



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00200	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	GUARD DSK-CALL MAINT
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed

Inspections for 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 Building Official's Third-Party Inspection Policy.

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

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



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 RICHMOND, VA 23230

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

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

Elevator Location ID: ELVLOC-2001-00200 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:** GUARD DSK-CALL MAINT
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for 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 Building Official's Third-Party Inspection Policy.

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

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

Elevator Location ID:	ELVLOC-2001-00200	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

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

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

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 Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2008

Equipment Sequence: 4

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for 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 Building Official's Third-Party Inspection Policy.

Inspector Name (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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 6601 W BROAD ST
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Phone: (804) 484-8157
 Email: christopher.s.gibson@altria.com

Elevator Location ID:	ELVLOC-2001-00200	Code in Effect:	2008
Equipment Sequence:	5	Key Location:	GUARD DSK-CALL MAINT
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for 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 Building Official's Third-Party Inspection Policy.

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

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Owner / Agent:

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

Building Location:

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

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00200**Code in Effect:** 2008**Equipment Sequence:** 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 equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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HENRICO, VA 23230-1723

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

Elevator Location ID: ELVLOC-2001-00200
Equipment Sequence: 7
Elevator Type: Escalator
Inspections for December: Periodic

Code in Effect: 2008
Key Location: GUARD DSK-CALL MAINT
Alarm Status: Not Alarmed

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

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

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HENRICO, VA 23230-1723

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

Elevator Location ID: ELVLOC-2001-00200 **Code in Effect:** 2008
Equipment Sequence: 8 **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 equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (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 Location ID: ELVLOC-2001-00200

Code in Effect: 2008

Equipment Sequence: 9

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for 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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 HENRICO, VA 23230-1723

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

Elevator Location ID:	ELVLOC-2001-00200	Code in Effect:	2013
Equipment Sequence:	10	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 equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

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

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 HENRICO, VA 23230-1723

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

Elevator Location ID: ELVLOC-2001-00200

Code in Effect: 2013

Equipment Sequence: 11

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Location ID: ELVLOC-2001-00201 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:** GUARD DSK-CALL MAINT
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for 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 Building Official's Third-Party Inspection Policy.

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

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 RICHMOND, VA 23230

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

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

Elevator Location ID: ELVLOC-2001-00201

Code in Effect: 2010

Equipment Sequence: 2

Key Location: GUARD DSK-CALL MAINT

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for 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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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6603 W BROAD ST
HENRICO, VA 23230-1711

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

Elevator Location ID:	ELVLOC-2001-00201	Code in Effect:	2010
Equipment Sequence:	3	Key Location:	GUARD DSK-CALL MAINT
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed

Inspections for 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 Building Official's Third-Party Inspection Policy.

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

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RICHMOND, VA 23230

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

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

Elevator Location ID: ELVLOC-2001-00201

Code in Effect: 2010

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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RICHMOND, VA 23230

Building Location:

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

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

Elevator Location ID: ELVLOC-2001-00201

Code in Effect: 2004

Equipment Sequence: 5

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Inspector Name (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:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic, Category 1**

Code in Effect: 2000
Key Location: NOT LOCKED
Alarm Status: Not Alarmed

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

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

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Phone: (804) 501-4360

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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

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

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

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

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

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

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

Inspections for December: Category 1, Periodic

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

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

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



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Henrico, VA 23273-0775

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
Equipment Sequence: 5 **Key Location:** LOWER LOBBY
Elevator Type: Electric 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 equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

AFFINITY FUNERAL SERVICE
2720 ENTERPRISE PKWY
HENRICO, VA 23294

Phone: (804) 477-3136

Email: affinityfh@gmail.com

Elevator Location ID: ELVLOC-2001-00230

Code in Effect: 2010

Equipment Sequence: 1

Key Location: KEYBOX @ M.R. DOOR

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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P.O. Box 90775
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Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

AETNA
9881 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 968-7280

Email: jalevesque@aetna.com

Elevator Location ID: ELVLOC-2001-00340

Code in Effect: 1987

Equipment Sequence: 1

Key Location: 1ST.FL. - FIRE BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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



County of Henrico, Virginia
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

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

Inspections for December: Periodic, Category 1

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 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: 3

Key Location: SECURITY DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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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: 4 **Key Location:** SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: Category 1, Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Department of Building Construction and Inspections
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: 1987
Key Location: BEAUTY SHOP
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00607

Code in Effect: 1981

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND 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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 2
Elevator Type: Escalator
Inspections for December: Periodic

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CAPITAL REGION AIRPORT COMMISSION
ATTN: 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
Equipment Sequence: 3
Elevator Type: Escalator
Inspections for December: Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND 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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Henrico, VA 23273-0775

