 RESEARCH DR  
WESBOROUGH, MA 01581

**Building Location:**  
BJ'S WHOLESALE CLUB #198  
1320 STARLING DR  
HENRICO, VA 23229

Phone: (914) 414-9268  
Email: lthomas1@bjs.com

**Elevator Location ID:** ELVLOC-2008-01351      **Code in Effect:** 2000  
**Equipment Sequence:** 1      **Key Location:** STORE MGR.  
**Elevator Type:** Roped Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:**      **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
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:**  
 VRSA INSURANCE PROGRAMS  
 ATTN: TINA STEVENS  
 11243 NUCKOLS RD  
 GLEN ALLEN, VA 23059

**Building Location:**  
 VRSA INSURANCE BLDG.  
 11243 NUCKOLS RD  
 GLEN ALLEN, VA 23059

Phone: (804) 237-7311  
 Email: tstevens@vrsa.us

**Elevator Location ID:** ELVLOC-2008-01356  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 2000  
**Key Location:** KEYBOX  
**Alarm Status:** Not Alarmed

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

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

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

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**County of Henrico, Virginia**

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
BROOK RUN SOMERSET LLC  
ATTN: TIFFANY MORGAN  
6000 BROOK RD  
RICHMOND, VA 23227

**Building Location:**  
BROOK RUN SENIOR APTS  
6000 BROOK RD  
HENRICO, VA 23227-2280

Phone: (804) 261-1006  
Email: tmorgan@starockgroup.com

<b>Elevator Location ID:</b>	ELVLOC-2008-01367	<b>Code in Effect:</b>	2005/2006
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	MAINT.
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Category 1, Periodic, Category 5</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
BROOK RUN SOMERSET LLC  
ATTN: TIFFANY MORGAN  
6000 BROOK RD  
RICHMOND, VA 23227

**Building Location:**  
BROOK RUN SENIOR APTS  
6000 BROOK RD  
HENRICO, VA 23227-2280

Phone: (804) 261-1006  
Email: tmorgan@starockgroup.com

**Elevator Location ID:** ELVLOC-2008-01367      **Code in Effect:** 2005/2006  
**Equipment Sequence:** 2      **Key Location:** MAINT.  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:**      **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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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 DOUBLETREE HOTEL  
 445 INTERNATIONAL CENTRE DR  
 HENRICO, VA 23231

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

**Elevator Location ID:** ELVLOC-2008-01368  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 2005  
**Key Location:** MAINT.  
**Alarm Status:** Not Alarmed

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 DOUBLETREE HOTEL  
 445 INTERNATIONAL CENTRE DR  
 HENRICO, VA 23231

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

<b>Elevator Location ID:</b>	ELVLOC-2008-01368	<b>Code in Effect:</b>	2005
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	MAINT.
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**  
DOUBLETREE HOTEL  
445 INTERNATIONAL CENTRE DR  
HENRICO, VA 23231

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

<b>Elevator Location ID:</b>	ELVLOC-2008-01368	<b>Code in Effect:</b>	2005
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	MAINT.
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

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

Inspection / Test Results  
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## Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 HYATT PLACE HOTEL  
 4401 S LABURNUM AVE  
 HENRICO, VA 23231

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

<b>Elevator Location ID:</b>	ELVLOC-2009-01385	<b>Code in Effect:</b> 2000
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>	

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 HYATT PLACE HOTEL  
 4401 S LABURNUM AVE  
 HENRICO, VA 23231

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

<b>Elevator Location ID:</b>	ELVLOC-2009-01385	<b>Code in Effect:</b> 2000
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>	

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
 VERENA AT THE GLEN  
 ATTN: CATHY HERZOG  
 10286 BROOK RD  
 GLEN ALLEN, VA 23059

**Building Location:**  
 VERENA AT THE GLEN  
 10290 BROOK RD  
 HENRICO, VA 23060

Phone: (804) 261-1100  
 Email: [cherzog@verenaattheglenva.com](mailto:cherzog@verenaattheglenva.com)

<b>Elevator Location ID:</b>	ELVLOC-2009-01395	<b>Code in Effect:</b>	2004/2005
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
VERENA AT THE GLEN  
ATTN: CATHY HERZOG  
10286 BROOK RD  
GLEN ALLEN, VA 23059

