



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:
LAUREL HILL UNITED METHODIST CHURCH
ATTN: BARBARA WENDELL
1919 NEW MARKET RD
HENRICO, VA 23231

Building Location:
LAUREL HILL UNITED METHODIST CHURCH
1919 NEW MARKET RD
HENRICO, VA 23231

Phone: (804) 795-2772
Email: laurelhillchurch.varina@gmail.com

Elevator Location ID: ELVLOC-2001-00012 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** CHURCH OFFICE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

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



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 P.O. Box 90775
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE STEWARD SCHOOL
 ATTN: CHAD MONTGOMERY
 11600 GAYTON RD
 HENRICO, VA 23233

Building Location:
 THE STEWARD SCHOOL
 11600 GAYTON RD
 HENRICO, VA 23238-3423

Phone: (804) 740-3394
 Email: chad.montgomery@stewardschool.

Elevator Location ID: ELVLOC-2001-00015
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect:
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

Owner / Agent:

THE STEWARD SCHOOL
ATTN: CHAD MONTGOMERY
11600 GAYTON RD
HENRICO, VA 23233

Building Location:

THE STEWARD SCHOOL
11600 GAYTON RD
HENRICO, VA 23238-3423

Phone: (804) 740-3394

Email: chad.montgomery@stewardschool.

Elevator Location ID: ELVLOC-2001-00015

Code in Effect:

Equipment Sequence: 2

Key Location: MAINT SHOP

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
DEEP RUN HIGH SCHOOL
4801 TWIN HICKORY RD
GLEN ALLEN, VA 23059

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00016
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

Code in Effect:
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: _____

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Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
HERMITAGE HIGH SCHOOL
8301 HUNGARY SPRING RD
HENRICO, VA 23228

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00100 **Code in Effect:** 1965/2000/2010
Equipment Sequence: 1 **Key Location:** FRONT OFFICE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 SHORT PUMP ELEMENTARY SCHOOL
 3425 PUMP RD
 HENRICO, VA 23233

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00112
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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

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

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

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Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 SHORT PUMP MIDDLE SCHOOL
 4701 POUNCEY TRACT RD
 GLEN ALLEN, VA 23059

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID:	ELVLOC-2001-00113	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SCHOOL OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

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

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Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
LAKESIDE ELEMENTARY SCHOOL
6700 CEDAR CROFT ST
HENRICO, VA 23228

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID:	ELVLOC-2001-00114	Code in Effect:	1987
Equipment Sequence:	1	Key Location:	SCHOOL OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 MT. VERNON MIDDLE SCHOOL
 7850 CAROUSEL LN
 HENRICO, VA 23294

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00116
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

Code in Effect: 1993
Key Location: CHURCH OFFICE
Alarm Status: Not Alarmed

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

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

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Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 L. DOUGLAS WILDER MIDDLE SCHOOL
 6900 WILKINSON RD
 HENRICO, VA 23227

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00122
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

Inspection / Test Results
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Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 ECHO LAKE ELEMENTARY SCHOOL
 5200 FRANCISTOWN RD
 GLEN ALLEN, VA 23060

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00123
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1993
Key Location: SCHOOL 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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Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 VIRGINIA RANDOLPH SCHOOL
 2206 MOUNTAIN RD
 GLEN ALLEN, VA 23060

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00124
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **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
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 POCOHANTAS MIDDLE SCHOOL
 12000 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00125
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 1993
Key Location: FRONT 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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Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
MOODY MIDDLE SCHOOL
7800 WOODMAN RD
HENRICO, VA 23228

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2001-00126 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:**
Elevator Type: Roped Hydraulic Elevator **Alarm Status:**
Inspections for February: Periodic, Category 1

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION CORPORATE DISBURSEMENTS
ATTN: BLAKE BISHOP
PO BOX 25459
RICHMOND, VA 23260-5459

Building Location:
VIRGINIA POWER COMPANY
7500 W BROAD ST
HENRICO, VA 23294-3608

Phone: (804) 205-6005
Email: blake.bishop@dom.com

Elevator Location ID: ELVLOC-2001-00209

Code in Effect: 2007

Equipment Sequence: 1

Key Location: MAINTENANCE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 GENWORTH FINANCIAL BLDG. 1
 6604 W BROAD ST
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00210
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2004/2005
Key Location: RM.100 MAINT.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:

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

Building Location:

GENWORTH FINANCIAL BLDG. 1
6604 W BROAD ST
HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00210

Code in Effect: 2004/2005

Equipment Sequence: 2

Key Location: RM.100 MAINT.OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
GENWORTH FINANCIAL - BLDG. 2
6610 W BROAD ST
HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00215 **Code in Effect:** 1974
Equipment Sequence: 1 **Key Location:** GUARD DESK
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 5, Category 1**

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

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

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



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Department of Building Construction and Inspections
P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

GENWORTH FINANCIAL - BLDG. 2
6610 W BROAD ST
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

Elevator Location ID: ELVLOC-2001-00215

Code in Effect: 1974

Equipment Sequence: 2

Key Location: GUARD DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 5, Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:

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

Building Location:

GENWORTH FINANCIAL - BLDG. 2
6610 W BROAD ST
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

Elevator Location ID: ELVLOC-2001-00215 Code in Effect: 1974
Equipment Sequence: 3 Key Location: GUARD DESK
Elevator Type: Electric Elevator Alarm Status: Not Alarmed
Inspections for February: Category 1, Category 5, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator

Multiple horizontal lines for recording inspection/test 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:

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

Building Location:

GENWORTH FINANCIAL - BLDG. 2
6610 W BROAD ST
HENRICO, VA 23230

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

Elevator Location ID:	ELVLOC-2001-00215	Code in Effect:	1974
Equipment Sequence:	4	Key Location:	GUARD DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 GENWORTH FINANCIAL PARKING BLD 2
 6610 W BROAD ST
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00216

Code in Effect: 1974

Equipment Sequence: 1

Key Location: GUARD DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ALLEGIANCE HOSPITALITY LLC
 ATTN: AMIT THAKOR
 6227 W BROAD ST STE 300
 RICHMOND, VA 23230

Building Location:
 CANDELWOOD SUITES
 2100 DICKENS RD
 HENRICO, VA 23230

Phone: (804) 873-2121
 Email: gm.cwdickens@kmhotels.com

Elevator Location ID: ELVLOC-2001-00221
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 1978/2010
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

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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:

ALLEGIANCE HOSPITALITY LLC
ATTN: AMIT THAKOR
6227 W BROAD ST STE 300
RICHMOND, VA 23230

Building Location:

CANDELWOOD SUITES
2100 DICKENS RD
HENRICO, VA 23230

Phone: (804) 873-2121

Email: gm.cwdickens@kmhotels.com

Elevator Location ID: ELVLOC-2001-00221

Code in Effect: 1978/2010

Equipment Sequence: 2

Key Location: LOBBY DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: 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



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:
ALLEGIANCE HOSPITALITY LLC
ATTN: AMIT THAKOR
6227 W BROAD ST STE 300
RICHMOND, VA 23230

Building Location:
CANDELWOOD SUITES
2100 DICKENS RD
HENRICO, VA 23230

Phone: (804) 873-2121
Email: gm.cwdickens@kmhotels.com

Elevator Location ID:	ELVLOC-2001-00221	Code in Effect:	1978/2010
Equipment Sequence:	3	Key Location:	LOBBY DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for February:	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:
 COLLIERS INTERNATIONAL
 ATTN: FELECIA WASHINGTON
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 VISTAS I
 5516 FALMOUTH ST
 HENRICO, VA 23230

Phone: (804) 237-8679
 Email: felecia.washington@colliers.com

Elevator Location ID: ELVLOC-2001-00245 **Code in Effect:** 1971
Equipment Sequence: 1 **Key Location:** KEYBOX @ MACH.RM.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

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:
COLLIERS INTERNATIONAL
ATTN: FELECIA WASHINGTON
PO Box 13470
RICHMOND, VA 23225

Building Location:
VISTAS II
5516 FALMOUTH ST
HENRICO, VA 23230

Phone: (804) 237-8679
Email: felecia.washington@colliers.com

Elevator Location ID: ELVLOC-2001-00270
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1984
Key Location: STE. 200
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FEDERAL REALTY INVESTMENT
ATTN: TOM FUNARI
1117 EMMET ST N
CHARLOTTESVILLE, VA 22903-4837

Building Location:
VA DEPT OF VITAL STATISTICS
1601 WILLOW LAWN DR
HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00309

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MAINT. DEPT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FEDERAL REALTY INVESTMENT
ATTN: TOM FUNARI
1117 EMMET ST N
CHARLOTTESVILLE, VA 22903-4837

Building Location:

VA DEPT OF VITAL STATISTICS
1601 WILLOW LAWN DR
HENRICO, VA 23230

Phone: (434) 977-0100

Email: tfunari@federalrealty.com

Elevator Location ID: ELVLOC-2001-00309

Code in Effect: 1993

Equipment Sequence: 2

Key Location: MAINT. DEPT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PORTER STREET HOLDINGS LLC
ATTN: IAN REISTER
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:
TUCKAHOE MEDICAL CENTER
8921 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 697-3456
Email: ian.riester@thalhimer.com

Elevator Location ID: ELVLOC-2001-00371
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1981
Key Location: ROOM 300
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

PORTER STREET HOLDINGS LLC
ATTN: IAN REISTER
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:

TUCKAHOE MEDICAL CENTER
8921 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 697-3456
Email: ian.riester@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00371	Code in Effect:	1981
Equipment Sequence:	2	Key Location:	ROOM 300
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MARK AMES
ATTN: MARK AMES
PO BOX 31800
HENRICO, VA 23294

