#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2010

**Equipment Sequence:** 1 **Key Location:** GUARD DSK-CALL MAINT

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

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

Building Official's Third-Party Inspection Policy.

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

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

Elevator Contractor: \_\_\_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_\_\_

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

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

Inspection / Test Results

Please use a separate sheet for each elevator

### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2010

**Equipment Sequence:** 2 **Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Elevator Contractor:

Elevator Tech Name (Print):

Building Representation Contacted (Print):

Type of Inspection/Test Performed:

Inspection / Test Results

Please use a separate sheet for each elevator

# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2010

**Equipment Sequence:** 3 **Key Location:** GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
|  | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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|  | ection / Test Results           |
| Please use a se                            | parate sheet for each elevator  |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2008

**Equipment Sequence:** 4 **Key Location:** GUARD DSK-CALL MAINT

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

**Elevator Type:** Escalator **Alarm Status:** Not Alarmed

| Building Official's Third-Party Inspection Policy. | ·  |
|--|--|
| Inspector Name (Print):                            | Inspection Agency:                             |
| Inspector Signature:                               | Date:  |
| Elevator Contractor:                               |  |
| Elevator Tech Name (Print):                        | Tradesman Certification Number:                |
| Building Representation Contacted (Print):         |  |
| Type of Inspection/Test Performed:                 |  |
|  | n / Test Results<br>te sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2008

**Equipment Sequence:** 5 **Key Location:** GUARD DSK-CALL MAINT

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Elevator Type: Escalator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

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

# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2008

**Equipment Sequence:** 6 **Key Location:** GUARD DSK-CALL MAINT

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

Elevator Type: Escalator Alarm Status: Not Alarmed

| Building Official's Third-Party Inspection Policy. |  |
|--|--|
| Inspector Name (Print):                            | Inspection Agency:                                 |
| Inspector Signature:                               | Date:  |
| Elevator Contractor:                               |  |
| Elevator Tech Name (Print):                        | Tradesman Certification Number:                    |
| Building Representation Contacted (Print):         |  |
| Type of Inspection/Test Performed:                 |  |
|  | ion / Test Results<br>rate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2008

**Equipment Sequence:** 7 **Key Location:** GUARD DSK-CALL MAINT

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

**Elevator Type:** Escalator **Alarm Status:** Not Alarmed

| Building Official's Third-Party Inspection Policy. | ance with an regardinents of the viv 0000, vive and the |
|--|---|
| Inspector Name (Print):                            | Inspection Agency:                                      |
| Inspector Signature:                               | Date:   |
| Elevator Contractor:                               |   |
| Elevator Tech Name (Print):                        | Tradesman Certification Number:                         |
| Building Representation Contacted (Print):         |   |
| Type of Inspection/Test Performed:                 |   |
|  | n / Test Results<br>se sheet for each elevator          |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2008

**Equipment Sequence:** 8 **Key Location:** GUARD DSK-CALL MAINT

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

Elevator Type: Escalator Alarm Status: Not Alarmed

| Building Official's Third-Party Inspection Policy. |   |  |
|--|---|--|
| Inspector Name (Print):                            | Inspection Agency:                                      |  |
| Inspector Signature:                               | Date:   |  |
| Elevator Contractor:                               |   |  |
| Elevator Tech Name (Print):                        | Tradesman Certification Number:                         |  |
| Building Representation Contacted (Print):         |   |  |
| Type of Inspection/Test Performed:                 |   |  |
|  | ection / Test Results<br>parate sheet for each elevator |  |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2008

**Equipment Sequence:** 9 **Key Location:** GUARD DSK-CALL MAINT

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

Elevator Type: Escalator Alarm Status: Not Alarmed

| Building Official's Third-Party Inspection Policy. |   |
|--|---|
| Inspector Name (Print):                            | _Inspection Agency:                         |
| Inspector Signature:                               | Date:                                       |
| Elevator Contractor:                               |   |
|  | _ Tradesman Certification Number:           |
| Building Representation Contacted (Print):         |   |
| Type of Inspection/Test Performed:                 |   |
|  | / Test Results<br>e sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2013

**Equipment Sequence:** 10 **Key Location:** GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS
6601 W BROAD ST
HENRICO, VA 23230-1723

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00200 **Code in Effect:** 2013

**Equipment Sequence:** 11 **Key Location:** GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS ANNEX
6603 W BROAD ST
HENRICO, VA 23230-1711

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00201 **Code in Effect:** 2010

**Equipment Sequence:** 1 **Key Location:** GUARD DSK-CALL MAINT

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

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS ANNEX
6603 W BROAD ST
HENRICO, VA 23230-1711

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00201 **Code in Effect:** 2010

**Equipment Sequence:** 2 **Key Location:** GUARD DSK-CALL MAINT

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS ANNEX
6603 W BROAD ST
HENRICO, VA 23230-1711

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00201 **Code in Effect:** 2010

**Equipment Sequence:** 3 **Key Location:** GUARD DSK-CALL MAINT

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

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

Inspector Name (Print): \_\_\_\_\_\_\_ Inspection Agency: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Elevator Contractor: \_\_\_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_\_ Type of Inspection/Test Performed: \_\_\_\_\_\_\_ Inspection / Test Results Please use a separate sheet for each elevator

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS ANNEX
6603 W BROAD ST
HENRICO, VA 23230-1711

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00201 **Code in Effect:** 2010

**Equipment Sequence:** 4 **Key Location:** GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

| Inspector Signature: | Date:  |  |
|----------------------|--|--|
| Elevator Contractor: |  |  |
|                      | Tradesman Certification Number:                                    |  |
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| Please us            | Inspection / Test Results<br>se a separate sheet for each elevator |  |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS ANNEX
6603 W BROAD ST
HENRICO, VA 23230-1711

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00201 **Code in Effect:** 2004

**Equipment Sequence:** 5 **Key Location:** GUARD DSK-CALL MAINT

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Elevator Type: Escalator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ALTRIA HEADQUARTERS ATTN: SCOTT GIBSON 6601 W BROAD ST RICHMOND, VA 23230 **Building Location:**ALTRIA HEADQUARTERS ANNEX
6603 W BROAD ST
HENRICO, VA 23230-1711

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00201 **Code in Effect:** 2004

**Equipment Sequence:** 6 **Key Location:** GUARD DSK-CALL MAINT

Elevator Type: Escalator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Elevator Contractor:

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

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

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

Inspection / Test Results

Please use a separate sheet for each elevator

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

REYNOLDS DEVELOPMENT LLC ATTN: LISA HARRIS 6641 W BROAD ST SUITE 100 RICHMOND, VA 23230 **Building Location:**BILLY G. REYNOLDS BUILDING
6605 W BROAD ST
HENRICO, VA 23230-1714

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

**Elevator Location ID:** ELVLOC-2001-00214 **Code in Effect:** 2000

**Equipment Sequence:** 1 **Key Location:** NOT LOCKED **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

REYNOLDS DEVELOPMENT LLC ATTN: LISA HARRIS 6641 W BROAD ST SUITE 100 RICHMOND, VA 23230 **Building Location:**BILLY G. REYNOLDS BUILDING
6605 W BROAD ST
HENRICO, VA 23230-1714

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

**Elevator Location ID:** ELVLOC-2001-00214 **Code in Effect:** 1965

**Equipment Sequence:** 2 **Key Location:** NOT LOCKED **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se 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:

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

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

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

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

Inspections for December: Periodic, Category 1

| Inspector Name (Print):            | Inspection Agency:                                 |   |
|------------------------------------|--|---|
|                                    | Date:  |   |
| Elevator Contractor:               |  |   |
|                                    | Tradesman Certification Number:                    |   |
|                                    |  |   |
| Type of Inspection/Test Performed: |  |   |
|                                    | ion / Test Results<br>rate sheet for each elevator |   |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

BROOKFIELD PLACE C/O THALHIMER ATTN: FRANCINE RIVERA PO BOX 5160 GLEN ALLEN, VA 23058 **Building Location:** BROOKFIELD PLACE 6606 W BROAD ST HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

Elevator Location ID: ELVLOC-2001-00217 Code in Effect: 1971/2010

Equipment Sequence: 2 Key Location: LOWER LOBBY

Elevator Type: Electric Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

BROOKFIELD PLACE C/O THALHIMER ATTN: FRANCINE RIVERA PO BOX 5160 GLEN ALLEN, VA 23058 Building Location: BROOKFIELD PLACE 6606 W BROAD ST HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

Elevator Location ID:ELVLOC-2001-00217Code in Effect:1971/2010Equipment Sequence:3Key Location:LOWER LOBBYElevator Type:Electric ElevatorAlarm Status:Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

BROOKFIELD PLACE C/O THALHIMER ATTN: FRANCINE RIVERA PO BOX 5160 GLEN ALLEN, VA 23058 Building Location: BROOKFIELD PLACE 6606 W BROAD ST HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

Elevator Location ID:ELVLOC-2001-00217Code in Effect:1971/2010Equipment Sequence:4Key Location:LOWER LOBBYElevator Type:Electric ElevatorAlarm Status:Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

BROOKFIELD PLACE C/O THALHIMER ATTN: FRANCINE RIVERA PO BOX 5160 GLEN ALLEN, VA 23058 Building Location: BROOKFIELD PLACE 6606 W BROAD ST HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00217 **Code in Effect:** 1971

**Equipment Sequence:** 5 **Key Location:** LOWER LOBBY **Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

BGAV ATTN: NOAH ROGERS 2828 EMERYWOOD PKWY HENRICO, VA 23294 **Building Location:**VIRGINIA BAPTIST BUILDING
2828 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 255-2428

Email: noah.rogers@bgav.org

**Elevator Location ID:** ELVLOC-2001-00226 **Code in Effect:** 1978 **Equipment Sequence:** 1 **Key Location:** LOBBY

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

BGAV ATTN: NOAH ROGERS 2828 EMERYWOOD PKWY HENRICO, VA 23294 **Building Location:**VIRGINIA BAPTIST BUILDING
2828 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 255-2428

Email: noah.rogers@bgav.org

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                                |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
| Please use                                   | Inspection / Test Results e a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

AFFINITY FUNERAL SERVICE ATTN: KIMBERLY MULLINS STEIN 2720 ENTERPRISE PKWY HENRICO, VA 23294 **Building Location:**AFFINITY FUNERAL SERVICE
2720 ENTERPRISE PKWY
HENRICO, VA 23294