**Building Location:**  
VERENA AT THE GLEN  
10282 BROOK RD  
HENRICO, VA 23060

Phone: (804) 261-1100  
Email: [cherzog@cadenceattheglennva.com](mailto:cherzog@cadenceattheglennva.com)

**Elevator Location ID:** ELVLOC-2009-01396      **Code in Effect:** 2004/2005  
**Equipment Sequence:** 1      **Key Location:** MAINT.  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for April:**      **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](mailto:ElevatorInspectionReports@henrico.us)



**County of Henrico, Virginia**

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:**

BEST WESTERN  
ATTN: PRATIK PATEL  
8507 BROOK RD  
GLEN ALLEN, VA 23060-4019

**Building Location:**

BEST WESTERN  
8507 BROOK RD  
GLEN ALLEN, VA 23060

Phone: (804) 266-3500

Email: pratik@jphospitality.com

**Elevator Location ID:** ELVLOC-2009-01408

**Code in Effect:** 2004

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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](mailto:ElevatorInspectionReports@henrico.us)





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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HINDU CENTER OF VA INC  
ATTN: Ram Gonela  
6051 Springfield Rd.  
Glen Allen, VA 23060

**Building Location:**  
HINDU CENTER OF VA  
6051 SPRINGFIELD RD  
GLEN ALLEN, VA 23060

Phone: (804) 332-1001  
Email: gonela.ram@gmail.com

**Elevator Location ID:** ELVLOC-2009-01435  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 2004/2005  
**Key Location:**  
**Alarm Status:**

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 EASTERN HENRICO RECREATION CENTER  
 1440 N LABURNUM AVE  
 HENRICO, VA 23223

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2010-01462  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 2005  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
FOREST MEDICAL OFFICE BLDG. LLC  
ATTN: LISA HARRIS  
6641 W BROAD ST SUITE 100  
RICHMOND, VA 23230

**Building Location:**  
REYNOLDS CROSSING MOB 2  
6900 FOREST AVE  
HENRICO, VA 23226

Phone: (804) 267-3600  
Email: [service@reydev.com](mailto:service@reydev.com)

**Elevator Location ID:** ELVLOC-2012-01551      **Code in Effect:** 2007  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for April:**      **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](mailto:ElevatorInspectionReports@henrico.us)



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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 FOREST MEDICAL OFFICE BLDG. LLC  
 ATTN: LISA HARRIS  
 6641 W BROAD ST SUITE 100  
 RICHMOND, VA 23230

**Building Location:**  
 REYNOLDS CROSSING MOB 2  
 6900 FOREST AVE  
 HENRICO, VA 23226

Phone: (804) 267-3600  
 Email: service@reydev.com

**Elevator Location ID:** ELVLOC-2012-01551  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 2007  
**Key Location:**  
**Alarm Status:**

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 LIBRARY HEADQUARTERS  
 1700 N PARHAM RD  
 HENRICO, VA 23229

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2012-01554	<b>Code in Effect:</b>	2009
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 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](mailto:ElevatorInspectionReports@henrico.us)



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Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**  
MINI PRICE WAREHOUSE  
4300 W BROAD ST  
HENRICO, VA 23230

Phone: (757) 468-7509  
Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2012-01597  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Category 1, Periodic**

**Code in Effect:** 2007  
**Key Location:**  
**Alarm Status:**

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 MINI PRICE STORAGE  
 ATTN: MELISSA OXENDINE  
 2900 SABRE ST SUITE 75  
 VIRGINIA BEACH, VA 23452

**Building Location:**  
 MINI PRICE WAREHOUSE  
 4300 W BROAD ST  
 HENRICO, VA 23230

Phone: (757) 468-7509  
 Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2012-01597      **Code in Effect:** 2007  
**Equipment Sequence:** 2      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for April:**      **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:**  
MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**  
MINI PRICE WAREHOUSE  
4300 W BROAD ST  
HENRICO, VA 23230