Building Location:
TUCKAHOE MANAGEMENT LLC
8919 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 545-9399
Email: mark@taxva.com

Elevator Location ID: ELVLOC-2001-00373
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic, Category 1

Code in Effect: 1986
Key Location: 2ND\FL LOCKBOX 52219
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PARHAM MANAGEMENT LLC
ATTN: JENNY HUNDLEY
1703 N PARHAM RD SUITE 100
HENRICO, VA 23229

Building Location:
PARHAM MANAGEMENT LLC
1703 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-9200
Email: jhundley@kbjwgroup.com

Elevator Location ID: ELVLOC-2001-00377
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic, Category 1

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Department of Building Construction and Inspections
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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:
 U-HAUL COMPANY OF RICHMOND
 ATTN: STACY DONATI
 3133 E PARHAM RD
 HENRICO, VA 23228

Building Location:
 U-HAUL
 3133 E PARHAM RD
 HENRICO, VA 23228

Phone: (804) 342-4296
 Email: stacy_donati@uhaul.com

Elevator Location ID: ELVLOC-2001-00390 **Code in Effect:** 1974
Equipment Sequence: 1 **Key Location:** MAINTENANCE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Category 1, Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
U TURN
ATTN: MANUEL FLORES III
2101 MAYWILL ST
RICHMOND, VA 23230

Building Location:
U TURN
2101 MAYWILL ST
HENRICO, VA 23230

Phone: (804) 358-2775
Email: mflores@u-turn.org

Elevator Location ID: ELVLOC-2001-00404
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1978
Key Location: FRONT SECURITY 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
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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:
 BANK STREET ADVISORS
 ATTN: L. GONZALEZ
 10120J WEST BROAD ST
 GLEN ALLEN, VA 23060

Building Location:
 BANK STREET ADVISORS
 5511 STAPLES MILL RD
 HENRICO, VA 23228

Phone: (804) 262-1585
 Email: lgonzalez@bankstreetadvisors.com

Elevator Location ID: ELVLOC-2001-00408
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1981
Key Location: FIRE BOX-1/ST.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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Poor Boys LLC
ATTN: Jeanette Turner
1901 DABNEY RD
RICHMOND, VA 23230

Building Location:

VALLEY STAR CREDIT UNION
1801 DABNEY RD
HENRICO, VA 23230

Phone: (276) 632-1679
Email: accounting@gusti-rva.com

Elevator Location ID: ELVLOC-2001-00414

Code in Effect: 1996

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
 TCRE, LLC
 ATTN: OTLEY PROPERTIES
 PO BOX 17901
 RICHMOND, VA 23226

Building Location:
 LIBBIE SQUARE OFFICE BLDG
 1807 LIBBIE AVE
 HENRICO, VA 23226

Phone: (804) 562-7373
 Email: haley@ottleyproperties.com

Elevator Location ID: ELVLOC-2001-00553
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic, Category 1

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

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

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

Inspection / Test Results
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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:
SHERATON RICHMOND AIRPORT
ATTN: Ayman Ghaly
5501 EUBANK RD
SANDSTON, VA 23150

Building Location:
SHERATON RICHMOND AIRPORT
5501 EUBANK RD
SANDSTON, VA 23150

Phone: (804) 226-6400
Email: ayman.ghaly@sheratonrichmondair

Elevator Location ID: ELVLOC-2001-00617
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1987
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: _____

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHERATON RICHMOND AIRPORT
 ATTN: Ayman Ghaly
 5501 EUBANK RD
 SANDSTON, VA 23150

Building Location:
 SHERATON RICHMOND AIRPORT
 5501 EUBANK RD
 SANDSTON, VA 23150

Phone: (804) 226-6400
 Email: ayman.ghaly@sheratonrichmondair

Elevator Location ID: ELVLOC-2001-00617 **Code in Effect:** 1987
Equipment Sequence: 2 **Key Location:** LOBBY
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation 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:
SHERATON RICHMOND AIRPORT
ATTN: Ayman Ghaly
5501 EUBANK RD
SANDSTON, VA 23150

Building Location:
SHERATON RICHMOND AIRPORT
5501 EUBANK RD
SANDSTON, VA 23150

Phone: (804) 226-6400
Email: ayman.ghaly@sheratonrichmondair

Elevator Location ID: ELVLOC-2001-00617 **Code in Effect:** 1987
Equipment Sequence: 3 **Key Location:** LOBBY
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
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:
 GRAND LODGE AF & AM OF VA
 ATTN: Amy Wagner
 4115 NINE MILE RD
 RICHMOND, VA 23223

Building Location:
 GRAND LODGE ADMIN BLDG
 4115 NINE MILE RD
 HENRICO, VA 23223

Phone: (804) 222-3110 Ext. 224
 Email: veterans@glova.org

Elevator Location ID: ELVLOC-2001-00626
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic

Code in Effect: 1955
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



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:
 MASONIC HOME OF VIRGINIA
 ATTN: MICHAEL BUTLER
 500 MASONIC LA.
 RICHMOND, VA 23223

Building Location:
 MASONIC HOME OF VIRGINIA
 500 MASONIC LN
 HENRICO, VA 23223

Phone: (804) 237-6730
 Email: mbutlerjr@mahova.com

Elevator Location ID:	ELVLOC-2001-00628	Code in Effect:	1960
Equipment Sequence:	1	Key Location:	KEYBOX @ ELEV.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 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:
 FOUR POINTS RICHMOND AIRPORT
 ATTN: PAUL SANDHU
 4700 S LABURNUM AV
 HENRICO, VA 23231

Building Location:
 WYNDHAM GARDEN HOTEL @ RIC
 4700 S LABURNUM AVE
 HENRICO, VA 23231

Phone: (804) 640-4528
 Email: paul@smi-hotelgroup.com

Elevator Location ID: ELVLOC-2001-00660
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1981
Key Location: J.ARTIS \ FRONT DESK
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FOUR POINTS RICHMOND AIRPORT
 ATTN: PAUL SANDHU
 4700 S LABURNUM AV
 HENRICO, VA 23231

Building Location:
 WYNDHAM GARDEN HOTEL @ RIC
 4700 S LABURNUM AVE
 HENRICO, VA 23231

Phone: (804) 640-4528
 Email: paul@smi-hotelgroup.com

Elevator Location ID: ELVLOC-2001-00660
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

Code in Effect: /1981/2010
Key Location: J.ARTIS \ 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:
 FOUR POINTS RICHMOND AIRPORT
 ATTN: PAUL SANDHU
 4700 S LABURNUM AV
 HENRICO, VA 23231

Building Location:
 WYNDHAM GARDEN HOTEL @ RIC
 4700 S LABURNUM AVE
 HENRICO, VA 23231

Phone: (804) 640-4528
 Email: paul@smi-hotelgroup.com

Elevator Location ID: ELVLOC-2001-00660
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1981
Key Location: J.ARTIS \ 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: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: FELECIA WASHINGTON
PO Box 13470
RICHMOND, VA 23225

Building Location:
COMMONWEALTH BUILDING
7301 FOREST AVE
HENRICO, VA 23226

Phone: (804) 237-8679
Email: felecia.washington@colliers.com

Elevator Location ID: ELVLOC-2001-00703
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1987
Key Location: ROOM 305
Alarm Status: Not Alarmed

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: FELECIA WASHINGTON
PO Box 13470
RICHMOND, VA 23225

Building Location:
COMMONWEALTH BUILDING
7301 FOREST AVE
HENRICO, VA 23226

Phone: (804) 237-8679
Email: felecia.washington@colliers.com

Elevator Location ID: ELVLOC-2001-00703

Code in Effect: 1987

Equipment Sequence: 2

Key Location: ROOM 305

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Department of Building Construction and Inspections

P.O. Box 90775

Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

LINGERFELT OFFICE PROPERTIES LLC

ATTN: CATHERINE LINGERFELT

4198 COX RD SUITE 200

GLEN ALLEN, VA 23060

Building Location:

GLEN FOREST BUILDING

7130 GLEN FOREST DR

HENRICO, VA 23226

Phone: (804) 433-1804

Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00738

Code in Effect: 1981

Equipment Sequence: 1

Key Location: BREAK GLASS BOX

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

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:
LINGERFELT OFFICE PROPERTIES LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
GLEN FOREST BUILDING
7130 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 433-1804
Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00738

Code in Effect: 1981

Equipment Sequence: 2

Key Location: BREAK GLASS BOX

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: Carrington Parrish
PO BOX 13470
Richmond, VA 23225

Building Location:
U S FINANCIAL GROUP
7202 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

Elevator Location ID: ELVLOC-2001-00741

Code in Effect: 1981

Equipment Sequence: 1

Key Location: M.R. DOOR BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: Carrington Parrish
 PO BOX 13470
 Richmond, VA 23225

Building Location:
 U S FINANCIAL GROUP
 7202 GLEN FOREST DR
 HENRICO, VA 23226

Phone: (804) 320-5500
 Email: carrington.parrish@colliers.com

Elevator Location ID:	ELVLOC-2001-00741	Code in Effect:	1981
Equipment Sequence:	2	Key Location:	M.R. DOOR BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic, Category 1		

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

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

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: Carrington Parrish
PO BOX 13470
Richmond, VA 23225

Building Location:
SIEMENS BUILDING
7204 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 320-5500
Email: carrington.parrish@colliers.com

Elevator Location ID: ELVLOC-2001-00745
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1981
Key Location: BOX ON MACH.RM.DR
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:
 COLLIERS INTERNATIONAL
 ATTN: Carrington Parrish
 PO BOX 13470
 Richmond, VA 23225