Phone: (804) 477-3136

Email: affinityfh@gmail.com

**Elevator Location ID:** ELVLOC-2001-00230 **Code in Effect:** 2010

**Equipment Sequence:** 1 **Key Location:** KEYBOX @ M.R. DOOR

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

NEWMARK, GRUBB, KNIGHT, FRANK ATTN: JANNIE LEVESQUE 151 FARMINGTON AVE HARTFORD, CT 06156 **Building Location:** AETNA 9881 MAYLAND DR HENRICO, VA 23233

Phone: (804) 968-7280

Email: jalevesque@aetna.com

**Elevator Location ID:** ELVLOC-2001-00340 **Code in Effect:** 1987

**Equipment Sequence:** 1 **Key Location:** 1ST.FL. - FIRE BOX

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Signature:               | Date:                           |
|------------------------------------|---------------------------------|
| Elevator Contractor:               |                                 |
|                                    | Tradesman Certification Number: |
|                                    |                                 |
| Type of Inspection/Test Performed: |                                 |
|                                    | ection / Test Results           |
| Please use a se                    | parate sheet for each elevator  |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

PREMIER TECH CENTER LLC ATTN: KIMA LEDESMA 7910 WOODMONT AVE #1405 BETHEDSA, MD 20814 Building Location: 2810 BUILDING 2810 N PARHAM RD HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com

**Elevator Location ID:** ELVLOC-2001-00366 **Code in Effect:** 1981

**Equipment Sequence:** 1 **Key Location:** SECURITY DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

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

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

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

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com

**Elevator Location ID:** ELVLOC-2001-00366 Code in Effect: 1981

**Equipment Sequence: Key Location:** SECURITY DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

PREMIER TECH CENTER LLC ATTN: KIMA LEDESMA 7910 WOODMONT AVE #1405 BETHEDSA, MD 20814 **Building Location:** 2810 BUILDING 2810 N PARHAM RD HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com

**Elevator Location ID:** ELVLOC-2001-00366 **Code in Effect:** 1981

**Equipment Sequence:** 3 **Key Location:** SECURITY DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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| Please use a                               | separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

PREMIER TECH CENTER LLC ATTN: KIMA LEDESMA 7910 WOODMONT AVE #1405 BETHEDSA, MD 20814 **Building Location:** 2810 BUILDING 2810 N PARHAM RD HENRICO, VA 23294

Phone: (240) 630-4000

Email: kledesma@premierinvestment.com

**Elevator Location ID:** ELVLOC-2001-00366 **Code in Effect:** 1981

**Equipment Sequence:** 4 **Key Location:** SECURITY DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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| Please use a                               | separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: HOLLAND ASSOCIATES LLC ATTN: JOE MARCHETTI PO BOX 17055 RICHMOND, VA 23226 **Building Location:**VA ENDOSCOPY CENTER
2369 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 320-5500

Email: joe.marchetti@colliers.com

**Elevator Location ID:** ELVLOC-2001-00407 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** RECP.DESK 1ST/FL.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| inspector Name (Finit).           | Inspection Agency  |
|-----------------------------------|--|
| Inspector Signature:              | Date:  |
| Elevator Contractor:              |  |
|                                   | Tradesman Certification Number:  |
| Building Representation Contacted | d (Print):   |
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|                                   | Inspection / Test Results<br>Please use a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Elevator Location ID: ELVLOC-2001-00411 Code in Effect: 1993/2010

Equipment Sequence: 1 Key Location: RECPT DESK

Elevator Type: Hydraulic Elevator Alarm Status: Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |  |
|--|--|--|
| Inspector Signature:                       | Date:  |  |
| Elevator Contractor:                       |  |  |
|  | Tradesman Certification Number:                                |  |
| Building Representation Contacted (Print): |  |  |
| Type of Inspection/Test Performed:         |  |  |
|  | nspection / Test Results<br>a separate sheet for each elevator |  |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: FEMIDA PROPERTIES LLC ATTN: I. FEMIDA 11612 OLD COVINGTON WAY GLEN ALLEN, VA 23059 **Building Location:**GLENSIDE GREEN OFFICE BLDG
3991 GLENSIDE DR
HENRICO, VA 23228

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

**Elevator Location ID:** ELVLOC-2001-00416 **Code in Effect:** 1987

**Equipment Sequence:** 1 **Key Location:** BEAUTY SHOP **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

**Building Location:** 

LAKESIDE UNITED METHODIST CHURCH 2333 HILLIARD RD HENRICO, VA 23228

Phone: (804) 266-7016

Email: office@lakesideum.org

**Elevator Location ID:** ELVLOC-2001-00607 Code in Effect: 1981 **Equipment Sequence: Key Location: OFFICE** 

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):            | Inspection Agency:  |  |
|------------------------------------|---|--|
|                                    | Date:   |  |
| Elevator Contractor:               |   |  |
|                                    | Tradesman Certification Number:                                 |  |
|                                    |   |  |
| Type of Inspection/Test Performed: |   |  |
|                                    | Inspection / Test Results<br>a separate sheet for each elevator |  |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

CAPITAL REGION AIRPORT COMMISSION ATTN: RUSS PEADEN 1 RICHARD E BYRD TERMINAL DR HENRICO, VA 23250 **Building Location:**RICHMOND AIRPORT PARKING
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00612 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** AIRPORT SECURITY

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

CAPITAL REGION AIRPORT COMMISSION ATTN: RUSS PEADEN 1 RICHARD E BYRD TERMINAL DR HENRICO, VA 23250 **Building Location:**RICHMOND AIRPORT PARKING
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00612 **Code in Effect:** 1993

**Equipment Sequence:** 2 **Key Location:** AIRPORT SECURITY

Elevator Type: Escalator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

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

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

CAPITAL REGION AIRPORT COMMISSION ATTN: RUSS PEADEN 1 RICHARD E BYRD TERMINAL DR HENRICO, VA 23250 **Building Location:**RICHMOND AIRPORT PARKING
1 RICHARD E BYRD TERMINAL DR
HENRICO, VA 23250

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00612 **Code in Effect:** 1993

**Equipment Sequence:** 3 **Key Location:** AIRPORT SECURITY

Elevator Type: Escalator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Building Representation Contacted (Print):

Type of Inspection/Test Performed:

Inspection / Test Results

Please use a separate sheet for each elevator

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** AIRPORT SECURITY

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

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

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613 **Code in Effect:** 1993

**Equipment Sequence:** 2 **Key Location:** AIRPORT SECURITY

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Building Representation Contacted (Print):

Type of Inspection/Test Performed:

Inspection / Test Results

Please use a separate sheet for each elevator

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613 **Code in Effect:** 1993

**Equipment Sequence:** 3 **Key Location:** AIRPORT SECURITY

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

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

Inspector Name (Print): \_\_\_\_\_\_\_ Inspection Agency: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ Elevator Contractor: \_\_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ The proof Inspection Test Performed: \_\_\_\_\_\_ Inspection / Test Results Please use a separate sheet for each elevator

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613 **Code in Effect:** 1993

**Equipment Sequence:** 4 **Key Location:** AIRPORT SECURITY

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613 **Code in Effect:** 1993

**Equipment Sequence:** 5 **Key Location:** AIRPORT SECURITY

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

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

Inspector Name (Print): \_\_\_\_\_\_ Inspection Agency: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_\_\_ Building Representation Contacted (

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613 **Code in Effect:** 2004

**Equipment Sequence:** 6 **Key Location:** AIRPORT SECURITY

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Elevator Type: Electric Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613 **Code in Effect:** 2004

**Equipment Sequence:** 7 **Key Location:** AIRPORT SECURITY

Elevator Type: Electric Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

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

Inspector Name (Print): \_\_\_\_\_\_ Inspection Agency: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Elevator Contractor: \_\_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Building Representation Contacted (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_\_ Type of Inspection/Test Performed: \_\_\_\_\_\_ Inspection / Test Results Please use a separate sheet for each elevator

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

CAPITAL REGION AIRPORT COMMISSION ATTN: RUSS PEADEN 1 RICHARD E BYRD TERMINAL DR HENRICO, VA 23250 Building Location: RIC AIRPORT - IVOR MASSEY BLD 5707 HUNTSMAN RD HENRICO, VA 23250

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00621 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** AIRPORT SECURITY

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2006 **Equipment Sequence:** 1 **Key Location:** OFFICE

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                               |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                  |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | on / Test Results<br>ate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 Building Location:

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2006 **Equipment Sequence:** 2 **Key Location:** OFFICE

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                               |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                  |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | on / Test Results<br>ate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2006 **Equipment Sequence:** 3 **Key Location:** OFFICE

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
| Elevator Tech Name (Print):                | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 1993 **Equipment Sequence:** 4 **Key Location:** OFFICE

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                                |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
| Please use                                   | Inspection / Test Results e a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 1993 **Equipment Sequence:** 5 **Key Location:** OFFICE

**Elevator Type:** Dumbwaiter **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (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:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2004 **Equipment Sequence:** 6 **Key Location:** OFFICE

Elevator Type: Electric Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (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:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2004 **Equipment Sequence:** 7 **Key Location:** OFFICE

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
| Elevator Tech Name (Print):                | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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Phone: (804) 501-4360 Fax:

(804) 501-4984

# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

**Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 Code in Effect: 2004 **Equipment Sequence: Key Location: OFFICE** 

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):            | Inspection Agency:                                     |
|------------------------------------|--|
| Inspector Signature:               | Date:  |
| Elevator Contractor:               |  |
| Elevator Tech Name (Print):        | Tradesman Certification Number:                        |
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| Type of Inspection/Test Performed: |  |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2000 **Equipment Sequence:** 9 **Key Location:** OFFICE

**Elevator Type:** Escalator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                                      |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                         |
| Building Representation Contacted (Print): |   |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2000 **Equipment Sequence:** 10 **Key Location:** OFFICE

**Elevator Type:** Escalator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                                |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
| Please use                                   | Inspection / Test Results e a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2000 **Equipment Sequence:** 11 **Key Location:** OFFICE

**Elevator Type:** Escalator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
| Elevator Tech Name (Print):                | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2000 **Equipment Sequence:** 12 **Key Location:** OFFICE

**Elevator Type:** Escalator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
| Elevator Tech Name (Print):                | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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Phone: (804) 501-4360 Fax:

(804) 501-4984

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

**Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 Code in Effect: 2000 **Equipment Sequence: Key Location: OFFICE** 13

**Elevator Type:** Escalator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
| Elevator Tech Name (Print):                | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2000 **Equipment Sequence:** 14 **Key Location:** OFFICE

**Elevator Type:** Escalator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
| Elevator Tech Name (Print):                | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2007 **Equipment Sequence:** 21 **Key Location:** OFFICE

**Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2010 **Equipment Sequence:** 101 **Key Location:** OFFICE

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                                   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
|  | 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:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622 **Code in Effect:** 2010 **Equipment Sequence:** 102 **Key Location:** OFFICE

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:  |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                             |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | spection / Test Results<br>separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222 **Building Location:** 

RICHMOND INTERNATIONAL RACEWAY 602 E LABURNUM AVE HENRICO, VA 23222

Phone: (804) 228-7501

Email: Idaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00629 **Code in Effect:** 1987

**Equipment Sequence:** 2 **Key Location:** ADMIN. BLDG. **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |  |
|--|--|--|
| Inspector Signature:                       | Date:  |  |
| Elevator Contractor:                       |  |  |
|  | Tradesman Certification Number:                                |  |
| Building Representation Contacted (Print): |  |  |
| Type of Inspection/Test Performed:         |  |  |
|  | nspection / Test Results<br>a separate sheet for each elevator |  |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 300 E. FRANKLIN ST. RICHMOND, VA 23219 Building Location: HOLIDAY INN EXPRESS 491 INTERNATIONAL CENTRE DR HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00634 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** FRONT DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 300 E. FRANKLIN ST. RICHMOND, VA 23219 Building Location: HOLIDAY INN EXPRESS 491 INTERNATIONAL CENTRE DR HENRICO, VA 23231

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00634 **Code in Effect:** 1993

**Equipment Sequence:** 2 **Key Location:** FRONT DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):            | Inspection Agency:                                     |
|------------------------------------|--|
| Inspector Signature:               | Date:  |
| Elevator Contractor:               |  |
| Elevator Tech Name (Print):        | Tradesman Certification Number:                        |
|                                    |  |
| Type of Inspection/Test Performed: |  |
| •                                  | ction / Test Results<br>parate 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: WALNUT 162 INC ATTN: LISA JUDD 10515 CABANISS LA HANOVER, VA 23069 **Building Location:** WALNUT 162 INC. 5711 CHAMBERLAYNE RD HENRICO, VA 23227

Phone: (804) 559-9959

Email: ljudd@williamsvillewellness.com

**Elevator Location ID:** ELVLOC-2001-00653 Code in Effect: 1960

**Equipment Sequence: Key Location:** FRT.DSK.@ REAR DOOR

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):            | Inspection Agency:  |  |
|------------------------------------|---|--|
|                                    | Date:   |  |
| Elevator Contractor:               |   |  |
|                                    | Tradesman Certification Number:                                 |  |
|                                    |   |  |
| Type of Inspection/Test Performed: |   |  |
|                                    | Inspection / Test Results<br>a separate sheet for each elevator |  |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

JLL

ATTN: MARTHA TAYLOR

7201 GLEN FOREST DR SUITE 202

RICHMOND, VA 23226

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

Phone: (804) 288-1555

Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00702 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** BOX AT LOBBY **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
|  | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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|  | ection / Test Results           |
| Please use a se                            | parate sheet for each elevator  |
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## **Elevator Periodic Inspection and Test Report Form**

#### Owner / Agent:

JLL

ATTN: MARTHA TAYLOR

7201 GLEN FOREST DR SUITE 202

RICHMOND, VA 23226

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

Phone: (804) 288-1555

Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00702 **Code in Effect:** 1993

Equipment Sequence: 2 Key Location: BOX AT LOBBY
Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

Elevator Type: Hydraulic Elevator Alarm Status: Inspections for December: Category 1, Periodic

| Inspector Name (Print):                    | Inspection Agency:  |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                             |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | spection / Test Results<br>separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

#### Owner / Agent:

JLL

ATTN: MARTHA TAYLOR

7201 GLEN FOREST DR SUITE 202

RICHMOND, VA 23226

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

Phone: (804) 288-1555

Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00725 **Code in Effect:** 1993 **Equipment Sequence:** 1 **Key Location:** MAINT.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:  |
|--|---|
| Inspector Signature:                         | Date:   |
| Elevator Contractor:                         |   |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                                 |
| Building Representation Contacted (Print): _ |   |
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|  | Inspection / Test Results<br>a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

#### Owner / Agent:

JLL

ATTN: MARTHA TAYLOR

7201 GLEN FOREST DR SUITE 202

RICHMOND, VA 23226

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

Phone: (804) 288-1555

Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00725 **Code in Effect:** 1993 **Equipment Sequence:** 2 **Key Location:** MAINT.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                               |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                  |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | on / Test Results<br>ate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

#### Owner / Agent:

JLL

ATTN: MARTHA TAYLOR

7201 GLEN FOREST DR SUITE 202

RICHMOND, VA 23226

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

Phone: (804) 288-1555

Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00735 **Code in Effect:** 1981

**Equipment Sequence:** 1 **Key Location:** KEYBOX AT LOBBY

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):            | Inspection Agency:                                 |   |
|------------------------------------|--|---|
|                                    | Date:  |   |
| Elevator Contractor:               |  |   |
|                                    | Tradesman Certification Number:                    |   |
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| Type of Inspection/Test Performed: |  |   |
|                                    | ion / Test Results<br>rate sheet for each elevator |   |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

JLL

ATTN: MARTHA TAYLOR

7201 GLEN FOREST DR SUITE 202

RICHMOND, VA 23226

**Building Location:** FOREST PLAZA I 7201 GLEN FOREST DR

HENRICO, VA 23226

Phone: (804) 288-1555

Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00735 **Code in Effect:** 1981

**Equipment Sequence:** 2 **Key Location:** KEYBOX AT LOBBY

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: EQUITABLE REALESTATE PARTNERS ATTN: KAREN MITCHELL P.O. BOX 70037 RICHMOND, VA 23229 **Building Location:** LEE BUILDING 8004 FRANKLIN FARMS DR HENRICO, VA 23229

Phone: (804) 658-6138

Email: kmitchell@equitablerealestate.com

**Elevator Location ID:** ELVLOC-2001-00782 **Code in Effect:** 1971 / 2010

**Equipment Sequence:** 1 **Key Location:** BREAK GLASS KEYBOX

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

| Elevator Contractor:               |   |
|------------------------------------|---|
|                                    | Tradesman Certification Number:                   |
|                                    |   |
| Type of Inspection/Test Performed: |   |
|                                    | on / Test Results<br>rate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

FLAGSHIP HEALTHCARE PROPERTIES LLC ATTN: KYLE KNEELAND 2701 COLTSGATE RD, STE 300 CHARLOTTE, NC 28211 **Building Location:** BLAIR BUILDING 8007 DISCOVERY DR HENRICO, VA 23229

Phone: (704) 749-7242

Email: kyle.kneeland@flagshiphp.com

**Elevator Location ID:** ELVLOC-2001-00783 **Code in Effect:** 1971/2013

**Equipment Sequence:** 1 **Key Location:** BREAK GLASS KEYBOX

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

FLAGSHIP HEALTHCARE PROPERTIES LLC ATTN: KYLE KNEELAND 2701 COLTSGATE RD, STE 300 CHARLOTTE, NC 28211 **Building Location:**BLAIR BUILDING
8007 DISCOVERY DR
HENRICO, VA 23229

Phone: (704) 749-7242

Email: kyle.kneeland@flagshiphp.com

**Elevator Location ID:** ELVLOC-2001-00783 **Code in Effect:** 2013

**Equipment Sequence:** 2 **Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (704) 749-7242

Email: kyle.kneeland@flagshiphp.com

**Elevator Location ID:** ELVLOC-2001-00783 Code in Effect: 2013

**Equipment Sequence: Key Location: Elevator Type:** Dumbwaiter **Alarm Status:** 

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: UNIVERSITY OF RICHMOND ATTN: MCKINLEY WOOD 131 UR DR RICHMOND, VA 23173 **Building Location:** UR - SPECIAL PROGRAMS BLDG 490 WESTHAMPTON WAY RICHMOND, VA 23173

Phone: (804) 287-6834

Email: mwood@richmond.edu

**Elevator Location ID:** ELVLOC-2001-00791 **Code in Effect:** 1984

**Equipment Sequence:** 1 **Key Location:** PHYSICAL PLANT

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

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

Phone: (804) 288-6056

Email: bpike@trinityumc.net

Elevator Location ID: ELVLOC-2001-00795 Code in Effect: 1987/2010 Equipment Sequence: 1 Key Location: OFFICE

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:   |  |
|--|--|--|
| Inspector Signature:                       | Date:  |  |
| Elevator Contractor:                       |  |  |
|  | Tradesman Certification Number:                                |  |
| Building Representation Contacted (Print): |  |  |
| Type of Inspection/Test Performed:         |  |  |
|  | nspection / Test Results<br>a separate sheet for each elevator |  |
| riedse use a                               | i separate sheet for each elevator                             |  |
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# **Elevator Periodic Inspection and Test Report Form**

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

Phone: (804) 288-6056

Email: bpike@trinityumc.net

**Elevator Location ID:** ELVLOC-2001-00795 **Code in Effect:** 2004 **Equipment Sequence:** 2 **Key Location:** OFFICE

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | 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: TRINITY METHODIST CHURCH ATTN: B. PIKE 903 FOREST AVE HENRICO, VA 23229 Building Location: TRINITY METHODIST CHURCH 903 FOREST AVE HENRICO, VA 23229

Phone: (804) 288-6056

Email: bpike@trinityumc.net

**Elevator Location ID:** ELVLOC-2001-00795 **Code in Effect:** 2004 **Equipment Sequence:** 3 **Key Location:** OFFICE

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (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:

EXTRA ATTIC MINI STORAGE ATTN: DIANE MCNAMEE 7113 THREE CHOPT RD SUITE 209 HENRICO, VA 23226-3644 **Building Location:** 

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

Phone: (804) 282-6640

Email: dmcnamee@extraattic.net

**Elevator Location ID:** ELVLOC-2001-00809 **Code in Effect:** 1984

**Equipment Sequence:** 1 **Key Location:** IN OFFICE # 103

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:                                     |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                        |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| •  | ction / Test Results<br>parate 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: RIVER ROAD BAPTIST CHURCH ATTN: DANIEL INGRAM 8000 RIVER RD HENRICO, VA 23229