Phone: (757) 468-7509  
Email: melissa.oxendine@minipricestorag

<b>Elevator Location ID:</b>	ELVLOC-2012-01597	<b>Code in Effect:</b>	2007
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
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](mailto:ElevatorInspectionReports@henrico.us)





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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MINI PRICE STORAGE  
 ATTN: MELISSA OXENDINE  
 2900 SABRE ST SUITE 75  
 VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE WAREHOUSE  
 4300 W BROAD ST  
 HENRICO, VA 23230

Phone: (757) 468-7509  
 Email: melissa.oxendine@minipricestorag

<b>Elevator Location ID:</b>	ELVLOC-2012-01597	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	4	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

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

Inspection / Test Results  
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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 LIBBIE MILL LIBRARY  
 2100 LIBBIE LAKE EAST ST  
 HENRICO, VA 23230

Phone: (804) 501-5152  
 Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2015-01726  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 2010  
**Key Location:** FRON DESK  
**Alarm Status:** Alarmed

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

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

Inspection / Test Results  
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County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
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Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO COUNTY BLDGS & GROUNDS
ATTN: DOUG BROOKS
PO BOX 90775
HENRICO, VA 23273

Building Location:
LIBBIE MILL LIBRARY
2100 LIBBIE LAKE EAST ST
HENRICO, VA 23230

Phone: (804) 501-5152
Email: bro19@henrico.us

Elevator Location ID: ELVLOC-2015-01726
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for April: Periodic

Code in Effect: 2010
Key Location: FRON DESK
Alarm Status: Alarmed

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

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

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

Blank lines for handwritten inspection results

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HENRICO COUNTY BLDGS & GROUNDS  
ATTN: DOUG BROOKS  
PO BOX 90775  
HENRICO, VA 23273

**Building Location:**  
VARINA LIBRARY  
1875 NEW MARKET RD  
HENRICO, VA 23231

Phone: (804) 501-5152  
Email: bro19@henrico.us

**Elevator Location ID:** ELVLOC-2015-01741  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 2010  
**Key Location:** FRONT DESK  
**Alarm Status:** Alarmed

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

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

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

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HENRICO COUNTY BLDGS & GROUNDS  
 ATTN: DOUG BROOKS  
 PO BOX 90775  
 HENRICO, VA 23273

**Building Location:**  
 VARINA LIBRARY  
 1875 NEW MARKET RD  
 HENRICO, VA 23231

Phone: (804) 501-5152  
 Email: bro19@henrico.us

<b>Elevator Location ID:</b>	ELVLOC-2015-01741	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Alarmed
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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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Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 LIBBIE MILL BLDG B  
 4900 LIBBIE MILL EAST BLVD  
 HENRICO, VA 23230

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

<b>Elevator Location ID:</b>	ELVLOC-2015-01753	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
PECK PROPERTIES  
ATTN: JOSH PECK  
1500 HUGUENOT RD SUITE 108  
MIDLOTHIAN, VA 23113

**Building Location:**  
WEST BROAD MEDICAL  
11934 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 423-2100  
Email: griffin@peckpropertiesusa.com

**Elevator Location ID:** ELVLOC-2016-01763      **Code in Effect:** 2010  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation 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](mailto:ElevatorInspectionReports@henrico.us)



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 Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 REYNOLDS INTL. MGT. SERV.  
 ATTN: LISA HARRIS  
 6641 W BROAD ST STE 100  
 RICHMOND, VA 23230

**Building Location:**  
 FOREST MEDICAL MOB 4  
 6946 FOREST AVE  
 HENRICO, VA 23230

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

**Elevator Location ID:** ELVLOC-2017-01868  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** Category 1, Periodic

**Code in Effect:** 2010  
**Key Location:**  
**Alarm Status:**

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us





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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 REYNOLDS INTL. MGT. SERV.  
 ATTN: LISA HARRIS  
 6641 W BROAD ST STE 100  
 RICHMOND, VA 23230

**Building Location:**  
 FOREST MEDICAL MOB 4  
 6946 FOREST AVE  
 HENRICO, VA 23230

Phone: (804) 267-3636  
 Email: [service@reydev.com](mailto:service@reydev.com)