Building Location:
 SIEMENS BUILDING
 7204 GLEN FOREST DR
 HENRICO, VA 23226

Phone: (804) 320-5500
 Email: carrington.parrish@colliers.com

Elevator Location ID:	ELVLOC-2001-00745	Code in Effect:	1981
Equipment Sequence:	2	Key Location:	BOX ON MACH.RM.DR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Category 1, Periodic			

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 8006 DISCOVERY DR. LLC
 ATTN: Ryan Boyer
 4900 Augusta Ave. Ste 101
 Richmond, VA 23230

Building Location:
 8006 DISCOVERY DR. LLC
 8006 DISCOVERY DR
 HENRICO, VA 23229

Phone: (804) 372-3272
 Email: support@peakcommercialmanage

Elevator Location ID: ELVLOC-2001-00773
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1978 / 1996
Key Location: BREAK GLASS BOX
Alarm Status: Not Alarmed

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

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

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



County of Henrico, Virginia
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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:
8006 DISCOVERY DR. LLC
ATTN: Ryan Boyer
4900 Augusta Ave. Ste 101
Richmond, VA 23230

Building Location:
8006 DISCOVERY DR. LLC
8006 DISCOVERY DR
HENRICO, VA 23229

Phone: (804) 372-3272
Email: support@peakcommercialmanage

Elevator Location ID: ELVLOC-2001-00773
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1978 / 1996
Key Location: BREAK GLASS BOX
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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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:
 CCPB LLC
 ATTN: JOSEPH SMITH
 3131 PIEDMONT RD SUITE 100
 ATLANTA, GA 30305

Building Location:
 CAPITAL CITY PHYSICIANS BUILDING
 8002 DISCOVERY DR
 HENRICO, VA 23229

Phone: (404) 266-0900
 Email: jsmith@baumanco.com

Elevator Location ID:	ELVLOC-2001-00774	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	KEY BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CCPB LLC
 ATTN: JOSEPH SMITH
 3131 PIEDMONT RD SUITE 100
 ATLANTA, GA 30305

Building Location:
 CAPITAL CITY PHYSICIANS BUILDING
 8002 DISCOVERY DR
 HENRICO, VA 23229

Phone: (404) 266-0900
 Email: jsmith@baumanco.com

Elevator Location ID: ELVLOC-2001-00774

Code in Effect: 1971

Equipment Sequence: 2

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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County of Henrico, Virginia

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

EQUITABLE REAL ESTATE PARTNERS
ATTN: KAREN MITCHELL
P.O. BOX 70037
RICHMOND, VA 23229

Building Location:

KOGER BUILDING
8001 FRANKLIN FARMS DR
HENRICO, VA 23229

Phone: (804) 658-3168

Email: kmitchell@equitable realestate.net

Elevator Location ID: ELVLOC-2001-00775

Code in Effect: 1971

Equipment Sequence: 1

Key Location: BREAK GLASS BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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



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:
 M & H REALTY FOUR LLC.
 ATTN: AARON BARR
 1500 FOREST AVE STE 100
 HENRICO, VA 23229

Building Location:
 RANDOLPH BUILDING
 1500 FOREST AVE
 HENRICO, VA 23229

Phone: (804) 282-0999
 Email: abarr@marksandharrison.com

Elevator Location ID: ELVLOC-2001-00776 **Code in Effect:** 1971
Equipment Sequence: 1 **Key Location:** KEY BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Category 1, Periodic

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EQUITABLE REAL ESTATE PARTNERS
 ATTN: KAREN MITCHELL
 P.O. BOX 70037
 RICHMOND, VA 23229

Building Location:
 NELSON BUILDING
 1503 SANTA ROSA RD
 HENRICO, VA 23229

Phone: (804) 658-3168
 Email: kmitchell@equitablerealestate.net

Elevator Location ID:	ELVLOC-2001-00777	Code in Effect:	1978
Equipment Sequence:	1	Key Location:	BREAK GLASS KEYBOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EQUITABLE REAL ESTATE PARTNERS
ATTN: KAREN MITCHELL
P.O. BOX 70037
RICHMOND, VA 23229

Building Location:
ALMOND BUILDING
1610 FOREST AVE
HENRICO, VA 23229

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

Elevator Location ID: ELVLOC-2001-00778 **Code in Effect:** 1971 / 2010
Equipment Sequence: 1 **Key Location:** BREAK GLASS BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 UDIG
 ATTN: KELLY HOOVER
 8000 FRANKLIN FARMS DR
 HENRICO, VA 23229

Building Location:
 UDIG
 8000 FRANKLIN FARMS DR
 HENRICO, VA 23229

Phone: (804) 527-0005
 Email: kelly.hoover@udig.com

Elevator Location ID: ELVLOC-2001-00780

Code in Effect: 1971

Equipment Sequence: 1

Key Location: BREAK GLASS BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
TYLER BUILDING
1603 SANTA ROSA RD
HENRICO, VA 23229

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

Elevator Location ID:	ELVLOC-2001-00781	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	BREAKGLASS BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: FELECIA WASHINGTON
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 SPOTSWOOD BUILDING
 8003 FRANKLIN FARMS DR
 HENRICO, VA 23229

Phone: (804) 237-8679
 Email: felecia.washington@colliers.com

Elevator Location ID:	ELVLOC-2001-00784	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	BREAK GLASS BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIER'S INC.
 ATTN: DAWN ROSATO
 PO BOX 13470
 RICHMOND, VA 23225

Building Location:
 JEFFERSON BUILDING
 8100 THREE CHOPT RD
 HENRICO, VA 23229

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

Elevator Location ID: ELVLOC-2001-00785 **Code in Effect:** 1978
Equipment Sequence: 1 **Key Location:** BREAK GLASS BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

EQUITABLE REAL ESTATE PARTNERS
ATTN: KAREN MITCHELL
P.O. BOX 70037
RICHMOND, VA 23229

Building Location:

RATCLIFFE BUILDING
1602 ROLLING HILLS DR
HENRICO, VA 23229

Phone: (804) 658-6138

Email: kmitchell@equitablerealestate.net

Elevator Location ID: ELVLOC-2001-00786

Code in Effect: 1971

Equipment Sequence: 1

Key Location: BREAK GLASS BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: FELECIA WASHINGTON
PO Box 13470
RICHMOND, VA 23225

Building Location:
DALE BUILDING LLC.
1504 SANTA ROSA RD
HENRICO, VA 23229

Phone: (804) 237-8679
Email: felecia.washington@colliers.com

Elevator Location ID: ELVLOC-2001-00787

Code in Effect: 1978

Equipment Sequence: 1

Key Location: BREAK GLASS BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EQUITABLE REAL ESTATE PARTNERS
ATTN: KAREN MITCHELL
P.O. BOX 70037
RICHMOND, VA 23229

Building Location:
WYTHE BUILDING
1604 SANTA ROSA RD
HENRICO, VA 23229

Phone: (804) 658-6138
Email: kmitchell@equitable realestate.net

Elevator Location ID: ELVLOC-2001-00788 **Code in Effect:** 1978
Equipment Sequence: 1 **Key Location:** BREAK GLASS BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EQUITABLE REAL ESTATE PARTNERS
ATTN: KAREN MITCHELL
P.O. BOX 70037
RICHMOND, VA 23229

Building Location:
CULPEPPER BUILDING
1606 SANTA ROSA RD
HENRICO, VA 23229

Phone: (804) 658-6138
Email: kmitchell@equitable realestate.net

Elevator Location ID: ELVLOC-2001-00789 **Code in Effect:** 1978
Equipment Sequence: 1 **Key Location:** BREAK GLASS BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLEGIATE SCHOOL
ATTN: CARROLL CAMPBELL
103 N MOORELAND RD
HENRICO, VA 23229

Building Location:
COLLEGIATE - NORTH SCIENCE
103 N MOORELAND RD
HENRICO, VA 23229

Phone: (804) 741-9733
Email: carroll_campbell@collegiate-va.org

Elevator Location ID: ELVLOC-2001-00833

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MAINT. DEPT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VIRGINIA CROSSINGS
 ATTN: IAN HAWTHORNE
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Building Location:
 JEFFERSON BUILDING
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Phone: (804) 727-1400
 Email: ian.hawthorne@wyndham.com

Elevator Location ID: ELVLOC-2001-00864

Code in Effect: 1993

Equipment Sequence: 2

Key Location: ENGINEERING

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VIRGINIA CROSSINGS
ATTN: IAN HAWTHORNE
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Building Location:
JEFFERSON BUILDING
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Phone: (804) 727-1400
Email: ian.hawthorne@wyndham.com

Elevator Location ID: ELVLOC-2001-00864
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect:
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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VIRGINIA CROSSINGS
 ATTN: IAN HAWTHORNE
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Building Location:
 MADISON BUILDING
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Phone: (804) 727-1400
 Email: ian.hawthorne@wyndham.com

Elevator Location ID: ELVLOC-2001-00865

Code in Effect: 1993

Equipment Sequence: 1

Key Location: ENGINEERING

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VIRGINIA CROSSINGS
 ATTN: IAN HAWTHORNE
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Building Location:
 MADISON BUILDING
 1000 VIRGINIA CENTER PKWY
 GLEN ALLEN, VA 23059

Phone: (804) 727-1400
 Email: ian.hawthorne@wyndham.com

Elevator Location ID:	ELVLOC-2001-00865	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	ENGINEERING
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
VIRGINIA CROSSINGS
ATTN: IAN HAWTHORNE
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Building Location:
MADISON BUILDING
1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VA 23059

Phone: (804) 727-1400
Email: ian.hawthorne@wyndham.com

Elevator Location ID: ELVLOC-2001-00865
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: **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