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

Phone: (804) 288-1131

Email: danielingram@rrcb.org

**Elevator Location ID:** ELVLOC-2001-00810 **Code in Effect:** 1978/2010 **Equipment Sequence: Key Location: OFFICE** 

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| inspector Name (Finit).                    | Inspection Agency               |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
|  |                                 |
|  | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
|  |                                 |
| Inspe                                      | ection / Test Results           |
| Please use a sep                           | parate 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: RIVER ROAD BAPTIST CHURCH ATTN: DANIEL INGRAM 8000 RIVER RD HENRICO, VA 23229

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

Phone: (804) 288-1131

Email: danielingram@rrcb.org

**Elevator Location ID:** ELVLOC-2001-00810 **Code in Effect:** 1978/2010 **Equipment Sequence: OFFICE Key Location:** 

**Elevator Type:** Hydraulic Elevator Alarm Status: Not Alarmed

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

Building Official's Third-Party Inspection Policy. Inspector Name (Print): \_\_\_\_\_\_ Inspection Agency: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Elevator Contractor: \_\_\_\_\_ Elevator Tech Name (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_ Building Representation Contacted (Print): Type of Inspection/Test Performed: \_\_\_\_\_ Inspection / Test Results Please use a separate sheet for each elevator

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

## **Elevator Periodic Inspection and Test Report Form**

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

Phone: (804) 288-5805

Email: ridgefinance@comcast.net

**Elevator Location ID:** ELVLOC-2001-00835 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** CHURCH OFFICE **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                               |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                  |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | on / Test Results<br>ate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: LINDY HARVELL ATTN: LINDY HARVELL PO BOX 860 GLEN ALLEN, VA 23060 **Building Location:**PARHAM MEDICAL VILLAGE
2103 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 346-4578

Email: parhamraidology@hotmail.com

**Elevator Location ID:** ELVLOC-2001-00845 **Code in Effect:** 1978

**Equipment Sequence:** 1 **Key Location:** RECPT DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>ce sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

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

Phone: (804) 968-7120

Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID: ELVLOC-2001-00849 Code in Effect: 1993/2010 Equipment Sequence: 1 Key Location: MAINT.

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                               |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                  |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | on / Test Results<br>ate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

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

Phone: (804) 968-7120

Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID: ELVLOC-2001-00849 Code in Effect: 1993/2010 Equipment Sequence: 2 Key Location: MAINT.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
| Elevator Tech Name (Print):                | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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| •  | pection / Test Results          |
| Please use a s                             | eparate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

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

Phone: (804) 968-7120

Email: ricmw.ce@commonwealthlodging.c

Elevator Location ID: ELVLOC-2001-00849 Code in Effect: 1993/2010 Equipment Sequence: 3 Key Location: MAINT.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                               |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                  |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | on / Test Results<br>ate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

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

Phone: (804) 968-7120

Email: ricmw.ce@commonwealthlodging.c

**Elevator Location ID:** ELVLOC-2001-00849 **Code in Effect:** 1993 **Equipment Sequence:** 4 **Key Location:** MAINT.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

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

Phone: (804) 262-8000

Email: mdankos@dankosgordon.com

**Elevator Location ID:** ELVLOC-2001-00851 **Code in Effect:** 1990

**Equipment Sequence:** 1 **Key Location:** RM 100 WOODY HOGG

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

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

VIRGINIA ASSOCIATION OF REALTORS ATTN: DAWN FREEMAN 10231 TELEGRAPH RD GLEN ALEN, VA 23060 **Building Location:** 

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

Phone: (804) 264-5033

Email: dfreeman@virginiarealtors.org

**Elevator Location ID:** ELVLOC-2001-00859 **Code in Effect:** 1990

**Equipment Sequence:** 1 **Key Location:** RECPT. DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

COMMONWEALTH COMMERCIAL ATTN: MICHAEL MOOLHUYZEN 4198 COX RD, SUITE 200 GLEN ALLEN, VA 23060 Building Location: HAMILTON BEACH BUILDING 4421 WATERFRONT DR GLEN ALLEN, VA 23060

Phone: (804) 228-4926

Email: mmoolhuyzen@commonwealthcom

**Elevator Location ID:** ELVLOC-2001-00911 **Code in Effect:** 1978/2013

**Equipment Sequence:** 1 **Key Location:** RECPT.DSK\CALL MAINT

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

COMMONWEALTH COMMERCIAL ATTN: MICHAEL MOOLHUYZEN 4198 COX RD, SUITE 200 GLEN ALLEN, VA 23060 Building Location: HAMILTON BEACH BUILDING 4421 WATERFRONT DR GLEN ALLEN, VA 23060

Phone: (804) 228-4926

Email: mmoolhuyzen@commonwealthcom

**Elevator Location ID:** ELVLOC-2001-00911 **Code in Effect:** 1978/2013

**Equipment Sequence:** 2 **Key Location:** RECPT.DSK\CALL MAINT

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

| . 3                         |   |
|-----------------------------|---|
| Elevator Contractor:        |   |
| Elevator Tech Name (Print): | Tradesman Certification Number:                                   |
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| Please use                  | Inspection / Test Results<br>e a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (804) 965-1229

Email: jandrews@vhha.com

**Elevator Location ID:** ELVLOC-2001-00913 **Code in Effect:** 1984 **Equipment Sequence:** 1 **Key Location:** MAINT.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |  |
|--|--|--|
| Inspector Signature:                       | Date:  |  |
| Elevator Contractor:                       |  |  |
|  | Tradesman Certification Number:                                |  |
| Building Representation Contacted (Print): |  |  |
| Type of Inspection/Test Performed:         |  |  |
|  | nspection / Test Results<br>a separate sheet for each elevator |  |
| riedse use a                               | i separate sheet for each elevator                             |  |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

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

Phone: (804) 965-1229

Email: jandrews@vhha.com

**Elevator Location ID:** ELVLOC-2001-00913 **Code in Effect:** 1984 **Equipment Sequence:** 2 **Key Location:** MAINT.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
| Elevator Tech Name (Print):                | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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| Please use a s                             | eparate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 1978/2010

**Equipment Sequence:** 1 **Key Location:** GUARD DSK.CALL MAINT

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Notify Security

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

Building Representation Contacted (Print):

Type of Inspection/Test Performed:

Inspection / Test Results

Please use a separate sheet for each elevator

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 **Building Location:**VIRGINIA POWER COMPANY
5000 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 1978/2010

**Equipment Sequence:** 2 **Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Notify Security

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
|  | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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|  | ection / Test Results           |
| Please use a se                            | parate sheet for each elevator  |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 1978/2010

**Equipment Sequence:** 3 **Key Location:** GUARD DSK.CALL MAINT

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Notify Security

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

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

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 1978/2010

**Equipment Sequence:** 4 **Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Notify Security

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

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

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

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

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

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Type of Inspection/Test Performed:

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

Building Representation Contacted (Print):

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 1978/2010

**Equipment Sequence:** 5 **Key Location:** GUARD DSK.CALL MAINT

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

**Elevator Type:** Escalator **Alarm Status:** Notify Security

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

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 1978

**Equipment Sequence:** 6 **Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Escalator **Alarm Status:** Notify Security

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
|  | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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|  | ection / Test Results           |
| Please use a se                            | parate 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:

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

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

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 Code in Effect: 1978

**Equipment Sequence: Key Location: GUARD DSK.CALL MAINT** 

**Elevator Type:** Escalator Alarm Status: **Notify Security** 

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

| inspector name (Print): | nspection Agency:nspection Agency:                             |
|-------------------------|--|
| Inspector Signature:    | Date:  |
|                         |  |
|                         | Tradesman Certification Number:                                |
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|                         | nspection / Test Results<br>n separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 1978

**Equipment Sequence:** 8 **Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Escalator **Alarm Status:** Notify Security

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:                               |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                  |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | on / Test Results<br>ate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 1978

**Equipment Sequence:** 9 **Key Location:** GUARD DSK.CALL MAINT

**Elevator Type:** Escalator **Alarm Status:** Notify Security

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

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 1978

**Equipment Sequence:** 10 **Key Location:** GUARD DSK.CALL MAINT

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Elevator Type: Escalator Alarm Status: Notify Security

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

#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 2013

Equipment Sequence: 11 Key Location:
Elevator Type: Hydraulic Elevator Alarm Status:

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

DOMINION VIRGINIA POWER - CORP. DISP ATTN: BILL SPICER PO BOX 25459 RICHMOND, VA 23260 Building Location: VIRGINIA POWER COMPANY 5000 DOMINION BLVD GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919 **Code in Effect:** 2013

Equipment Sequence: 12 Key Location:
Elevator Type: Hydraulic Elevator Alarm Status:

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

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

HIGHWOODS PROPERTIES ATTN: BRIAN MENDITTO 4521 HIGHWOODS PKWY GLEN ALLEN VA., VA 23060 Building Location: MARKEL 4600 4600 COX RD GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.menditto@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00934 **Code in Effect:** 1984

**Equipment Sequence:** 1 **Key Location:** 1ST\FL.MAINT.OFFICE

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

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

HIGHWOODS PROPERTIES ATTN: BRIAN MENDITTO 4521 HIGHWOODS PKWY GLEN ALLEN VA., VA 23060 Building Location: MARKEL 4600 4600 COX RD GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.menditto@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00934 **Code in Effect:** 1984

**Equipment Sequence:** 2 **Key Location:** 1ST\FL.MAINT.OFFICE

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 300 E. FRANKLIN ST. RICHMOND, VA 23219 Building Location: HYATT PLACE 4100 COX RD GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00935 **Code in Effect:** 1990/2009

**Equipment Sequence:** 1 **Key Location:** FRT.DSK.CALL MAINT.

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

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 300 E. FRANKLIN ST. RICHMOND, VA 23219 Building Location: HYATT PLACE 4100 COX RD GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00935 **Code in Effect:** 1990/2009

**Equipment Sequence:** 2 **Key Location:** FRT.DSK.CALL MAINT.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:  |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                             |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | spection / Test Results<br>separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

HIGHWOODS PROPERTIES ATTN: BRIAN MENDITTO 4521 HIGHWOODS PKWY GLEN ALLEN VA., VA 23060 **Building Location:**MARKEL 4521
4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.menditto@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00938 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** MAINT. OFFICE **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