<b>Elevator Location ID:</b>	ELVLOC-2017-01868	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
 PUBLIC STORAGE  
 ATTN: CHRIS STINNETT  
 11530 NUCKOLS RE  
 GLEN ALLEN, VA 23059

**Building Location:**  
 PUBLIC STORAGE  
 11530 NUCKOLS RD  
 GLEN ALLEN, VA 23059

Phone: (804) 553-6019  
 Email: cstinnett@publicstorage.com

**Elevator Location ID:** ELVLOC-2017-01869      **Code in Effect:** 2010  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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](mailto:ElevatorInspectionReports@henrico.us)



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 Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 PUBLIC STORAGE  
 ATTN: CHRIS STINNETT  
 11530 NUCKOLS RE  
 GLEN ALLEN, VA 23059

**Building Location:**  
 PUBLIC STORAGE  
 11530 NUCKOLS RD  
 GLEN ALLEN, VA 23059

Phone: (804) 553-6019  
 Email: cstinnett@publicstorage.com

<b>Elevator Location ID:</b>	ELVLOC-2017-01869	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic</b>		

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
FAISON CENTER  
ATTN: STEVE DAILEY  
1701 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**  
FAISON SCHOOL FOR AUTISM  
1701 BYRD AVE  
HENRICO, VA 23230

Phone: (804) 612-1947  
Email: sdailey@faisoncenter.org

**Elevator Location ID:** ELVLOC-2017-01871      **Code in Effect:** 2010  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for April:** **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:**  
BON SECOURS HEALTH SYSTEMS  
ATTN: DAREL KELSEY  
12320 W BROAD ST  
HENRICO, VA 23233

**Building Location:**  
BON SECOURS RICH. HEALTH SYSTEMS  
12320 W BROAD ST  
HENRICO, VA 23233-7642

Phone: (804) 807-1498  
Email: darel.kelsey@cushwake.com

**Elevator Location ID:** ELVLOC-2018-01904  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 2010  
**Key Location:**  
**Alarm Status:**

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

---

**Owner / Agent:**  
BON SECOURS HEALTH SYSTEMS  
ATTN: DAREL KELSEY  
12320 W BROAD ST  
HENRICO, VA 23233

**Building Location:**  
BON SECOURS RICH. HEALTH SYSTEMS  
12320 W BROAD ST  
HENRICO, VA 23233-7642

Phone: (804) 807-1498  
Email: darel.kelsey@cushwake.com

<b>Elevator Location ID:</b>	ELVLOC-2018-01904	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
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](mailto: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:**  
 INNSLAKE MILLPOND NR LLC ET AL  
 ATTN: INNSLAKE/MILLPOND  
 4655 S. 2300 E ST. SUITE 205  
 HOLLADAY, UT 84117

**Building Location:**  
 INNSLAKE APARTMENTS 1  
 4245 INNSLAKE DR  
 GLEN ALLEN, VA 23060

Phone: (215) 744-1200  
 Email:

<b>Elevator Location ID:</b>	ELVLOC-2019-02066	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
 FAISON CENTER  
 ATTN: STEVE DAILEY  
 1701 BYRD AVE  
 HENRICO, VA 23230

**Building Location:**  
 FAISON SCHOOL FOR AUTISM BLDG 3  
 5311 MARKEL RD  
 HENRICO, VA 23230

Phone: (804) 612-1947  
 Email: sdailey742@faisoncenter.org

**Elevator Location ID:** ELVLOC-2020-02082  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic**

**Code in Effect:** 2013  
**Key Location:** MAINTENANCE SHOP  
**Alarm Status:**

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ROCKETTS BLOCK 17 LLC  
 ATTN: TIFFANY NOWAK  
 2701 E. LUZERNE ST.  
 PHILADELPHIA, PA 19137

**Building Location:**  
 ROCKETTS LANDING BLOCK 17  
 5050 OLD MAIN ST  
 HENRICO, VA 23231

Phone: (804) 335-1413  
 Email: [tnowak@prorealestate.com](mailto:tnowak@prorealestate.com)

**Elevator Location ID:** ELVLOC-2020-02083      **Code in Effect:** 2013  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for April:** **Periodic**

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

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

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

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# County of Henrico, Virginia