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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:

STAPLES MILL ROAD BAPTIST
ATTN: STACEY REXRODE
10101 STAPLES MILL RD
GLEN ALLEN, VA 23060

Building Location:

STAPLES MILL ROAD BAPTIST
10101 STAPLES MILL RD
GLEN ALLEN, VA 23060

Phone: (804) 672-6811

Email: srexrode@smrbc.org

Elevator Location ID: ELVLOC-2001-00877

Code in Effect: 1993

Equipment Sequence: 1

Key Location: CHURCH OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BETH SHALOM GARDENS
ATTN: STEVE PRENTICE
1600 JOHN ROLFE PKWY
HENRICO, VA 23229

Building Location:
BETH SHALOM GARDENS
1600 JOHN ROLFE PKWY
HENRICO, VA 23238-8110

Phone: (804) 513-8021
Email: sprentice@bslcc.org

Elevator Location ID: ELVLOC-2001-00887

Code in Effect: 1993

Equipment Sequence: 1

Key Location: RECPT.DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
 BETH SHALOM GARDENS
 ATTN: STEVE PRENTICE
 1600 JOHN ROLFE PKWY
 HENRICO, VA 23229

Building Location:
 BETH SHALOM GARDENS
 1600 JOHN ROLFE PKWY
 HENRICO, VA 23238-8110

Phone: (804) 513-8021
 Email: sprentice@bslcc.org

Elevator Location ID: ELVLOC-2001-00887
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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
 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:
 BETH SHALOM GARDENS
 ATTN: STEVE PRENTICE
 1600 JOHN ROLFE PKWY
 HENRICO, VA 23229

Building Location:
 BETH SHALOM GARDENS
 1600 JOHN ROLFE PKWY
 HENRICO, VA 23238-8110

Phone: (804) 513-8021
 Email: sprentice@bslcc.org

Elevator Location ID: ELVLOC-2001-00887
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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: _____

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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:
 WESTDALE REAL ESTATE MGT.
 ATTN: DAVID MCCANN
 140 EASTSHORE DR. SUITE 150
 GLEN ALLEN, VA 23059

Building Location:
 EASTSHORE OFFICE BLDG. I
 100 EASTSHORE DR
 GLEN ALLEN, VA 23059

Phone: (804) 747-1551
 Email: david.mccan@westdale.com

Elevator Location ID: ELVLOC-2001-00892
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **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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 Henrico, VA 23273-0775

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:
 EASTSHORE OFFICE BLDG. I
 100 EASTSHORE DR
 GLEN ALLEN, VA 23059

Phone: (804) 747-1551
 Email: david.mccan@westdale.com

Elevator Location ID: ELVLOC-2001-00892
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: 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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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SNH INDEPENDENCE PARK LLC
ATTN: WENDY WALTON-SMITH
9900 INDEPENDENCE PARK DR SUITE 120
HENRICO, VA 23233

Building Location:
LIBERTY PLAZA II
10800 NUCKOLS RD
GLEN ALLEN, VA 23060

Phone: (804) 452-7718
Email: waltonsmith@rmrgroup.com

Elevator Location ID: ELVLOC-2001-00893 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SNH INDEPENDENCE PARK LLC
ATTN: WENDY WALTON-SMITH
9900 INDEPENDENCE PARK DR SUITE 120
HENRICO, VA 23233

Building Location:
LIBERTY PLAZA II
10800 NUCKOLS RD
GLEN ALLEN, VA 23060

Phone: (804) 452-7718
Email: waltonsmith@rmrgroup.com

Elevator Location ID: ELVLOC-2001-00893 **Code in Effect:** 1993
Equipment Sequence: 2 **Key Location:** SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTDALE ASSET MGT.
ATTN: DAVID MCCANN
140 EASTSHORE DR. SUITE 150
GLEN ALLEN, VA 23059

Building Location:

EASTSHORE OFFICE BLDG. III
140 EASTSHORE DR
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: david.mccan@westdale.com

Elevator Location ID: ELVLOC-2001-00894

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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

**County of Henrico, Virginia**

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTDALE ASSET MGT.
 ATTN: DAVID MCCANN
 140 EASTSHORE DR. SUITE 150
 GLEN ALLEN, VA 23059

Building Location:

EASTSHORE OFFICE BLDG. III
 140 EASTSHORE DR
 GLEN ALLEN, VA 23059

Phone: (804) 747-1551
 Email: david.mccan@westdale.com

Elevator Location ID: ELVLOC-2001-00894
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **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:

MORNINGSIDE ASSISTED LIVING
ATTN: Stephanie Quick
3000 Skipwith Rd
Henrico, VA 23294

Building Location:

MORNINGSIDE ASSISTED LIVING
3000 SKIPWITH RD
HENRICO, VA 23294

Phone: (617) 796-8173
Email: squick@5ssl.com

Elevator Location ID: ELVLOC-2001-00896
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **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
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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:
WELLFLEET PROPERTIES LLC
ATTN: JAMES LARNER
1305 GARTH GATE LN.
Charlottesville, VA 22901

Building Location:
WELLFLEET PROPERTIES
12201 GAYTON RD
HENRICO, VA 23238-8203

Phone: (434) 825-0321
Email: james@larner.com

Elevator Location ID: ELVLOC-2001-00914

Code in Effect: 1981

Equipment Sequence: 1

Key Location: KEYBOX @ MACH.ROOM

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
 THALHIMERS
 ATTN: MICHELLE SPAHR
 P.O. BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 MAGELLAN
 4300 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 697-3468
 Email: Michelle.Spahr@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00921	Code in Effect:	1987/2013
Equipment Sequence:	1	Key Location:	MAINT. = JIM OLIVER
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMERS
 ATTN: MICHELLE SPAHR
 P.O. BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 MAGELLAN
 4300 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 697-3468
 Email: Michelle.Spahr@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00921	Code in Effect:	1987 2013
Equipment Sequence:	2	Key Location:	MAINT. = JIM OLIVER
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	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



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:

THALHIMERS
 ATTN: MICHELLE SPAHR
 P.O. BOX 5160
 GLEN ALLEN, VA 23058

Building Location:

MAGELLAN
 4300 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 697-3468
 Email: Michelle.Spahr@thalhimer.com

Elevator Location ID: ELVLOC-2001-00921
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 1987/2013
Key Location: MAINT. = JIM OLIVER
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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CAPITAL REALTY
ATTN: NARMINA NESIMOVA
2027 LAUDERDALE DR.
HENRICO, VA 23238

Building Location:
MAPLE WOODS APARTMENTS
2027 LAUDERDALE DR
HENRICO, VA 23238-3940

Phone: (804) 741-4691
Email: nnesimova@thecapitalrealty.com

Elevator Location ID: ELVLOC-2001-00925 **Code in Effect:** 1978 / 2010
Equipment Sequence: 1 **Key Location:** OFFICE=CALL MAINT.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic, Category 1**

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

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

Inspection / Test Results
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County of Henrico, Virginia
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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 REALTY
 ATTN: NARMINA NESIMOVA
 2027 LAUDERDALE DR.
 HENRICO, VA 23238

Building Location:
 MAPLE WOODS APARTMENTS
 2027 LAUDERDALE DR
 HENRICO, VA 23238-3940

Phone: (804) 741-4691
 Email: nnesimova@thecapitalrealty.com

Elevator Location ID: ELVLOC-2001-00925

Code in Effect: 1978/2010

Equipment Sequence: 2

Key Location: OFFICE=CALL MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BETH SHALOM HOME
ATTN: STEVE PRENTICE
1600 JOHN ROLFE PKWY
HENRICO, VA 23233

Building Location:
BETH SHALOM HOME
1600 JOHN ROLFE PKWY
HENRICO, VA 23238-8110

Phone: (804) 421-5337
Email: sprentice@bslcc.com

Elevator Location ID: ELVLOC-2001-00927 **Code in Effect:** 1987
Equipment Sequence: 1 **Key Location:** RECEPT. DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **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:
BETH SHALOM HOME
ATTN: STEVE PRENTICE
1600 JOHN ROLFE PKWY
HENRICO, VA 23233

Building Location:
BETH SHALOM HOME
1600 JOHN ROLFE PKWY
HENRICO, VA 23238-8110

Phone: (804) 421-5337
Email: sprentice@bslcc.com

Elevator Location ID: ELVLOC-2001-00927
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 1987
Key Location: RECEPT. DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
 HIGHWOODS PROPERTIES
 ATTN: KAYLA BLAIR
 4501 Highwoods Pkwy, Suite 400
 GLEN ALLEN, VA 23060

Building Location:
 NORTH PARK
 4701 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00929	Code in Effect:	1987/2010
Equipment Sequence:	1	Key Location:	KNOX BOX - FRONT DR.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Category 1, Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
NORTH PARK
4701 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00929
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic, Category 1

Code in Effect: 1987/2010
Key Location: KNOX BOX - FRONT DR.
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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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COMMONWEALTH COMMERCIAL
ATTN: CHUCK RICHARDSON
4198 COX ROAD SUITE 200
GLEN ALLEN, VA 23060

Building Location:

CENTER PARK V
4405 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 433-1836

Email: crichardson@commonwealthcomm

Elevator Location ID: ELVLOC-2001-00931

Code in Effect: 1984

Equipment Sequence: 1

Key Location: KEYBOX ADJ. TO DOOR

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HIGHWOODS PROPERTIES
 ATTN: MONIQUE DOUCETTE
 4501 HIGHWOODS PKWY
 SUITE 400
 GLEN ALLEN, VA 23060