HIGHWOODS PROPERTIES ATTN: BRIAN MENDITTO 4521 HIGHWOODS PKWY GLEN ALLEN VA., VA 23060 **Building Location:**MARKEL 4521
4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.menditto@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00938 **Code in Effect:** 1993

**Equipment Sequence:** 2 **Key Location:** MAINT. OFFICE **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

HIGHWOODS PROPERTIES ATTN: BRIAN MENDITTO 4521 HIGHWOODS PKWY GLEN ALLEN VA., VA 23060 Building Location: MARKEL 4521 4521 HIGHWOODS PKWY GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.menditto@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00938 **Code in Effect:** 1993

**Equipment Sequence:** 3 **Key Location:** MAINT. OFFICE

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Type of Inspection/Test Performed:

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

# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: 11100 W BROAD ST LC ATTN: MICHELLE SPAHR P.O. BOX 5160 GLEN ALLEN, VA 23058 Building Location: THALHIMER 11100 W BROAD ST GLEN ALLEN, VA 23060

Phone: (804) 697-3468

Email: Michelle.Spahr@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00945 **Code in Effect:** 1984

**Equipment Sequence:** 1 **Key Location:** CALL MAINT. **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: HIGHWOOD PROPERTIES ATTN: CINDY BEAZLEY 4490 COX RD

GLEN ALLEN, VA 23060

Building Location: VIRGINIA BANKERS BUILDING 4490 COX RD GLEN ALLEN, VA 23060

Phone: (804) 819-4749

Email: cindtbeazley@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00957 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** LOCK BOX **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                               |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                  |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | on / Test Results<br>ate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

ESA MGMT - C/O LERCHBATES ATTN: LERCH BATES 9780 S MERIDIAN BLVD SUITE 450 ENGLEWOOD, CO 80112 Building Location: EXTENDED STAY AMERICA 10060 W BROAD ST GLEN ALLEN, VA 23060

Phone: (303) 795-7956

Email: extendedstay.elevators@lerchbates

Elevator Location ID:ELVLOC-2001-00966Code in Effect:1993/2013Equipment Sequence:1Key Location:FRONT DESKElevator Type:Hydraulic ElevatorAlarm Status:Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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## **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 9954 MAYLAND DR HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:ELVLOC-2001-00967Code in Effect:1990/2010Equipment Sequence:1Key Location:MAINT DEPTElevator Type:Electric ElevatorAlarm Status:Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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## **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 9954 MAYLAND DR HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:ELVLOC-2001-00967Code in Effect:1990/2010Equipment Sequence:2Key Location:MAINT DEPTElevator Type:Electric ElevatorAlarm Status:Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: THE RMR GROUP ATTN: LAURA FREMAN 9900 INDEPENDENCE PARK DR STE 120 HENRICO, VA 23233 **Building Location:** DEEP RUN III 9954 MAYLAND DR HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:ELVLOC-2001-00967Code in Effect:1990/2010Equipment Sequence:3Key Location:MAINT DEPTElevator Type:Electric ElevatorAlarm Status:Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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## **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 9954 MAYLAND DR HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:ELVLOC-2001-00967Code in Effect:/2010/2010Equipment Sequence:4Key Location:MAINT DEPTElevator Type:Electric ElevatorAlarm Status:Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: THE RMR GROUP ATTN: LAURA FREMAN 9900 INDEPENDENCE PARK DR STE 120 HENRICO, VA 23233 **Building Location:** DEEP RUN III 9954 MAYLAND DR HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:ELVLOC-2001-00967Code in Effect:1990/2010Equipment Sequence:5Key Location:MAINT DEPTElevator Type:Electric ElevatorAlarm Status:Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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## **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 9954 MAYLAND DR HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

Elevator Location ID:ELVLOC-2001-00967Code in Effect:/2010/2010Equipment Sequence:6Key Location:MAINT DEPTElevator Type:Electric ElevatorAlarm Status:Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: THE RMR GROUP ATTN: LAURA FREMAN 9900 INDEPENDENCE PARK DR STE 120 HENRICO, VA 23233 **Building Location:** DEEP RUN III 9954 MAYLAND DR HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967 **Code in Effect:** 1990

**Equipment Sequence:** 7 **Key Location:** MAINT DEPT **Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 4100 INNSLAKE DR GLEN ALLEN, VA 23060 Building Location: HOMEWOOD SUITES 4100 INNSLAKE DR GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00974 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** FRONT DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 4100 INNSLAKE DR GLEN ALLEN, VA 23060 Building Location: HOMEWOOD SUITES 4100 INNSLAKE DR GLEN ALLEN, VA 23060

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00974 **Code in Effect:** 1993

**Equipment Sequence:** 2 **Key Location:** FRONT DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

WESTDALE ASSET MANAGEMENT LP ATTN: DAVID MCCANN 201 CONCOURSE BLVD SUITE 100 GLEN ALLEN, VA 23059 **Building Location:** 

EAST SHORE OFFICE BLDG. II 120 EASTSHORE DR GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: David.Mccann@westdale.com

**Elevator Location ID:** ELVLOC-2001-00983 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** GUARD DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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|  | spection / Test Results          |
| Please use a                               | separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

WESTDALE ASSET MANAGEMENT LP ATTN: DAVID MCCANN 201 CONCOURSE BLVD SUITE 100 GLEN ALLEN, VA 23059 **Building Location:** 

EAST SHORE OFFICE BLDG. II 120 EASTSHORE DR GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: David.Mccann@westdale.com

**Elevator Location ID:** ELVLOC-2001-00983 **Code in Effect:** 1993

**Equipment Sequence:** 2 **Key Location:** GUARD DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

COLLIERS INTERNATIONAL ATTN: Carrington Parrish PO Box 13470 Richmond, VA 23225 **Building Location:**FRANKLIN COMMONS II
5620 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00987 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** GUARD DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: MEADOWS AND OHLY ATTN: JEFF MERKLE 5875 BREMO RD SUITE 510 RICHMOND, VA 23226

ST MARYS WEST MEDICAL OFFICE BUILDING 5899 BREMO RD HENRICO, VA 23226

**Building Location:** 

Phone: (804) 282-5392

Email: jeff.merkle@meadowsandohly.com

**Elevator Location ID:** ELVLOC-2002-01031 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** FRONT DESK / MAINT.

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

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

ESA MGT - C/O LERCHBATES ATTN: AHNA BROWN VELEZ 9780 S MERDIAN BLVD SUITE 450 ENGLEWOOD, CO 80112 Building Location: EXTENDED STAY AMERICA #410 6811 PARAGON PL HENRICO, VA 23230

Phone: (303) 723-7963

Email: extendedstay.elevators@lerchbates

Elevator Location ID:ELVLOC-2003-01105Code in Effect:1993/2010/2013Equipment Sequence:1Key Location:FRONT DESKElevator Type:Hydraulic ElevatorAlarm Status:Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: YMCA OF GREATER RICHMOND ATTN: KAITLIN WATKINS 2 W. FRANKLIN ST. RICHMOND, VA 23220 Building Location: SHADY GROVE YMCA 11255 NUCKOLS RD GLEN ALLEN, VA 23059

Phone: (804) 474-4371

Email: lowek@ymcarichmond.org

**Elevator Location ID:** ELVLOC-2004-01130 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** FRONT DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:  |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                             |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | spection / Test Results<br>separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: NISSAN OF RICHMOND ATTN: PAM APEL 11401 W BROAD ST HENRICO, VA 23233 Building Location: NISSAN OF RICHMOND 11401 W BROAD ST HENRICO, VA 23233

Phone: (804) 346-4200 Ext. 1104 Email: papel@nissanrva.com

**Elevator Location ID:** ELVLOC-2004-01137 **Code in Effect:** 1996

**Equipment Sequence:** 1 **Key Location:** FRONT DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

NOVA GLEN ALLEN HOTELS LLC ATTN: RAJU PARIKH 1101 TECHNOLOGY PARK DR GLEN ALLEN, VA 23059 **Building Location:** 

HAMPTON INN & SUITES - VA. CENTER 1101 TECHNOLOGY PARK DR GLEN ALLEN, VA 23059

Phone: (804) 261-2266

Email: GM.HIVACENTER@GMAIL.COM

**Elevator Location ID:** ELVLOC-2004-01144 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** FRONT DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

NOVA GLEN ALLEN HOTELS LLC ATTN: RAJU PARIKH 1101 TECHNOLOGY PARK DR GLEN ALLEN, VA 23059 **Building Location:** 

HAMPTON INN & SUITES - VA. CENTER 1101 TECHNOLOGY PARK DR GLEN ALLEN, VA 23059

Phone: (804) 261-2266

Email: GM.HIVACENTER@GMAIL.COM

**Elevator Location ID:** ELVLOC-2004-01144 **Code in Effect:** 1993

**Equipment Sequence:** 2 **Key Location:** FRONT DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se 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: SANDSTON SENIOR RETIREMENT ATTN: CAROL THOMAS 600 E WILLIAMSBURG RD SANDSTON, VA 23150

**Building Location:** SANDSTON PLATEAU RETIREMENT 600 E WILLIAMSBURG RD SANDSTON, VA 23150

Phone: (804) 428-7830

Email: SANDSTONPLATEAUMGR@SLNUSB

**Elevator Location ID:** ELVLOC-2005-01170 Code in Effect: 1996

**Equipment Sequence: Key Location:** MGR. OFFICE - 0514

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

**Elevator Type:** Hydraulic Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy. Inspector Name (Print): \_\_\_\_\_\_\_Inspection Agency: \_\_\_\_\_\_ Inspector Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Elevator Contractor: \_\_\_\_\_ Elevator Tech Name (Print): \_\_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_ Building Representation Contacted (Print): Type of Inspection/Test Performed: \_\_\_\_\_ Inspection / Test Results Please use a separate sheet for each elevator

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ORTHO VIRGINIA ATTN: BECKY HINES 7858 SHRADER RD RICHMOND, VA 23294 Building Location: ORTHO VIRGINIA 7858 SHRADER RD HENRICO, VA 23294

Phone: (804) 270-1305

Email: bridget.murrell@orthovirginia.com

**Elevator Location ID:** ELVLOC-2005-01182 **Code in Effect:** 1996 **Equipment Sequence:** 1 **Key Location:** RECPT.

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ORTHO VIRGINIA ATTN: BECKY HINES 7858 SHRADER RD RICHMOND, VA 23294 Building Location: ORTHO VIRGINIA 7858 SHRADER RD HENRICO, VA 23294