Department of Building Construction and Inspections  
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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:**  
ROCKETTS BLOCK 17 LLC  
ATTN: TIFFANY NOWAK  
2701 E. LUZERNE ST.  
PHILADELPHIA, PA 19137

**Building Location:**  
ROCKETTS LANDING BLOCK 17  
5050 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 335-1413  
Email: tnowak@prorealestate.com

**Elevator Location ID:** ELVLOC-2020-02083      **Code in Effect:** 2013  
**Equipment Sequence:** 2      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for April:**      **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
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](mailto: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:**  
 ANTHOLOGY OF TUCKAHOE  
 ATTN: ORLANDO BOOTH  
 567 N PARHAM RD  
 HENRICO, VA 23229

**Building Location:**  
 PARHAM SENIOR LIVING  
 567 N PARHAM RD  
 HENRICO, VA 23229

Phone: (804) 554-3000  
 Email: TUCKAHOEDPO@ANTHOLOGYSENI

<b>Elevator Location ID:</b>	ELVLOC-2021-000030	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
ANTHOLOGY OF TUCKAHOE  
ATTN: ORLANDO BOOTH  
567 N PARHAM RD  
HENRICO, VA 23229

**Building Location:**  
PARHAM SENIOR LIVING  
567 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 554-3000

Email: TUCKAHOEDPO@ANTHOLOGYSENI

**Elevator Location ID:** ELVLOC-2021-000030

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation 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](mailto:ElevatorInspectionReports@henrico.us)



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Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
ANTHOLOGY OF TUCKAHOE  
ATTN: ORLANDO BOOTH  
567 N PARHAM RD  
HENRICO, VA 23229

**Building Location:**  
PARHAM SENIOR LIVING  
567 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 554-3000  
Email: TUCKAHOEDPO@ANTHOLOGYSENI

**Elevator Location ID:** ELVLOC-2021-000030      **Code in Effect:** 2013  
**Equipment Sequence:** 3      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for April:** **Periodic**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
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:**  
ANTHOLOGY OF TUCKAHOE  
ATTN: ORLANDO BOOTH  
567 N PARHAM RD  
HENRICO, VA 23229

**Building Location:**  
PARHAM SENIOR LIVING  
567 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 554-3000  
Email: TUCKAHOEDPO@ANTHOLOGYSENI

<b>Elevator Location ID:</b>	ELVLOC-2021-000030	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	4	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic</b>		

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

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

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

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**County of Henrico, Virginia**  
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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:**

HOME2 SUITES HOTEL  
209 TOWNE CENTER WEST BLVD  
HENRICO, VA 23233

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

<b>Elevator Location ID:</b>	ELVLOC-2022-000001	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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**County of Henrico, Virginia**  
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 P.O. Box 90775  
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Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 HOME2 SUITES HOTEL  
 209 TOWNE CENTER WEST BLVD  
 HENRICO, VA 23233

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

<b>Elevator Location ID:</b>	ELVLOC-2022-000001	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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:**

CHURCH OF JESUS CHRIST  
ATTN: RUSSELL DAVENPORT  
10915 STAPLES MILL RD  
GLEN ALLEN, VA 23060

**Building Location:**

CHURCH OF JESUS CHRIST  
10915 STAPLES MILL RD  
GLEN ALLEN, VA 23060

Phone: (443) 340-2656

Email: russell.davenport@churchofjesusch

**Elevator Location ID:** ELVLOC-2022-000050

**Code in Effect:** 2013

**Equipment Sequence:**

1

**Key Location:**

**Elevator Type:**

Electric Elevator

**Alarm Status:**

**Inspections for April:**

Periodic

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

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:**  
REGENCY ACQUISITIONS LLC.  
ATTN: KATIE HATCHER  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229

**Building Location:**  
REGENCY APARTMENTS - PHASE 1  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229-5513

Phone: (804) 387-7921  
Email: [therisemgr@thalhimer.com](mailto:therisemgr@thalhimer.com)

**Elevator Location ID:** ELVLOC-2022-000060 **Code in Effect:** 2013  
**Equipment Sequence:** 1 **Key Location:**  
**Elevator Type:** Electric Elevator **Alarm Status:**  
**Inspections for April:** **Periodic, Category 1**