Building Location:
 4101 BUILDING
 4101 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 290-2174
 Email: monique.doucette@highwoods.com

Elevator Location ID: ELVLOC-2001-00932

Code in Effect: 1984

Equipment Sequence: 1

Key Location: KEYBOX ON MACH.RM.DR

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: MONIQUE DOUCETTE
4501 HIGHWOODS PKWY
SUITE 400
GLEN ALLEN, VA 23060

Building Location:
4101 BUILDING
4101 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: monique.doucette@highwoods.com

Elevator Location ID: ELVLOC-2001-00932
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1984
Key Location: KEYBOX ON MACH.RM.DR
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CAMBRIDGE HEALTHCARE MGT.
ATTN: Megan Mansour
1608 RT 88 STE 301
BRICK, NJ 08724

Building Location:

CANTERBURY REHABILITATION
1776 CAMBRIDGE DR
HENRICO, VA 23238-3203

Phone: (732) 965-1948

Email: apcanterbury@mhslp.com

Elevator Location ID: ELVLOC-2001-00940

Code in Effect: 1965

Equipment Sequence: 1

Key Location: 1ST\FL HALL KEYBOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

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:
 CAMBRIDGE HEALTHCARE MGT.
 ATTN: Megan Mansour
 1608 RT 88 STE 301
 BRICK, NJ 08724

Building Location:
 CANTERBURY REHABILITATION
 1776 CAMBRIDGE DR
 HENRICO, VA 23238-3203

Phone: (732) 965-1948
 Email: apcanterbury@mhspl.com

Elevator Location ID: ELVLOC-2001-00940
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

Code in Effect: 1965/2013
Key Location: 1ST\FL HALL 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: _____

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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:

BLUERIDGE SENIOR LIVING
ATTN: Beth Ludeke
12411 Gayton Rd.
Richmond, VA 23238

Building Location:

BLUERIDGE SENIOR LIVING
12411 GAYTON RD
HENRICO, VA 23238-2272

Phone: (804) 741-9494
Email: jhaden@blueridge.com

Elevator Location ID: ELVLOC-2001-00942
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

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
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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 BLUERIDGE SENIOR LIVING
 ATTN: Beth Ludeke
 12411 Gayton Rd.
 Richmond, VA 23238

Building Location:
 BLUERIDGE SENIOR LIVING
 12411 GAYTON RD
 HENRICO, VA 23238-2272

Phone: (804) 741-9494
 Email: jhaden@blueridge.com

Elevator Location ID: ELVLOC-2001-00942
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL - CAPITAL ONE
 ATTN: DEREK KILDOO
 10700 Energy Way
 Glen Allen, VA 23060

Building Location:
 KNOLLS I
 4881 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 968-2480
 Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00944
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1993
Key Location: GUARD 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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
JLL - CAPITAL ONE
ATTN: DEREK KILDOO
10700 Energy Way
Glen Allen, VA 23060

Building Location:
KNOLLS I
4881 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 968-2480
Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00944
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic, Category 1

Code in Effect: 1993/2010
Key Location: GUARD 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:
JLL - CAPITAL ONE
ATTN: DEREK KILDOO
10700 Energy Way
Glen Allen, VA 23060

Building Location:
KNOLLS I
4881 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 968-2480
Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00944
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

Code in Effect: 1993
Key Location: GUARD 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:
SHAMIN HOTELS
ATTN: OMAR ANSARI
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HAMPTON INN
10800 W BROAD ST
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00946

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 HAMPTON INN
 10800 W BROAD ST
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00946
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: 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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Innsbrook LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
G E BUILDING
4880 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 433-1804
Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00948 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: 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, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WELLS FARGO
 ATTN: Daryl Eubank
 4340 Innslake Dr
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297
 Email: daryl.eubank@wellsfargo.com

Elevator Location ID:	ELVLOC-2001-00952	Code in Effect:	1990
Equipment Sequence:	1	Key Location:	SECURITY
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WELLS FARGO
 ATTN: Daryl Eubank
 4340 Innslake Dr
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297
 Email: daryl.eubank@wellsfargo.com

Elevator Location ID:	ELVLOC-2001-00952	Code in Effect:	1990
Equipment Sequence:	2	Key Location:	SECURITY
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WELLS FARGO
ATTN: Daryl Eubank
4340 Innslake Dr
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 398-7297
Email: daryl.eubank@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952

Code in Effect: 1990

Equipment Sequence: 4

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WELLS FARGO
 ATTN: Daryl Eubank
 4340 Innslake Dr
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297
 Email: daryl.eubank@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1990
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
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Phone: (804) 501-4360
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WELLS FARGO
 ATTN: Daryl Eubank
 4340 Innslake Dr
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297
 Email: daryl.eubank@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 6
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 1990
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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WELLS FARGO
ATTN: Daryl Eubank
4340 Innslake Dr
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 398-7297
Email: daryl.eubank@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952

Code in Effect: 1990

Equipment Sequence: 7

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
 WELLS FARGO
 ATTN: Daryl Eubank
 4340 Innslake Dr
 Glen Allen, VA 23060

Building Location:
 WELLS FARGO
 4340 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297
 Email: daryl.eubank@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952

Code in Effect: 1990

Equipment Sequence: 8

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
WELLS FARGO
ATTN: Daryl Eubank
4340 Innslake Dr
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 398-7297
Email: daryl.eubank@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952 **Code in Effect:** 1990
Equipment Sequence: 9 **Key Location:** SECURITY
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WELLS FARGO
ATTN: Daryl Eubank
4340 Innslake Dr
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 398-7297
Email: daryl.eubank@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952
Equipment Sequence: 11
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1990
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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WELLS FARGO
ATTN: Daryl Eubank
4340 Innslake Dr
Glen Allen, VA 23060

Building Location:
WELLS FARGO
4340 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 398-7297
Email: daryl.eubank@wellsfargo.com

Elevator Location ID: ELVLOC-2001-00952 **Code in Effect:** 1990
Equipment Sequence: 12 **Key Location:** SECURITY
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: Category 1, Periodic

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

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

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

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County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION CLUB
ATTN: DAN RIKER
6000 DOMINION CLUB DR
GLEN ALLEN, VA 23060

Building Location:
DOMINION CLUB
6000 DOMINION CLUB DR
GLEN ALLEN, VA 23059

Phone: (804) 360-1200
Email: driker@heritagegolfgroup.com

Elevator Location ID: ELVLOC-2001-00955 **Code in Effect:** 1984
Equipment Sequence: 1 **Key Location:** UNDER RECPT.DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
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:
DOMINION CLUB
ATTN: DAN RIKER
6000 DOMINION CLUB DR
GLEN ALLEN, VA 23060

Building Location:
DOMINION CLUB
6000 DOMINION CLUB DR
GLEN ALLEN, VA 23059

Phone: (804) 360-1200
Email: driker@heritagegolfgroup.com

Elevator Location ID: ELVLOC-2001-00955 **Code in Effect:** 1984
Equipment Sequence: 2 **Key Location:** UNDER RECPT.DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
JLL - CAPITAL ONE
ATTN: DEREK KILDOO
10700 Energy Way
Glen Allen, VA 23060

Building Location:
KNOLLS III
4851 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 968-2480
Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00963
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **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: _____

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:
JLL - CAPITAL ONE
ATTN: DEREK KILDOO
10700 Energy Way
Glen Allen, VA 23060

Building Location:
KNOLLS III
4851 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 968-2480
Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00963
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
JLL - CAPITAL ONE
ATTN: DEREK KILDOO
10700 Energy Way
Glen Allen, VA 23060

Building Location:
KNOLLS III
4851 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 968-2480
Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00963
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: 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: _____

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:
 JLL - CAPITAL ONE
 ATTN: DEREK KILDOO
 10700 Energy Way
 Glen Allen, VA 23060

Building Location:
 KNOLLS III
 4851 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 968-2480
 Email: derek.kildoo@jll.com

Elevator Location ID:	ELVLOC-2001-00963	Code in Effect:	1993
Equipment Sequence:	4	Key Location:	ENG. OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RESIDENCE INN BY MARRIOTT
ATTN: ALTHEA GREEN
3940 WESTERRE PKWY
HENRICO, VA 23233

Building Location:
RESIDENCE INN BY MARRIOTT
3940 WESTERRE PKWY
HENRICO, VA 23233

Phone: (804) 762-9852
Email: althea.green@marriott.com

Elevator Location ID: ELVLOC-2001-00976
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1993
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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 RESIDENCE INN BY MARRIOTT
 ATTN: ALTHEA GREEN
 3940 WESTERRE PKWY
 HENRICO, VA 23233

Building Location:
 RESIDENCE INN BY MARRIOTT
 3940 WESTERRE PKWY
 HENRICO, VA 23233

Phone: (804) 762-9852
 Email: althea.green@marriott.com

Elevator Location ID: ELVLOC-2001-00976
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic, Category 1

Code in Effect: 1993
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



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:

COURTYARD BY MARRIOTT - NW
ATTN: Julia McCoy
11541 Nuckols Rd., Suite D
Glen Allen, VA 23059

Building Location:

COURTYARD BY MARRIOTT - NW
3950 WESTERRE PKWY
HENRICO, VA 23233

Phone:

Email: jmccoy@kalyanhospitality.com

Elevator Location ID: ELVLOC-2001-00977

Code in Effect: 1993

Equipment Sequence: 1

Key Location: MAINT DEPT

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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



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:
 COURTYARD BY MARRIOTT - NW
 ATTN: Julia McCoy
 11541 Nuckols Rd., Suite D
 Glen Allen, VA 23059

Building Location:
 COURTYARD BY MARRIOTT - NW
 3950 WESTERRE PKWY
 HENRICO, VA 23233