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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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
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
RICHMOND 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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 RICHMOND 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

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

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

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



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Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00622
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for December: **Periodic**

Code in Effect: 2006
Key Location: OFFICE
Alarm Status: Not Alarmed

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

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

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



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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2006

Equipment Sequence: 2

Key Location: OFFICE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for 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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00622 **Code in Effect:** 2006
Equipment Sequence: 3 **Key Location:** OFFICE
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 equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

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

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

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

Elevator Periodic Inspection and Test Report Form

<p>Owner / Agent: RICHMOND INTERNATIONAL RACEWAY ATTN: LAUREN DANEKER 600 E LABURNUM AVE RICHMOND, VA 23222</p>	<p>Building Location: RICHMOND INTERNATIONAL RACEWAY 600 E LABURNUM AVE HENRICO, VA 23222</p>
--	---

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

Elevator Location ID: ELVLOC-2001-00622	Code in Effect: 1993
Equipment Sequence: 4	Key Location: OFFICE
Elevator Type: Electric Elevator	Alarm Status: Not Alarmed

Inspections for 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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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County of Henrico, Virginia

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 1993

Equipment Sequence: 5

Key Location: OFFICE

Elevator Type: Dumbwaiter

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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

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 Department of Building Construction and Inspections
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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00622 **Code in Effect:** 2004
Equipment Sequence: 6 **Key Location:** OFFICE
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 equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00622	Code in Effect:	2004
Equipment Sequence:	7	Key Location:	OFFICE
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 equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:
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 ATTN: LAUREN DANEKER
 600 E LABURNUM AVE
 RICHMOND, VA 23222

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

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

Elevator Location ID: ELVLOC-2001-00622
Equipment Sequence: 8
Elevator Type: Electric Elevator
Inspections for December: **Periodic**

Code in Effect: 2004
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00622	Code in Effect:	2000
Equipment Sequence:	9	Key Location:	OFFICE
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 Building Official's Third-Party Inspection Policy.

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Equipment Sequence: 10

Elevator Type: Escalator

Inspections for December: Periodic

Code in Effect: 2000

Key Location: OFFICE

Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2000

Equipment Sequence: 11

Key Location: OFFICE

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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2000

Equipment Sequence: 12

Key Location: OFFICE

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for 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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
 Department of Building Construction and Inspections
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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00622	Code in Effect:	2000
Equipment Sequence:	13	Key Location:	OFFICE
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 Building Official's Third-Party Inspection Policy.

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2000

Equipment Sequence: 14

Key Location: OFFICE

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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00622 **Code in Effect:** 2007
Equipment Sequence: 21 **Key Location:** OFFICE
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for 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 Building Official's Third-Party Inspection Policy.

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00622
Equipment Sequence: 101
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RICHMOND INTERNATIONAL RACEWAY
600 E LABURNUM AVE
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00622

Code in Effect: 2010

Equipment Sequence: 102

Key Location: OFFICE

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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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: ldaneker@richmondraceway.com

Elevator Location ID: ELVLOC-2001-00629

Code in Effect: 1987

Equipment Sequence: 2

Key Location: ADMIN. BLDG.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for 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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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:	1	Key Location:	FRT.DSK.@ REAR DOOR
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 Building Official's Third-Party Inspection Policy.

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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



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 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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

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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic, Category 1**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
JLL
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
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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: 3 **Key Location:**
Elevator Type: Dumbwaiter **Alarm Status:**
Inspections for December: Periodic, Category 1

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

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

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



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 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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: bpiketrinityumc.net

Elevator Location ID: ELVLOC-2001-00795
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

Code in Effect: 2004
Key Location: OFFICE
Alarm Status: Not Alarmed

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

RIVER ROAD BAPTIST CHURCH
8000 RIVER RD
HENRICO, VA 23229

Phone: (804) 288-1131

Email: danielingram@rrcb.org

Elevator Location ID: ELVLOC-2001-00810

Code in Effect: 1978/2010

Equipment Sequence: 2

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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			

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

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

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

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:
 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
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00851 **Code in Effect:** 1990
Equipment Sequence: 1 **Key Location:** RM 100 WOODY HOGG
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for 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 Building Official's Third-Party Inspection Policy.