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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



**County of Henrico, Virginia**  
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P.O. Box 90775  
Henrico, VA 23273-0775

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
REGENCY ACQUISITIONS LLC.  
ATTN: KATIE HATCHER  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229

**Building Location:**  
REGENCY APARTMENTS - PHASE 1  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229-5513

Phone: (804) 387-7921  
Email: therisemgr@thalhimer.com

<b>Elevator Location ID:</b>	ELVLOC-2022-000060	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Category 1, Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation 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](mailto:ElevatorInspectionReports@henrico.us)



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Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

REGENCY ACQUISITIONS LLC.  
ATTN: KATIE HATCHER  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229

**Building Location:**

REGENCY APARTMENTS - PHASE 1  
1321 FARRELLS WEST AVE  
HENRICO, VA 23229-5513

Phone: (804) 387-7921  
Email: [therisemgr@thalhimer.com](mailto:therisemgr@thalhimer.com)

**Elevator Location ID:** ELVLOC-2022-000060  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for April:** **Periodic, Category 1**

**Code in Effect:** 2013  
**Key Location:**  
**Alarm Status:**

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

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

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



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Henrico, VA 23273-0775

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ATTN: Danielle Reed  
150 W MAIN ST  
STE 1100  
NORFOLK, VA 23510

Phone: (804) 256-5000

Email: [Metropolismanagers@wpmlc.com](mailto:Metropolismanagers@wpmlc.com)

**Building Location:**

METROPOLIS APTS, BLD A1  
4500 METROPOLIS DR  
GLEN ALLEN, VA 23060

**Elevator Location ID:** ELVLOC-2023-000029

**Code in Effect:** 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for April:** **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](mailto:ElevatorInspectionReports@henrico.us)



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 Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ATTN: Danielle Reed  
 150 W MAIN ST  
 STE 1100  
 NORFOLK, VA 23510

Phone: (804) 256-5000  
 Email: Metropolismanagers@wpmlc.com

**Building Location:**

METROPOLIS APTS, BLD A1  
 4500 METROPOLIS DR  
 GLEN ALLEN, VA 23060

<b>Elevator Location ID:</b>	ELVLOC-2023-000029	<b>Code in Effect:</b>	2016
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for April:</b>	<b>Periodic, Category 1</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**

ATTN: Danielle Reed  
150 W MAIN ST  
STE 1100  
NORFOLK, VA 23510

**Building Location:**

METROPOLIS APTS, BLD A1  
4500 METROPOLIS DR  
GLEN ALLEN, VA 23060

Phone: (804) 256-5000

Email: [Metropolismanagers@wpmlc.com](mailto:Metropolismanagers@wpmlc.com)

**Elevator Location ID:** ELVLOC-2023-000029

**Code in Effect:** 2016

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for April:** **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:**  
 GREYSTAR  
 ATTN: SHIRAE GASPORRA  
 4301 DOMINION FOREST CIRCLE  
 GLEN ALLEN, VA 23060

**Building Location:**  
 INNSBROOK SQUARE APARTMENTS BLD 1  
 4301 DOMINION FOREST CIR  
 GLEN ALLEN, VA 23060

Phone: (804) 988-8000  
 Email: [innsbrooksquaremgr@greystar.com](mailto:innsbrooksquaremgr@greystar.com)

**Elevator Location ID:** ELVLOC-2023-000061      **Code in Effect:** 2013  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for April:** **Periodic**

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

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

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

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**County of Henrico, Virginia**

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Henrico, VA 23273-0775

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

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**Owner / Agent:**

GREYSTAR  
ATTN: SHIRAE GASPORRA  
4301 DOMINION FOREST CIRCLE  
GLEN ALLEN, VA 23060

**Building Location:**

INNSBROOK SQUARE APARTMENTS BLDG 2  
4361 DOMINION FOREST CIR  
GLEN ALLEN, VA 23060

Phone: (804) 988-8000

Email: innsbrooksquaremgr@greystar.com

**Elevator Location ID:** ELVLOC-2023-000063

**Code in Effect:** 2016

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for April:** Periodic

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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

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