Phone:
 Email: jmccoy@kalyanhospitality.com

Elevator Location ID: ELVLOC-2001-00977

Code in Effect: 1993

Equipment Sequence: 2

Key Location: MAINT DEPT

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: Carrington Parrish
PO BOX 13470
Richmond, VA 23225

Building Location:
FRANKLIN COMMONS III
5640 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: carrington.parrish@colliers.com

Elevator Location ID:	ELVLOC-2001-00988	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
COLLIERS INTERNATIONAL
ATTN: Carrington Parrish
PO BOX 13470
Richmond, VA 23225

Building Location:
FRANKLIN COMMONS III
5640 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: carrington.parrish@colliers.com

Elevator Location ID: ELVLOC-2001-00988
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **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
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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: Carrington Parrish
PO BOX 13470
Richmond, VA 23225

Building Location:
FRANKLIN COMMONS III
5640 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: carrington.parrish@colliers.com

Elevator Location ID: ELVLOC-2001-00988
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for February: **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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COLLIERS INTERNATIONAL
ATTN: Carrington Parrish
PO BOX 13470
Richmond, VA 23225

Building Location:

FRANKLIN COMMONS PARKING DECK
5600 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

Elevator Location ID: ELVLOC-2001-00989**Code in Effect:** 1993**Equipment Sequence:** 1**Key Location:** KEYBOX**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for February: Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

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 Department of Building Construction and Inspections
 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VA UMC ADMINISTRATION BUILDING
 ATTN: CAROL DRAPER
 P O BOX 5606
 GLEN ALLEN, VA 23058

Building Location:
 VA UMC ADMINISTRATION BUILDING
 10330 STAPLES MILL RD
 GLEN ALLEN, VA 23060

Phone: (804) 521-1100
 Email: caroldraper@vaumc.org

Elevator Location ID: ELVLOC-2002-01015
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic**

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
 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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
NEW BRIDGE SCHOOL
5915 NINE MILE RD
HENRICO, VA 23223

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2002-01016
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

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

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

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

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



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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
RIVERS EDGE ELEMENTARY
11600 HOLMAN RIDGE RD
GLEN ALLEN, VA 23059

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2003-01074
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Category 1, Periodic

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

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

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

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



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:
STRANGE'S FLORIST INC
ATTN: WILL GOULDIN
12111 W BROAD ST
HENRICO, VA 23233

Building Location:
STRANGE'S FLORIST
12111 W BROAD ST
HENRICO, VA 23233-7604

Phone: (804) 360-2800
Email: will@stranges.com

Elevator Location ID: ELVLOC-2004-01110 **Code in Effect:** 1996
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: 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



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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
HUNGARY CREEK MIDDLE SCHOOL
4909 FRANCISTOWN RD
GLEN ALLEN, VA 23060

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2004-01116
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 1993
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
GREENWOOD ELEMENTARY SCHOOL
10960 GREENWOOD RD
GLEN ALLEN, VA 23059

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2004-01117
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FIRST CITIZENS BANK
ATTN: JAMES FIELDS
11776 W BROAD ST
HENRICO, VA 23233

Building Location:
FIRST CITIZENS BANK
11776 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 360-8198
Email: colleen.gray@firstcitizens.com

Elevator Location ID: ELVLOC-2004-01119
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **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:
 LP MARTIN AND COMPANY
 ATTN: SUSAN ARCHER
 1007 PEACHTREE BLVD
 RICHMOND, VA 23226

Building Location:
 JIRANEK ORTHOPEDIC CENTER
 1007 PEACHTREE BLVD
 HENRICO, VA 23226

Phone: (804) 288-1788
 Email: susan@archstonecounseling.com

Elevator Location ID: ELVLOC-2004-01125

Code in Effect: 1996

Equipment Sequence: 1

Key Location: RECEPTIONIST

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: 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:
FAIRFIELD INN & SUITES
ATTN: Cherelle Bryson
9937 Mayland Dr
Henrico, VA 23233

Building Location:
FAIRFIELD INN & SUITES
9937 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 545-4200
Email: cherelle.bryson@dalyseven.com

Elevator Location ID: ELVLOC-2004-01145
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

Code in Effect: 1993
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
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Submit Elevator Reports to: 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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
COLONIAL TRAIL ELEMENTARY SCHOOL
12101 LIESFELD FARM DR
GLEN ALLEN, VA 23059

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2006-01220
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Category 1, Periodic**

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ASSOCIA COMMUNITY GROUP
 ATTN: ROBERT IKARD
 4845 OLD MAIN ST
 HENRICO, VA 23231

Building Location:
 FALL LINE CONDO'S
 4940 ROCKETTS WAY
 HENRICO, VA 23231

Phone: (804) 236-2950
 Email: rikard@communitygroup.com

Elevator Location ID: ELVLOC-2006-01222 **Code in Effect:** 2004/2005
Equipment Sequence: 1 **Key Location:** CALL MAINT.
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

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

ASSOCIA COMMUNITY GROUP
ATTN: ROBERT IKARD
4845 OLD MAIN ST
HENRICO, VA 23231

Building Location:

FALL LINE CONDO'S
4940 ROCKETTS WAY
HENRICO, VA 23231

Phone: (804) 236-2950

Email: rikard@communitygroup.com

Elevator Location ID: ELVLOC-2006-01222

Code in Effect: 2004/2005

Equipment Sequence: 2

Key Location: CALL MAINT.

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation 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

Owner / Agent:
 ASSOCIA COMMUNITY GROUP
 ATTN: Shannon Jernigan
 4845 Old Main St.
 Henrico, VA 23231

Building Location:
 SKY LINE CONDO'S
 4820 OLD MAIN ST
 HENRICO, VA 23231

Phone: (804) 236-2950
 Email: SJernigan@communitygroup.com

Elevator Location ID:	ELVLOC-2006-01243	Code in Effect:	2004/2005
Equipment Sequence:	1	Key Location:	CALL MAINT.
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic			

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASSOCIA COMMUNITY GROUP
ATTN: Shannon Jernigan
4845 Old Main St.
Henrico, VA 23231

Building Location:
SKY LINE CONDO'S
4820 OLD MAIN ST
HENRICO, VA 23231

Phone: (804) 236-2950
Email: SJernigan@communitygroup.com

Elevator Location ID: ELVLOC-2006-01243

Code in Effect: 2004/2005

Equipment Sequence: 2

Key Location: CALL MAINT.

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

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:

SCHNABEL REAL ESTATE HOLDINGS LLC
ATTN: Laura Ibsen
9800 Jeb Stuart Pkwy
Glen Allen, VA 23059

Building Location:

JEB STUART PLACE
9800 JEB STUART PKWY
GLEN ALLEN, VA 23059

Phone:

Email: libsens@schnabil-eng.com

Elevator Location ID: ELVLOC-2007-01248

Code in Effect: 2000

Equipment Sequence: 1

Key Location: RECPT. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

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:
 ASSOCIA COMMUNITY GROUP
 ATTN: NAOMI SHARP
 4845 OLD MAIN ST
 HENRICO, VA 23231

Building Location:
 CEDAR WORKS CONDO'S
 4845 OLD MAIN ST
 HENRICO, VA 23231

Phone: (804) 236-2950
 Email: NSHARP@COMMUNITYGROUP.COM

Elevator Location ID:	ELVLOC-2007-01250	Code in Effect:	1999
Equipment Sequence:	1	Key Location:	KNOX BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for February:	Periodic		

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

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

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



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 Henrico, VA 23273-0775

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ASSOCIA COMMUNITY GROUP
 ATTN: NAOMI SHARP
 4845 OLD MAIN ST
 HENRICO, VA 23231

Building Location:
 CEDAR WORKS CONDO'S
 4845 OLD MAIN ST
 HENRICO, VA 23231

Phone: (804) 236-2950
 Email: NSHARP@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2007-01250
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic

Code in Effect: 1999
Key Location: KNOX BOX
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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ASSOCIA COMMUNITY GROUP
ATTN: NAOMI SHARP
4845 OLD MAIN ST
HENRICO, VA 23231

Building Location:

CEDAR WORKS CONDO'S
4845 OLD MAIN ST
HENRICO, VA 23231

Phone: (804) 236-2950
Email: NSHARP@COMMUNITYGROUP.COM

Elevator Location ID:	ELVLOC-2007-01250	Code in Effect:	1999
Equipment Sequence:	3	Key Location:	KNOX BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 AMERICAN RED CROSS
 ATTN: JAMES CLARKE
 2825 EMERYWOOD PKWY
 HENRICO, VA 23294-3719

Building Location:
 AMERICAN RED CROSS
 2825 EMERYWOOD PKWY
 HENRICO, VA 23294

Phone: (804) 807-1071
 Email: JAMESCLARKE@REDCROSS.COM

Elevator Location ID: ELVLOC-2007-01252
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: Periodic

Code in Effect: 2000
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
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AMERICAN RED CROSS
ATTN: JAMES CLARKE
2825 EMERYWOOD PKWY
HENRICO, VA 23294-3719

Building Location:
AMERICAN RED CROSS
2825 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 807-1071
Email: JAMESCLARKE@REDCROSS.COM

Elevator Location ID: ELVLOC-2007-01252

Code in Effect: 2000

Equipment Sequence: 2

Key Location: MAINT. DEPT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
ELKO MIDDLE SCHOOL
5901 ELKO RD
SANDSTON, VA 23150

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2007-01262

Code in Effect: 2000

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
OAK AVENUE CENTER @ HSHS
15 S OAK AVE
HENRICO, VA 23075

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2007-01269 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: Category 1, Periodic

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

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

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

ROCKETTS WAY LLC
ATTN: CYNTHIA GALE
4845 OLD MAIN ST
HENRICO, VA 23231

Building Location:

ROCKETTS WAY PARKING
220 ROCKETTS WAY
HENRICO, VA 23231

Phone: (804) 236-2950
Email: cgale@communitygroup.com

Elevator Location ID: ELVLOC-2007-01270

Code in Effect: 2006

Equipment Sequence: 1

Key Location: MAINT.