Phone: (804) 270-1305

Email: bridget.murrell@orthovirginia.com

**Elevator Location ID:** ELVLOC-2005-01182 **Code in Effect:** 1996 **Equipment Sequence:** 2 **Key Location:** RECPT.

**Elevator Type:** Dumbwaiter **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):            | Inspection Agency:                                     |
|------------------------------------|--|
| Inspector Signature:               | Date:  |
| Elevator Contractor:               |  |
| Elevator Tech Name (Print):        | Tradesman Certification Number:                        |
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| Type of Inspection/Test Performed: |  |
| ·                                  | ction / Test Results<br>parate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: COMMONWEALTH AUTISM ATTN: CLAUDETTE GLADSEN 4108 E PARHAM ROAD HENRICO, VA 23228 Building Location: COMMONWEALTH AUTISM 4108 E PARHAM RD HENRICO, VA 23228

Phone: (804) 649-8481

Email: claudette.gadsden@cahumanservic

**Elevator Location ID:** ELVLOC-2005-01183 **Code in Effect:** 1996

**Equipment Sequence:** 1 **Key Location:** RECPT. DESK

Elevator Type: Hydraulic Elevator Alarm Status: Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:  |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                             |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | spection / Test Results<br>separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: COMMONWEALTH AUTISM ATTN: CLAUDETTE GLADSEN 4108 E PARHAM ROAD HENRICO, VA 23228 Building Location: COMMONWEALTH AUTISM 4108 E PARHAM RD HENRICO, VA 23228

Phone: (804) 649-8481

Email: claudette.gadsden@cahumanservic

**Elevator Location ID:** ELVLOC-2005-01183 **Code in Effect:** 1996

**Equipment Sequence:** 2 **Key Location:** RECPT. DESK

Elevator Type: Dumbwaiter Alarm Status: Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                                     |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                        |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| •  | ction / Test Results<br>parate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

CHRIST CHURCH EPISCOPAL ATTN: DAVID ELLIS 5000 POUNCEY TRACT RD GLEN ALLEN, VA 23059 **Building Location:** 

CHRIST CHURCH EPISCOPAL 5000 POUNCEY TRACT RD GLEN ALLEN, VA 23059-5301

Phone: (804) 364-0394 Email: d.ellis@ccerva.org

**Elevator Location ID:** ELVLOC-2005-01188 **Code in Effect:** 1996

**Equipment Sequence:** 1 **Key Location:** EQUIP. ROOM

Elevator Type: Hydraulic Elevator Alarm Status: Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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|  | spection / Test Results          |
| Please use a                               | separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

SNH INDEPENDENCE PARK LLC ATTN: WENDY WALTON SMITH 9930 INDEPENDENCE PARK DR SUITE 200 HENRICO, VA 23233 **Building Location:** 

INDEPENDENCE PARK BLDG 3 9930 INDEPENDENCE PARK DR HENRICO, VA 23233

Phone: (804) 527-0718

Email: wwaltonsmith@rmrgroup.com

**Elevator Location ID:** ELVLOC-2006-01199 **Code in Effect:** 1993

**Equipment Sequence:** 1 **Key Location:** 1 S/T FL. DESK **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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|  | spection / Test Results          |
| Please use a                               | separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

BRANDYWINE REALTY TRUST ATTN: BRANDON MALONE 300 ARBORETUM PL SUITE 300 RICHMOND, VA 23236 **Building Location:** THREE PARAGON PLACE 6806 PARAGON PL HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2006-01211 **Code in Effect:** 1996

**Equipment Sequence:** 1 **Key Location:** MAINT SHOP LOCK BOX

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: BRANDYWINE REALTY TRUST

ATTN: BRANDON MALONE 300 ARBORETUM PL SUITE 300 RICHMOND, VA 23236 **Building Location:** THREE PARAGON PLACE 6806 PARAGON PL HENRICO, VA 23230

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

**Elevator Location ID:** ELVLOC-2006-01211 **Code in Effect:** 1996

**Equipment Sequence:** 2 **Key Location:** MAINT SHOP LOCK BOX

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

**Inspections for December: Periodic** 

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

Trease use a separate sneet for each elevator

Phone: (804) 501-4360 Fax:

(804) 501-4984

### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: WAL-MART ATTN: NICK CARVER 1504 N PARHAM HENRICO, VA 23229 **Building Location:** WAL-MART # 3869 1504 N PARHAM RD HENRICO, VA 23229

Phone: (804) 270-6034

Email: n0c00t4.s03869.us@wal-mart.com

**Elevator Location ID:** ELVLOC-2006-01224 Code in Effect: 2004

**Equipment Sequence: Key Location: SECURITY Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
|  | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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|  | ection / Test Results           |
| Please use a se                            | parate sheet for each elevator  |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

HRLP LLC ATTN: MONIQUE DOUCETTE 4501 Highwoods Pkwy, Suite 400 Glen Allen, VA 23060 Building Location: NORTH SHORE COMMONS II 4991 LAKE BROOK DR GLEN ALLEN, VA 23060

Phone: (804) 747-7800

Email: monique.doucette@highwoods.com

**Elevator Location ID:** ELVLOC-2006-01233 **Code in Effect:** 1996

**Equipment Sequence:** 1 **Key Location:** KEYBOX - M.R. DOOR

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Signature:                       | Date:  |
|--|--|
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results e a separate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

HRLP LLC ATTN: MONIQUE DOUCETTE 4501 Highwoods Pkwy, Suite 400 Glen Allen, VA 23060 Building Location: NORTH SHORE COMMONS II 4991 LAKE BROOK DR GLEN ALLEN, VA 23060

Phone: (804) 747-7800

Email: monique.doucette@highwoods.com

**Elevator Location ID:** ELVLOC-2006-01233 **Code in Effect:** 1996

**Equipment Sequence:** 2 **Key Location:** KEYBOX - M.R. DOOR

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

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

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

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

Inspection / Test Results

Please use a separate sheet for each elevator

## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: TRINITY LUTHERAN CHURCH ATTN: DAVID CONRAD 2315 N PARHAM RD HENRICO, VA 23229 **Building Location:** TRINITY LUTHERAN CHURCH 2315 N PARHAM RD HENRICO, VA 23229

Phone: (804) 270-4626 Email: admin@tlcrva.com

**Elevator Location ID:** ELVLOC-2007-01292 **Code in Effect:** 2000

**Equipment Sequence:** 1 **Key Location:** Elevator Type: Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                                    |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                       |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | ction / Test Results<br>arate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: MONUMENT SQUARE CONDO ASSN. ATTN: MARY SINGER 275 FINIAL AVE.

HENRICO, VA 23226

**Building Location:** 

MONUMENT SQUARE CONDO. BLDG.-11 -1231 BYRD AVE 275 FINIAL AVE HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01308 **Code in Effect:** 2000

**Equipment Sequence:** 1 Key Location: Elevator Type: Hydraulic Elevator Alarm Status:

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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|  | spection / Test Results          |
| Please use a                               | separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: TRINITY CHURCH ATTN: CHAD MORRIS 2811 FENDALL AVE RICHMOND, VA 23222 Building Location: TRINITY FAMILY LIFE CENTER 3601 DILL RD RICHMOND, VA 23222

Phone: (804) 321-6761

Email: cmorris@tflconline.org

**Elevator Location ID:** ELVLOC-2008-01321 **Code in Effect:** 2000

**Equipment Sequence:** 1 **Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

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

| Inspector Name (Print):                    | Inspection Agency:                                    |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                       |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | ction / Test Results<br>arate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: MONUMENT SQUARE CONDO ASSN. ATTN: MARY SINGER 275 FINIAL AVE. HENRICO, VA 23226 Building Location:
MONUMENT SQUARE CONDO. BLDG 5 5233 MONUMENT AVE
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01322 **Code in Effect:** 2000

**Equipment Sequence:** 1 **Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

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

**Building Location:** MONUMENT SQUARE CONDO. BLDG 6 -**5241 MONUMENT AVE** 275 FINIAL AVE HENRICO, VA 23226

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01323 Code in Effect: 2000 **Equipment Sequence: Key Location: KEY BOX Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 300 E. FRANKLIN ST. RICHMOND, VA 23219 **Building Location:**ALOFT HOTEL
3939 DUCKLING DR
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01360 **Code in Effect:** 2000 **Equipment Sequence:** 1 **Key Location:** MAINT,

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:   |  |
|--|--|--|
| Inspector Signature:                       | Date:  |  |
| Elevator Contractor:                       |  |  |
|  | Tradesman Certification Number:                                |  |
| Building Representation Contacted (Print): |  |  |
| Type of Inspection/Test Performed:         |  |  |
|  | nspection / Test Results<br>a separate sheet for each elevator |  |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 300 E. FRANKLIN ST. RICHMOND, VA 23219 **Building Location:**ALOFT HOTEL
3939 DUCKLING DR
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01360 **Code in Effect:** 2000 **Equipment Sequence:** 2 **Key Location:** MAINT,

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 300 E. FRANKLIN ST. RICHMOND, VA 23219 **Building Location:**ALOFT HOTEL
3939 DUCKLING DR
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01360 **Code in Effect:** 2000 **Equipment Sequence:** 3 **Key Location:** MAINT,

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

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

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

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This

| . ,  | , , ,                              |
|--|------------------------------------|
| Inspector Signature:                         | Date:                              |
| Elevator Contractor:                         |                                    |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:    |
| Building Representation Contacted (Print): _ |                                    |
| Type of Inspection/Test Performed:           |                                    |
|  | Inspection / Test Results          |
| Please use                                   | a separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: SHAMIN HOTELS ATTN: OMAR ANSARI 300 E. FRANKLIN ST. RICHMOND, VA 23219 **Building Location:**ALOFT HOTEL
3939 DUCKLING DR
GLEN ALLEN, VA 23060-5817

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
|  | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>se 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: AUDUBON HOSPITALITY LLC ATTN: JANET GRAHAM 5400 AUDUBON DR RICHMOND, VA 23231