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

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



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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia
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Henrico, VA 23273-0775

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for December: **Periodic**

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 1978/2010

Equipment Sequence: 2

Key Location: GUARD DSK.CALL MAINT

Elevator Type: Hydraulic Elevator

Alarm Status: Notify Security

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00919	Code in Effect:	1978/2010
Equipment Sequence:	4	Key Location:	GUARD DSK.CALL MAINT
Elevator Type:	Hydraulic Elevator	Alarm Status:	Notify Security
Inspections for December: Category 1, Periodic			

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 1978/2010

Equipment Sequence: 5

Key Location: GUARD DSK.CALL MAINT

Elevator Type: Escalator

Alarm Status: Notify Security

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 6
Elevator Type: Escalator
Inspections for December: Periodic, Category 1

Code in Effect: 1978
Key Location: GUARD DSK.CALL MAINT
Alarm Status: Notify Security

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

VIRGINIA POWER COMPANY
 5000 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

Elevator Location ID: ELVLOC-2001-00919

Code in Effect: 1978

Equipment Sequence: 7

Key Location: GUARD DSK.CALL MAINT

Elevator Type: Escalator

Alarm Status: Notify Security

Inspections for December: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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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
Equipment Sequence: 8
Elevator Type: Escalator
Inspections for December: Periodic, Category 1

Code in Effect: 1978
Key Location: GUARD DSK.CALL MAINT
Alarm Status: Notify Security

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DOMINION 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			

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DOMINION 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			

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00935 **Code in Effect:** 1990/2009
Equipment Sequence: 1 **Key Location:** FRT.DSK.CALL MAINT.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for 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 Building Official's Third-Party Inspection Policy.

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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: 1990/2010

Equipment Sequence: 2

Key Location: MAINT DEPT

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2002-01031	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK / MAINT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for December: Category 1, Periodic

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

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

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

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ESA MGT - C/O LERCHBATES
 ATTN: AHNA BROWN VELEZ
 9780 S MERDIAN BLVD SUITE 450
 ENGLEWOOD, CO 80112

Building Location:
 EXTENDED STAY AMERICA #410
 6811 PARAGON PL
 HENRICO, VA 23230

Phone: (303) 723-7963
 Email: extendedstay.elevators@lerchbates

Elevator Location ID: ELVLOC-2003-01105 **Code in Effect:** 1993/2010/2013
Equipment Sequence: 1 **Key Location:** FRONT DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for December: Periodic, Category 1

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

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

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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

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

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

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

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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
NISSAN OF RICHMOND
11401 W BROAD ST
HENRICO, VA 23233

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

Elevator Location ID: ELVLOC-2004-01137
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Category 1, Periodic

Code in Effect: 1996
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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: 1 **Key Location:** MGR. OFFICE - 0514
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 equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

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

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

Inspection / Test Results
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County of Henrico, Virginia

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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

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

Inspector Name (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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: 2000
Key Location: KEY BOX
Alarm Status: Not Alarmed

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

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

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

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



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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
ALOFT HOTEL
3939 DUCKLING DR
GLEN ALLEN, VA 23060-5817

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

Elevator Location ID:	ELVLOC-2008-01360	Code in Effect:	2000
Equipment Sequence:	4	Key Location:	MAINT,
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for December: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Category 1, Periodic

Code in Effect: 2000
Key Location: DESK
Alarm Status: Not Alarmed

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

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

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



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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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			

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

**County of Henrico, Virginia**

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 UNIVERSITY OF RICHMOND
 ATTN: MCKINLEY WOOD
 27 WESTHAMPTON WAY
 RICHMOND, VA 23173

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

Phone: (804) 289-8600
 Email: mwood2@richmond.edu

Elevator Location ID: ELVLOC-2014-01680
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic, Category 1

Code in Effect: 2007
Key Location: PHYSICAL PLANT
Alarm Status: Not Alarmed

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

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

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



County of Henrico, Virginia
 Department of Building Construction and Inspections
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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: 2010
Key Location: MAINT. SHOP
Alarm Status: Alarmed

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

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

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



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 Henrico, VA 23273-0775

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for December: Periodic

Code in Effect: 2010
Key Location:
Alarm Status:

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ASPIRE AT WEST END
ATTN: 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: 2

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

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 Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for December: Category 1, Periodic

Code in Effect: 2010
Key Location:
Alarm Status:

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RVA FACEBOOK
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
Sandston, VA 23150

Building Location:
RVA FACEBOOK 5 & 6
7301 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (650) 541-9632
Email: carolinamaxwell@meta.com

Elevator Location ID: ELVLOC-2023-000021
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for December: Category 1, Periodic

Code in Effect: 2013
Key Location:
Alarm Status:

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

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

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



County of Henrico, Virginia
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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for December: Category 1, Periodic

Code in Effect: 2013
Key Location:
Alarm Status:

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

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

Inspection / Test Results
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for December: Category 1, Periodic

Code in Effect: 2013
Key Location:
Alarm Status:

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

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

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

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