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
TUCKAHOE ELEMENTARY SCHOOL
701 FOREST AVE
HENRICO, VA 23229

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2007-01275 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for February: Category 1, Periodic

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SPRINGHILL SUITES BY MARRIOTT
ATTN: DANYEL MELVIN
9960 INDEPENDENCE PARK DR
HENRICO, VA 23233

Building Location:
SPRINGHILL SUITES BY MARRIOTT
9960 INDEPENDENCE PARK DR
HENRICO, VA 23233

Phone: (804) 217-7075
Email: danyel.melvin@marriott.com

Elevator Location ID: ELVLOC-2007-01293
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2000
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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:
 SPRINGHILL SUITES BY MARRIOTT
 ATTN: DANYEL MELVIN
 9960 INDEPENDENCE PARK DR
 HENRICO, VA 23233

Building Location:
 SPRINGHILL SUITES BY MARRIOTT
 9960 INDEPENDENCE PARK DR
 HENRICO, VA 23233

Phone: (804) 217-7075
 Email: danyel.melvin@marriott.com

Elevator Location ID: ELVLOC-2007-01293
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2000
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
 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: 7701 FOREST AVE LLC/WELLTOWER INC. ATTN: CAROLYN BATEMAN 29126 NETWORK PL CHICAGO, IL 60673-1291	Building Location: BON SECOURS HEART INSTITUTE 7001 FOREST AVE HENRICO, VA 23230-1726
--	---

Phone: (856) 809-2659
Email: cbateman@welltower.com

Elevator Location ID: ELVLOC-2007-01305	Code in Effect: 2000
Equipment Sequence: 1	Key Location: MAINT.
Elevator Type: Hydraulic Elevator	Alarm Status: Not Alarmed
Inspections for February: 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



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:

7701 FOREST AVE LLC/WELLTOWER INC.
ATTN: CAROLYN BATEMAN
29126 NETWORK PL
CHICAGO, IL 60673-1291

Building Location:

BON SECOURS HEART INSTITUTE
7001 FOREST AVE
HENRICO, VA 23230-1726

Phone: (856) 809-2659

Email: cbateman@welltower.com

Elevator Location ID: ELVLOC-2007-01305

Code in Effect: 2000

Equipment Sequence: 2

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTIN REYNOLDS CROSSING
ATTN: JOHN VIA
6631 W BROAD ST
RICHMOND, VA 23230

Building Location:
WESTIN REYNOLDS CROSSING
6631 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 282-8444
Email: john.via@westinrichmond.com

Elevator Location ID: ELVLOC-2007-01307
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for February: **Periodic**

Code in Effect: 2004
Key Location: ENGINEERING
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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WESTIN REYNOLDS CROSSING
 ATTN: JOHN VIA
 6631 W BROAD ST
 RICHMOND, VA 23230

Building Location:
 WESTIN REYNOLDS CROSSING
 6631 W BROAD ST
 HENRICO, VA 23230-1723

Phone: (804) 282-8444
 Email: john.via@westinrichmond.com

Elevator Location ID: ELVLOC-2007-01307
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for February: Periodic

Code in Effect: 2004/2010
Key Location: ENGINEERING
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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 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:
 WESTIN REYNOLDS CROSSING
 ATTN: JOHN VIA
 6631 W BROAD ST
 RICHMOND, VA 23230

Building Location:
 WESTIN REYNOLDS CROSSING
 6631 W BROAD ST
 HENRICO, VA 23230-1723

Phone: (804) 282-8444
 Email: john.via@westinrichmond.com

Elevator Location ID: ELVLOC-2007-01307
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for February: **Periodic**

Code in Effect: 2004/2010
Key Location: ENGINEERING
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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 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COURTYARD BY MARRIOTT
 ATTN: SHAWN COLEMAN - DOWNER
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 COURTYARD BY MARRIOTT
 10077 BROOK RD
 GLEN ALLEN, VA 23059-6506

Phone: (804) 266-6900
 Email: dan.appolonio@shaminhotels.com

Elevator Location ID:	ELVLOC-2008-01312	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	ENGR. OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:

COURTYARD BY MARRIOTT
ATTN: SHAWN COLEMAN - DOWNER
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:

COURTYARD BY MARRIOTT
10077 BROOK RD
GLEN ALLEN, VA 23059-6506

Phone: (804) 266-6900

Email: dan.appolonio@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01312

Code in Effect: 2000

Equipment Sequence: 2

Key Location: ENGR. OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

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
 RICHMOND, VA 23230

Building Location:
 FAISON CENTER
 1701 BYRD AVE
 HENRICO, VA 23230

Phone: (804) 612-1947
 Email: sdailey@faisoncenter.org

Elevator Location ID:	ELVLOC-2008-01314	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for February:	Periodic, Category 1		

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ROCKETTS WAY LLC
ATTN: CYNTHIA GALE
4845 OLD MAIN ST
HENRICO, VA 23231

Building Location:
210 ROCK CONDO'S
210 ROCKETTS WAY
HENRICO, VA 23231

Phone: (804) 236-2950
Email: cgale@communitygroup.com

Elevator Location ID: ELVLOC-2008-01327 **Code in Effect:** 2006
Equipment Sequence: 1 **Key Location:** MGT. OFFICE
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
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:
AIMBRIDGE HOSPITALITY
ATTN: LICENSING DEPT
5851 LEGACY CIRCLE SUITE 400
PLANO, TX 75024

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

Phone: (804) 360-7021
Email: licensing@aimhosp.com

Elevator Location ID: ELVLOC-2008-01340
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2000
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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:
 AIMBRIDGE HOSPITALITY
 ATTN: LICENSING DEPT
 5851 LEGACY CIRCLE SUITE 400
 PLANO, TX 75024

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

Phone: (804) 360-7021
 Email: licensing@aimhosp.com

Elevator Location ID: ELVLOC-2008-01340
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2000
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
 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:
PUBLIX SUPERMARKETS
ATTN: Publix Licensing
PO Box 32027
Lakeland, FL 33802-2027

Building Location:
PUBLIX SUPERMARKETS #1596
4591 S LABURNUM AVE
HENRICO, VA 23231

Phone: (804) 226-1915
Email: Darlene.Riggs@publix.com

Elevator Location ID: ELVLOC-2008-01343

Code in Effect: 2000

Equipment Sequence: 1

Key Location: SERVICE DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
DOUGLAS FREEMAN HIGH SCHOOL
8701 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID:	ELVLOC-2008-01363	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for February: Periodic, Category 1			

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 RICHMOND COMMUNITY CHURCH
 ATTN: Stefanie Lytton
 11801 Nuckols Rd.
 Glen Allen, VA 23059

Building Location:
 RICHMOND COMMUNITY CHURCH
 11801 NUCKOLS RD
 GLEN ALLEN, VA 23059

Phone: (804) 382-8293
 Email: stef.lytton@wavechurch.com

Elevator Location ID:	ELVLOC-2008-01380	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	ADMIN. DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for February:	Periodic, Category 1		

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
GLEN ALLEN HIGH SCHOOL
10700 STAPLES MILL RD
GLEN ALLEN, VA 23060

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2009-01422 **Code in Effect:** 2003
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: 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



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:
COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
HOLMAN MIDDLE SCHOOL
600 CONCOURSE BLVD
GLEN ALLEN, VA 23059-5779

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2010-01447 **Code in Effect:** 2003
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic, Category 1**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PARKSIDE ASSISTED LIVING LLC
ATTN: STEVE PRENTICE
1550 JOHN ROLFE PKWY
HENRICO, VA 23238

Building Location:
PARKSIDE HEALTH CARE
1550 JOHN ROLFE PKWY
HENRICO, VA 23238-8113

Phone: (804) 750-2183
Email: sprentice@bslcc.org

Elevator Location ID: ELVLOC-2011-01488
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **Periodic, Category 1**

Code in Effect: 2004/5
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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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:

PARKSIDE ASSISTED LIVING LLC
ATTN: STEVE PRENTICE
1550 JOHN ROLFE PKWY
HENRICO, VA 23238

Building Location:

PARKSIDE HEALTH CARE
1550 JOHN ROLFE PKWY
HENRICO, VA 23238-8113

Phone: (804) 750-2183

Email: sprentice@bslcc.org

Elevator Location ID: ELVLOC-2011-01488

Code in Effect: 2004/5

Equipment Sequence: 2

Key Location: RECPT. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

PARKSIDE ASSISTED LIVING LLC
ATTN: STEVE PRENTICE
1550 JOHN ROLFE PKWY
HENRICO, VA 23238

Building Location:

PARKSIDE HEALTH CARE
1550 JOHN ROLFE PKWY
HENRICO, VA 23238-8113

Phone: (804) 750-2183

Email: sprentice@bslcc.org

Elevator Location ID: ELVLOC-2011-01488

Code in Effect: 2004/5

Equipment Sequence: 3

Key Location: RECPT. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FEDERAL REALTY INVESTMENT
 ATTN: THOMAS FUNARI
 1117 EMMITT ST N.
 CHARLOTTESVILLE, VA 22903