**Building Location: CANDLEWOOD SUITES** 5400 AUDUBON DR HENRICO, VA 23231

Phone: (804) 652-1888

Email: jgraham@cwsric.com

**Elevator Location ID:** ELVLOC-2008-01371 Code in Effect: 2000 **Equipment Sequence: Key Location: DESK** 

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: COBB TECHNOLOGIES ATTN: TONI GORVEAT 1000 TECHNOLOGY PARK DR GLEN ALLEN, VA 23059 **Building Location:** COBB TECHNOLOGIES 8827 STAPLES MILL RD HENRICO, VA 23228

Phone: (804) 515-5700

Email: suzanne@porterinc.com

**Elevator Location ID:** ELVLOC-2009-01407 **Code in Effect:** 2004 **Equipment Sequence:** 1 **Key Location:** RECPT.

**Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):            | Inspection Agency:                                     |
|------------------------------------|--|
| Inspector Signature:               | Date:  |
| Elevator Contractor:               |  |
| Elevator Tech Name (Print):        | Tradesman Certification Number:                        |
|                                    |  |
| Type of Inspection/Test Performed: |  |
| •                                  | ction / Test Results<br>parate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: 1420 N PARHAM RD LLC ATTN: CHRIS LILLY 1420 N PARHAM RD HENRICO, VA 23229 **Building Location:** 1420 N PARHAM RD LLC 1404 N PARHAM RD HENRICO, VA 23229

Phone: (804) 754-4724

Email: cl@broadskymgmt.com

**Elevator Location ID:** ELVLOC-2009-01428 **Code in Effect:** 2005

**Equipment Sequence:** 1 **Key Location:** CUST. SERV. **Elevator Type:** Hydraulic Elevator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>ce sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: 1420 N PARHAM RD LLC ATTN: CHRIS LILLY 1420 N PARHAM RD HENRICO, VA 23229 **Building Location:** 1420 N PARHAM RD LLC 1404 N PARHAM RD HENRICO, VA 23229

Phone: (804) 754-4724

Email: cl@broadskymgmt.com

**Elevator Location ID:** ELVLOC-2009-01428 **Code in Effect:** 2005

**Equipment Sequence:** 2 **Key Location:** CUST. SERV. **Elevator Type:** Escalator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: 1420 N PARHAM RD LLC ATTN: CHRIS LILLY 1420 N PARHAM RD HENRICO, VA 23229 **Building Location:** 1420 N PARHAM RD LLC 1404 N PARHAM RD HENRICO, VA 23229

Phone: (804) 754-4724

Email: cl@broadskymgmt.com

**Elevator Location ID:** ELVLOC-2009-01428 **Code in Effect:** 2005

**Equipment Sequence:** 3 **Key Location:** CUST. SERV. **Elevator Type:** Escalator **Alarm Status:** Not Alarmed

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:  |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                             |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | spection / Test Results<br>separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: LIBBIE ASSOCIATES ATTN: LAURA BABIK 7900 SHRADER RD HENRICO, VA 23294 **Building Location:** LIBBIE ASSOCIATES 7900 SHRADER RD HENRICO, VA 23294-4215

Phone: (804) 241-0542

Email: lbabik@thesaonline.com

**Elevator Location ID:** ELVLOC-2010-01481 **Code in Effect:** 2004/2005 **Equipment Sequence: Key Location:** BLDG. ENGR.

Alarmed **Elevator Type:** Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                                     |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                        |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| ·  | ction / Test Results<br>parate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: COLLEGIATE SCHOOL ATTN: CARROLL CAMPBELL 103 N MOORELAND RD HENRICO, VA 23229 Building Location: COLLEGIATE SCHOOL - LUCK HALL 103 N MOORELAND RD HENRICO, VA 23229

Phone: (804) 741-9733

Email: carroll\_campbell@collegiate-va.org

**Elevator Location ID:** ELVLOC-2011-01524 **Code in Effect:** 2005

**Equipment Sequence:** 1 **Key Location: Elevator Type:** Electric Elevator **Alarm Status:** 

Inspections for December: Periodic, Category 1, Category 5

| Inspector Name (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:

ACAC SHORT PUMP LLC ATTN: ERIC KIRKPATRICK 2201 OLD BRICK RD GLEN ALLEN, VA 23060 Building Location: ACAC 2201 OLD BRICK RD GLEN ALLEN, VA 23060

Phone: (804) 464-0990 Email: erick@acac.com

**Elevator Location ID:** ELVLOC-2012-01575 **Code in Effect:** 2004

**Equipment Sequence:** 1 **Key Location:** FRONT DECK **Elevator Type:** Electric Elevator **Alarm Status:** Not Alarmed

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

| Inspector Name (Print):                    | Inspection Agency:   |  |
|--|--|--|
| Inspector Signature:                       | Date:  |  |
| Elevator Contractor:                       |  |  |
|  | Tradesman Certification Number:                                |  |
| Building Representation Contacted (Print): |  |  |
| Type of Inspection/Test Performed:         |  |  |
|  | nspection / Test Results<br>a separate sheet for each elevator |  |
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#### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: MONUMENT SQUARE CONDO ASSN. ATTN: MARY SINGER 275 FINIAL AVE. Building Location: MONUMENT SQUARE CONDO. BLDG 4 -5225 MONUMENT AVE 275 FINIAL AVE HENRICO, VA 23226

Phone: (804) 288-3905

HENRICO, VA 23226

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2013-01609 **Code in Effect:** 2007

**Equipment Sequence:** 1 Key Location: Elevator Type: Hydraulic Elevator Alarm Status:

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                                      |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                         |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | ection / Test Results<br>parate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ARTCRAFT MANAGEMENT ATTN: FELICIA WALKER 4447 COX RD GLEN ALLEN, VA 23060 **Building Location:** FAISON RESIDENCE 5215 W BROAD ST HENRICO, VA 23230

Phone: (804) 387-4184

Email: fwalker@artcraftmanagement.com

**Elevator Location ID:** ELVLOC-2014-01673 **Code in Effect:** 2007

**Equipment Sequence:** 1 **Key Location:** Elevator Type: Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: UNIVERSITY OF RICHMOND ATTN: MCKINLEY WOOD

27 WESTHAMPTON WAY RICHMOND, VA 23173 **Building Location:** UR SOUTH CAMPUS APTS - BLDG 3 151 UR DR

RICHMOND, VA 23173

Phone: (804) 289-8600

Email: mwood2@richmond.edu

**Elevator Location ID:** ELVLOC-2014-01679 **Code in Effect:** 2007

**Equipment Sequence:** 1 **Key Location:** PHYSICAL PLANT

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

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

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

UNIVERSITY OF RICHMOND ATTN: MCKINLEY WOOD 27 WESTHAMPTON WAY RICHMOND, VA 23173 **Building Location:** 

UR SOUTH CAMPUS APTS - BLDG 4 151 UR DR RICHMOND, VA 23173

Phone: (804) 289-8600

Email: mwood2@richmond.edu

**Elevator Location ID:** ELVLOC-2014-01680 **Code in Effect:** 2007

**Equipment Sequence:** 1 **Key Location:** PHYSICAL PLANT

Elevator Type: Hydraulic Elevator Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:              |
|--|---------------------------------|
| Inspector Signature:                       | Date:                           |
| Elevator Contractor:                       |                                 |
|  | Tradesman Certification Number: |
| Building Representation Contacted (Print): |                                 |
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| Please use a se                            | parate sheet for each elevator  |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

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

HANGER 3649 - 3649 THUNDERCHIEF DR 1 RICHARD E BYRD TERMINAL DR HENRICO, VA 23250

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2015-01737 **Code in Effect:** 2010

**Equipment Sequence:** 1 **Key Location:** MAINT. SHOP

Elevator Type: Hydraulic Elevator Alarm Status: Alarmed

**Inspections for December: Periodic** 

| inspector Name (Finit).                   | INSPECTION AGENCY:  |
|---|---|
| Inspector Signature:                      | Date:   |
| Elevator Contractor:                      |   |
| Elevator Tech Name (Print):               | Tradesman Certification Number:                                     |
| Building Representation Contacted (Print) | ):  |
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| Please                                    | Inspection / Test Results<br>use a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: ST. MICHAELS CHURCH ATTN: Rob Hiller 4495 SPRINGFIELD RD GLEN ALLEN, VA 23060 **Building Location:** ST. MICHAELS CHURCH 4495 SPRINGFIELD RD GLEN ALLEN, VA 23060

Phone: (804) 527-1037

Email: scott.guy@saint-mikes.org

**Elevator Location ID:** ELVLOC-2017-01817 **Code in Effect:** 2010

**Equipment Sequence:** 1 **Key Location:** CHURCH OFFICE

Elevator Type: Hydraulic Elevator Alarm Status: Alarmed

Inspections for December: Periodic, Category 1

| Inspector Name (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: ARNB LLC. ATTN: ARNB LLC 6115 STAPLES MILL RD HENRICO, VA 23228 Building Location: ARCO IRIS LATINO MART 6115 STAPLES MILL RD HENRICO, VA 23228

Phone: (804) 338-5294

Email: info@terrazarva.com

**Elevator Location ID:** ELVLOC-2017-01832 **Code in Effect:** 2010

**Equipment Sequence:** 1 **Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

Inspections for December: Periodic, Category 1

| Inspector Name (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:

CORINTH UNITED METHODIST CHURCH ATTN: SUE BUCK 23 W WILLIAMSBURG RD SANDSTON, VA 23150-2009 **Building Location:** 

CORINTH UNITED METHODIST CHURCH 23 W WILLIAMSBURG RD SANDSTON, VA 23150

Phone: (804) 737-4837

Email: office@cornithumchurch.org

**Elevator Location ID:** ELVLOC-2018-01923 **Code in Effect:** 2010

**Equipment Sequence:** 1 **Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results 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: ASPIRE AT WEST END ATTN: ASHLEY DUGGER 5020 SULKY DR HENRICO, VA 23228

**Building Location:** ASPIRE AT WEST END 5020 SULKY DR HENRICO, VA 23228

Phone: (804) 391-4125

Email: adugger@seniorlifestyle.com

**Elevator Location ID:** ELVLOC-2018-01930 Code in Effect: 2010

**Equipment Sequence: Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:                                     |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                        |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| ·  | ction / Test Results<br>parate 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: ASPIRE AT WEST END ATTN: ASHLEY DUGGER 5020 SULKY DR HENRICO, VA 23228