Building Location:
 WILLOW LAWN
 1601 WILLOW LAWN DR
 HENRICO, VA 23230

Phone: (434) 277-5173
 Email: tfunari@federalrealty.com

Elevator Location ID:	ELVLOC-2011-01522	Code in Effect:	2005
Equipment Sequence:	1	Key Location:	MAINT.DEPT.
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for February: Periodic, Category 1			

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

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

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



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 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 KAECHELE ELEMENTARY SCHOOL
 5680 POUNCEY TRACT RD
 GLEN ALLEN, VA 23059-5314

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2012-01595
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **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
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE RMR GROUP
ATTN: LAURA FREMAN
9900 INDEPENDENCE PARK DR STE 120
HENRICO, VA 23233

Building Location:
DEEP RUN III PARKING GARAGE
9964 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID: ELVLOC-2013-01652 **Code in Effect:** 2009
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for February: **Category 1, Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 UNIVERSITY PARK IL INVESTORS LLC
 ATTN: MIKE SMITH
 9801 HARMONY WOODS WAY
 HENRICO, VA 23233

Building Location:
 UNIVERSITY PARK SR. LIVING - BLD 1A
 9801 HARMONY WOODS WAY
 HENRICO, VA 23229

Phone: (804) 562-2445
 Email: micsmith@discoveryvillages.com

Elevator Location ID: ELVLOC-2015-01725 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (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:
 UNIVERSITY PARK IL INVESTORS LLC
 ATTN: MIKE SMITH
 9801 HARMONY WOODS WAY
 HENRICO, VA 23233

Building Location:
 UNIVERSITY PARK SR. LIVING - BLD 1A
 9801 HARMONY WOODS WAY
 HENRICO, VA 23229

Phone: (804) 562-2445
 Email: micsmith@discoveryvillages.com

Elevator Location ID:	ELVLOC-2015-01725	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for February: Periodic			

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

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

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
UNIVERSITY PARK IL INVESTORS LLC
ATTN: MIKE SMITH
9801 HARMONY WOODS WAY
HENRICO, VA 23233

Building Location:
UNIVERSITY PARK SR. LIVING - BLD 1A
9801 HARMONY WOODS WAY
HENRICO, VA 23229

Phone: (804) 562-2445
Email: micsmith@discoveryvillages.com

Elevator Location ID: ELVLOC-2015-01725 **Code in Effect:** 2010
Equipment Sequence: 3 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (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:
 AVIA APARTMENT HOMES
 ATTN: KAREN CABELL
 5200 AVIA WAY
 HENRICO, VA 23233

Building Location:
 BROAD HILL APTS - BLDG 11
 4501 AVIA CIR
 HENRICO, VA 23233-7642

Phone: (804) 716-8282
 Email: aviamgr@greystar.com

Elevator Location ID: ELVLOC-2016-01764 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:** RENTAL OFFICE
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for February: **Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AVIA APARTMENT HOMES
ATTN: KAREN CABELL
5200 AVIA WAY
HENRICO, VA 23233

Building Location:
BROAD HILL APTS - BLDG 11
4501 AVIA CIR
HENRICO, VA 23233-7642

Phone: (804) 716-8282
Email: aviamgr@greystar.com

Elevator Location ID:	ELVLOC-2016-01764	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	RENTAL OFFICE
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for February:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MINI PRICE STORAGE
ATTN: MELISSA OXENDINE
2900 SABRE ST SUITE 75
VIRGINIA BEACH, VA 23452

Building Location:
MINI PRICE SELF STORAGE
4396 POUNCEY TRACT RD
HENRICO, VA 23060

Phone: (757) 468-7509
Email: melissa.oxendine@minipricestorag

Elevator Location ID: ELVLOC-2017-01819 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for February: **Category 1, Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MINI PRICE STORAGE
ATTN: MELISSA OXENDINE
2900 SABRE ST SUITE 75
VIRGINIA BEACH, VA 23452

Building Location:
MINI PRICE SELF STORAGE
4396 POUNCEY TRACT RD
HENRICO, VA 23060

Phone: (757) 468-7509
Email: melissa.oxendine@minipricestorag

Elevator Location ID: ELVLOC-2017-01819 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for February: **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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HAMPTON INN & SUITES
12341 W BROAD ST
HENRICO, VA 23233-7605

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

Elevator Location ID:	ELVLOC-2020-02104	Code in Effect:	2013
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for February:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HAMPTON INN & SUITES
12341 W BROAD ST
HENRICO, VA 23233-7605

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

Elevator Location ID: ELVLOC-2020-02104 **Code in Effect:** 2013
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for February: Periodic, Category 1

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO COUNTY C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 HOLLADAY ELEMENTARY SCHOOL
 7300 GALAXIE RD
 HENRICO, VA 23228

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2022-000019 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic, Category 1**

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Sierra
ATTN: Please Provide a Contact Name
P O Box 71150
Henrico, VA 23255

Building Location:

Sierra
3540 PUMP RD
HENRICO, VA 23233

Phone:

Email:

Elevator Location ID: ELVLOC-2022-000032

Code in Effect: ASME A17.1 - 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:

Sierra
ATTN: Please Provide a Contact Name
P O Box 71150
Henrico, VA 23255

Building Location:

Sierra
3540 PUMP RD
HENRICO, VA 23233

Phone:

Email:

Elevator Location ID: ELVLOC-2022-000032

Code in Effect: ASME A17.1 - 2013

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (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:
 COUNTY OF HENRICO C & M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 HIGHLAND SPRINGS HIGH SCHOOL
 200 S AIRPORT DR
 HENRICO, VA 23075

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2022-000052 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: 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



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:

COUNTY OF HENRICO C & M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:

HIGHLAND SPRINGS HIGH SCHOOL
200 S AIRPORT DR
HENRICO, VA 23075

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2022-000052

Code in Effect: 2013

Equipment Sequence: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for February: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COUNTY OF HENRICO C&M
ATTN: JEFF GROW
406 DABBS HOUSE RD
HENRICO, VA 23223

Building Location:
J.R. TUCKER HIGH SCHOOL
2910 N PARHAM RD
HENRICO, VA 23294

Phone: (804) 652-3905
Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2022-000058
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for February: **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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Department of Building Construction and Inspections
 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COUNTY OF HENRICO C&M
 ATTN: JEFF GROW
 406 DABBS HOUSE RD
 HENRICO, VA 23223

Building Location:
 J.R. TUCKER HIGH SCHOOL
 2910 N PARHAM RD
 HENRICO, VA 23294

Phone: (804) 652-3905
 Email: jtgrow@henrico.k12.va.us

Elevator Location ID: ELVLOC-2022-000058 **Code in Effect:** 2013
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: Periodic, Category 1

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 QUALITY TECHNOLOGY
 6000 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (703) 673-8675
 Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000017	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for February:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

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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 OVERLAND PARK, KS 66213

Building Location:
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 6000 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (703) 673-8675
 Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000017	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for February:	Periodic		

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

Inspector Name (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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 6000 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (703) 673-8675
 Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000017 **Code in Effect:** 1993
Equipment Sequence: 3 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: Periodic

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

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Quality Technology
ATTN: KEITH RIGSBY
12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:

Quality Technology
6008 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000018

Code in Effect: 1993

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

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:

Quality Technology
ATTN: KEITH RIGSBY
12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:

Quality Technology
6008 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID:	ELVLOC-2023-000018	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for February:	Periodic		

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

Inspector Name (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:

QUALITY TECHNOLOGY
ATTN: KEITH RIGSBY
12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:

QUALITY TECHNOLOGY
6010 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000019

Code in Effect: 1993

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Please use a separate sheet for each elevator



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

Building Location:
 QUALITY TECHNOLOGY
 6010 TECHNOLOGY BLVD
 SANDSTON, VA 23150

Phone: (703) 673-8675
 Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000019 **Code in Effect:** 1993
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic**

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

Inspector Name (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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12851 FOSTER ST SUITE 205
OVERLAND PARK, KS 66213

Building Location:
QUALITY TECHNOLOGY
6010 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675
Email: keith.rigsby@qtsdatacenters.com

Elevator Location ID: ELVLOC-2023-000019 **Code in Effect:** 1993
Equipment Sequence: 3 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for February: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
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:
 CCBCC OPERATIONS LLC
 ATTN: CCBCC OPERATIONS LLC
 4100 COCA COLA PLZ
 Charlotte, NC 28211

Building Location:
 CCBCC OPERATIONS LLC
 4530 OAKLEYS LN
 HENRICO, VA 23231

Phone:
 Email:

Elevator Location ID: ELVLOC-2023-000024 **Code in Effect:** ASME A17.1 – 2016
Equipment Sequence: 1 **Key Location:** Area B East Lift
Elevator Type: Platform Lift **Alarm Status:** NA
Inspections for February: **Periodic**

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

Inspector Name (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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RACEWAY COMMERCE CENTER PROJECT LLC
ATTN: KAYLAN WOLF
5901 RICHMOND HENRICO TPKE
RICHMOND, VA 23227-3200

Building Location:

Amazon
5901 RICHMOND HENRICO TPKE
HENRICO, VA 23222

Phone:

Email: KYLANJO@AMAZON.COM

Elevator Location ID: ELVLOC-2023-000047

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for February: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

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:
RACEWAY COMMERCE CENTER PROJECT LLC
ATTN: KAYLAN WOLF
5901 RICHMOND HENRICO TPKE
RICHMOND, VA 23227-3200

Building Location:
Amazon
5901 RICHMOND HENRICO TPKE
HENRICO, VA 23222

Phone:
Email: KYLANJO@AMAZON.COM

Elevator Location ID: ELVLOC-2023-000047 **Code in Effect:** 2013
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for February: **Periodic**

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

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

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

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