**Building Location:** ASPIRE AT WEST END 5020 SULKY DR HENRICO, VA 23228

Phone: (804) 391-4125

Email: adugger@seniorlifestyle.com

**Elevator Location ID:** ELVLOC-2018-01930 Code in Effect: 2010

**Equipment Sequence: Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

| Inspector Name (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: ASPIRE AT WEST END ATTN: ASHLEY DUGGER 5020 SULKY DR HENRICO, VA 23228 **Building Location:**ASPIRE AT WEST END
5020 SULKY DR
HENRICO, VA 23228

Phone: (804) 391-4125

Email: adugger@seniorlifestyle.com

**Elevator Location ID:** ELVLOC-2018-01930 **Code in Effect:** 2010

**Equipment Sequence:** 3 **Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

| Inspector Name (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: DRURY DEVELOPMENT CORPORATION ATTN: ERIC HYRE 11049 W BROAD ST GLEN ALLEN, VA 23060-5937 **Building Location:** DRURY PLAZA HOTEL 11049 W BROAD ST HENRICO, VA 23233

Phone: (804) 354-1542

Email: eric.hyre@druryhotels.com

**Elevator Location ID:** ELVLOC-2018-01975 **Code in Effect:** 2010

**Equipment Sequence:** 1 Key Location: Elevator Type: Electric Elevator Alarm Status:

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

| Inspector Name (Print):                    | Inspection Agency:                                      |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                         |
| Building Representation Contacted (Print): |   |
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| •  | ection / Test Results<br>parate sheet for each elevator |
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### **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: DRURY DEVELOPMENT CORPORATION ATTN: ERIC HYRE 11049 W BROAD ST GLEN ALLEN, VA 23060-5937 **Building Location:** DRURY PLAZA HOTEL 11049 W BROAD ST HENRICO, VA 23233

Phone: (804) 354-1542

Email: eric.hyre@druryhotels.com

**Elevator Location ID:** ELVLOC-2018-01975 **Code in Effect:** 2010

**Equipment Sequence:** 2 **Key Location: Elevator Type:** Electric Elevator **Alarm Status:** 

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

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: DRURY DEVELOPMENT CORPORATION ATTN: ERIC HYRE 11049 W BROAD ST GLEN ALLEN, VA 23060-5937 Building Location: DRURY PLAZA HOTEL 11049 W BROAD ST HENRICO, VA 23233

Phone: (804) 354-1542

Email: eric.hyre@druryhotels.com

**Elevator Location ID:** ELVLOC-2018-01975 **Code in Effect:** 2010

**Equipment Sequence:** 3 **Key Location: Elevator Type:** Electric Elevator **Alarm Status:** 

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

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: FACEBOOK RVA ATTN: CAROLINA MAXWELL 6200 TECHNOLOGY BLVD SANDSTON, VA 23150 Building Location: FACEBOOK RVA 5900 ELKO RD SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolina.maxwell@fb.com

**Elevator Location ID:** ELVLOC-2019-01985 **Code in Effect:** 2010

Equipment Sequence: 1 Key Location: Elevator Type: Electric Elevator Alarm Status:

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>ce sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: FACEBOOK RVA ATTN: CAROLINA MAXWELL 6200 TECHNOLOGY BLVD SANDSTON, VA 23150 **Building Location:** FACEBOOK RVA 5900 ELKO RD SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolina.maxwell@fb.com

**Elevator Location ID:** ELVLOC-2019-01985 **Code in Effect:** 2010

Equipment Sequence: 2 Key Location:
Elevator Type: Electric Elevator Alarm Status:

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:  |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                             |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | spection / Test Results<br>separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: RICHMOND WSP LLC ATTN: STEVE WINTER 14399 N GAYTON RD GLEN ALLEN, VA 23059 **Building Location:**WESTMONT AT SHORT PUMP
14399 N GAYTON RD
GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140

Email: matther.winningham@rui.net

**Elevator Location ID:** ELVLOC-2019-02057 **Code in Effect:** 2013

**Equipment Sequence:** 1 Key Location: Elevator Type: Hydraulic Elevator Alarm Status:

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:  |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                             |
| Building Representation Contacted (Print): |   |
| Type of Inspection/Test Performed:         |   |
|  | spection / Test Results<br>separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: RICHMOND WSP LLC ATTN: STEVE WINTER 14399 N GAYTON RD GLEN ALLEN, VA 23059 **Building Location:**WESTMONT AT SHORT PUMP
14399 N GAYTON RD
GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140

Email: matther.winningham@rui.net

**Elevator Location ID:** ELVLOC-2019-02057 **Code in Effect:** 2013

**Equipment Sequence:** 2 **Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

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

| Inspector Name (Print):                    | Inspection Agency:   |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                                    |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
| Please us                                  | Inspection / Test Results<br>se a separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: MUDS ASSOCIATES LLP ATTN: SUSAN HEATH 2001 MAYWILL ST SUITE 100 RICHMOND, VA 23230 Building Location: UKROPS MARKET HALL 7250 PATTERSON AVE HENRICO, VA 23229

Phone: (804) 340-4094

Email: susan.heath@ukrops.com

**Elevator Location ID:** ELVLOC-2020-02135 **Code in Effect:** 2013

**Equipment Sequence:** 1 **Key Location: Elevator Type:** Hydraulic Elevator **Alarm Status:** 

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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|  | spection / Test Results          |
| Please use a                               | separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent:

RED RIVER FOOD GROUP ATTN: ROBERTO FUENTES 2840 SPROUSE DR. HENRICO, VA 23231-6039 **Building Location:** RED RIVER FOOD GROUP 2840 SPROUSE DR HENRICO, VA 23231

Phone: (804) 562-2462

Email: fuentesr@redriverfoods.com

**Elevator Location ID:** ELVLOC-2022-000008 **Code in Effect:** 2013

**Equipment Sequence:** 1 **Key Location: Elevator Type:** Roped Hydraulic Elevator **Alarm Status:** 

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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# **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
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000015 **Code in Effect:** ASME A17.1 – 2016

**Equipment Sequence:** 1 **Key Location:** Elevator Type: Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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# **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
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000015 **Code in Effect:** ASME A17.1 – 2016

Equipment Sequence: 2 Key Location: Elevator Type: Electric Elevator Alarm Status:

**Inspections for December: Periodic** 

| Inspector Name (Print):                      | Inspection Agency:   |
|--|--|
| Inspector Signature:                         | Date:  |
| Elevator Contractor:                         |  |
| Elevator Tech Name (Print):                  | Tradesman Certification Number:                              |
| Building Representation Contacted (Print): _ |  |
| Type of Inspection/Test Performed:           |  |
|  | Inspection / Test Results a separate sheet for each elevator |
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# **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
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000015 **Code in Effect:** ASME A17.1 – 2016

**Equipment Sequence:** 3 **Key Location:** Elevator Type: Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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|  | spection / Test Results          |
| Please use a                               | separate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: QUALITY TECHNOLOGY ATTN: KEITH RIGSBY 12851 FOSTER ST SUITE 205 OVERLAND PARK, KS 66213 **Building Location:**QUALITY TECHNOLOGY
6030 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2023-000015 **Code in Effect:** ASME A17.1 – 2016

**Equipment Sequence:** 4 **Key Location:** Elevator Type: Hydraulic Elevator **Alarm Status:** 

**Inspections for December: Periodic** 

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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|  | spection / Test Results          |
| Please use a                               | separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: RVA FACEBOOK ATTN: CAROLINA MAXWELL 6200 TECHNOLOGY BLVD Sandston, VA 23150 **Building Location:** RVA FACEBOOK 5 & 6 7301 TECHNOLOGY BLVD SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

**Elevator Location ID:** ELVLOC-2023-000021 **Code in Effect:** 2013

**Equipment Sequence:** 1 Key Location: Elevator Type: Electric Elevator Alarm Status:

Inspections for December: Periodic, Category 1

| Inspector Name (Print):                    | Inspection Agency:                             |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | n / Test Results<br>ce sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: RVA FACEBOOK ATTN: CAROLINA MAXWELL 6200 TECHNOLOGY BLVD Sandston, VA 23150 **Building Location:** RVA FACEBOOK 5 & 6 7301 TECHNOLOGY BLVD SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

**Elevator Location ID:** ELVLOC-2023-000021 **Code in Effect:** 2013

Equipment Sequence: 2 Key Location: Elevator Type: Electric Elevator Alarm Status:

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

| Inspector Name (Print):                    | Inspection Agency:                                      |
|--|---|
| Inspector Signature:                       | Date:   |
| Elevator Contractor:                       |   |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                         |
| Building Representation Contacted (Print): |   |
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| •  | ection / Test Results<br>parate sheet for each elevator |
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# **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: RVA FACEBOOK ATTN: CAROLINA MAXWELL 6200 TECHNOLOGY BLVD Sandston, VA 23150 **Building Location:** RVA FACEBOOK 5 & 6 7301 TECHNOLOGY BLVD SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

**Elevator Location ID:** ELVLOC-2023-000021 **Code in Effect:** 2013

**Equipment Sequence:** 3 **Key Location: Elevator Type:** Electric Elevator **Alarm Status:** 

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

| Inspector Name (Print):                    | Inspection Agency:               |
|--|----------------------------------|
| Inspector Signature:                       | Date:                            |
| Elevator Contractor:                       |                                  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:  |
| Building Representation Contacted (Print): |                                  |
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|  | spection / Test Results          |
| Please use a                               | separate sheet for each elevator |
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## **Elevator Periodic Inspection and Test Report Form**

Owner / Agent: RVA FACEBOOK ATTN: CAROLINA MAXWELL 6200 TECHNOLOGY BLVD Sandston, VA 23150 **Building Location:** RVA FACEBOOK 5 & 6 7301 TECHNOLOGY BLVD SANDSTON, VA 23150

Phone: (650) 541-9632

Email: carolinamaxwell@meta.com

**Elevator Location ID:** ELVLOC-2023-000021 **Code in Effect:** 2013

**Equipment Sequence:** 4 **Key Location: Elevator Type:** Electric Elevator **Alarm Status:** 

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

| Inspector Name (Print):                    | Inspection Agency:                               |
|--|--|
| Inspector Signature:                       | Date:  |
| Elevator Contractor:                       |  |
| Elevator Tech Name (Print):                | Tradesman Certification Number:                  |
| Building Representation Contacted (Print): |  |
| Type of Inspection/Test Performed:         |  |
|  | on / Test Results<br>ate sheet for each elevator |
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