



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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

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

Phone: (804) 795-2772

Email: laurelhillumc.varina@gmail.com

**Elevator Location ID:** ELVLOC-2001-00012

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** CHURCH OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 740-3394  
Email: [chad.montgomery@stewardschool.com](mailto:chad.montgomery@stewardschool.com)

**Elevator Location ID:** ELVLOC-2001-00015      **Code in Effect:**  
**Equipment Sequence:** 1      **Key Location:** MAINT SHOP  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for February:** **Periodic**

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

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

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

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



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## Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00015  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

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

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

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

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

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00100  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February: Periodic, Category 1**

**Code in Effect:** 1965/2000/2010  
**Key Location:** FRONT OFFICE  
**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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

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

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**Owner / Agent:**

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

**Building Location:**

LAKESIDE ELEMENTARY SCHOOL  
6700 CEDAR CROFT ST  
HENRICO, VA 23228

Phone: (804) 652-3905

Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2001-00114  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

**Owner / Agent:**

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

**Building Location:**

VIRGINIA RANDOLPH SCHOOL  
2206 MOUNTAIN RD  
GLEN ALLEN, VA 23060

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

**Elevator Location ID:** ELVLOC-2001-00124

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Owner / Agent:**

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

**Building Location:**

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

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

**Elevator Location ID:** ELVLOC-2001-00209

**Code in Effect:** 2007

**Equipment Sequence:** 1

**Key Location:** MAINTENANCE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** Periodic

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

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

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

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

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

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

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

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

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

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

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

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

**Elevator Location ID:** ELVLOC-2001-00210      **Code in Effect:** 2004/2005  
**Equipment Sequence:** 1      **Key Location:** RM.100 MAINT.OFFICE  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for February:** **Periodic, Category 1**

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

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

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

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

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

**Elevator Location ID:** ELVLOC-2001-00210  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February: Periodic, Category 1**

**Code in Effect:** 2004/2005  
**Key Location:** RM.100 MAINT.OFFICE  
**Alarm Status:** Not Alarmed

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

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

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

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

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

**Elevator Location ID:** ELVLOC-2001-00215

**Code in Effect:** 1974

**Equipment Sequence:** 1

**Key Location:** GUARD DESK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Periodic, Category 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:**  
 GENWORTH FINANCIAL - BLDG. 2  
 ATTN: MARK TEREYLA  
 6610 W BROAD ST  
 RICHMOND, VA 23230

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

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

**Elevator Location ID:** ELVLOC-2001-00215  
**Equipment Sequence:** 2  
**Elevator Type:** Electric Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 1974  
**Key Location:** GUARD DESK  
**Alarm Status:** Not Alarmed

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00215  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for February:** **Category 1, Periodic**

**Code in Effect:** 1974  
**Key Location:** GUARD DESK  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

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

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

**Elevator Location ID:** ELVLOC-2001-00215

**Code in Effect:** 1974

**Equipment Sequence:** 4

**Key Location:** GUARD DESK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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



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 Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00216  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

**Code in Effect:** 1974  
**Key Location:** GUARD DESK  
**Alarm Status:** Not Alarmed

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

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

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

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

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

Phone: (804) 873-2121  
 Email: amit.thakor@kmhotels.com

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

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

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

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

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



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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 873-2121  
Email: amit.thakor@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00221  
**Equipment Sequence:** 2  
**Elevator Type:** Electric Elevator  
**Inspections for February:** **Category 1, Periodic**

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 873-2121  
Email: amit.thakor@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00221  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for February:** **Periodic, Category 1**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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



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Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00270

**Code in Effect:** 1984

**Equipment Sequence:** 1

**Key Location:** STE. 200

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** Periodic

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

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

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

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

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00309  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

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

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

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

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

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

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

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

**Elevator Location ID:** ELVLOC-2001-00309  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

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

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

TUCKAHOE MEDICAL CENTER  
8921 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 697-3456

Email: [ian.riester@thalhimer.com](mailto:ian.riester@thalhimer.com)

**Elevator Location ID:** ELVLOC-2001-00371

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** ROOM 300

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

**Inspection / Test Results**

Please use a separate sheet for each elevator

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



**County of Henrico, Virginia**

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

TUCKAHOE MEDICAL CENTER  
8921 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 697-3456

Email: [ian.riester@thalhimer.com](mailto:ian.riester@thalhimer.com)

**Elevator Location ID:** ELVLOC-2001-00371

**Code in Effect:** 1981

**Equipment Sequence:** 2

**Key Location:** ROOM 300

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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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:**  
MARK AMES  
ATTN: MARK AMES  
PO BOX 31800  
HENRICO, VA 23294

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

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

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

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

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 U-HAUL COMPANY OF RICHMOND  
 ATTN: STACY DONATI  
 3133 E PARHAM RD  
 HENRICO, VA 23228

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

Phone: (804) 342-4296  
 Email: stacy\_donati@uhaul.com

**Elevator Location ID:** ELVLOC-2001-00390  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

**Code in Effect:** 1974  
**Key Location:** MAINTENANCE  
**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:**  
 U TURN  
 ATTN: MANUEL FLORES III  
 2101 MAYWILL ST  
 RICHMOND, VA 23230

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

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

**Elevator Location ID:** ELVLOC-2001-00404

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** FRONT SECURITY DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
BANK STREET ADVISORS  
ATTN: L. GONZALEZ  
10120J WEST BROAD ST  
GLEN ALLEN, VA 23060

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00408	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FIRE BOX-1/ST.FL
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic, Category 1</b>		

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
VALLEY STAR CREDIT UNION  
ATTN: DIANE WALKER  
1801 DABNEY RD  
RICHMOND, VA 23230

**Building Location:**  
VALLEY STAR CREDIT UNION  
1801 DABNEY RD  
HENRICO, VA 23230

Phone: (276) 632-1679  
Email: dianew@valleystar.org

**Elevator Location ID:** ELVLOC-2001-00414  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 TCRE, LLC  
 ATTN: OTLEY PROPERTIES  
 PO BOX 17901  
 RICHMOND, VA 23226

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

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

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

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

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

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

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

**Owner / Agent:**  
SHERATON RICHMOND AIRPORT  
ATTN: NABIL AFIAL  
5501 EUBANK RD  
SANDSTON, VA 23150

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

Phone: (804) 226-6400  
Email: nabilfi66@gmail.com

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 SHERATON RICHMOND AIRPORT  
 ATTN: NABIL AFIAL  
 5501 EUBANK RD  
 SANDSTON, VA 23150

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

Phone: (804) 226-6400  
 Email: nabilfi66@gmail.com

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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<b>Owner / Agent:</b> SHERATON RICHMOND AIRPORT ATTN: NABIL AFIAL 5501 EUBANK RD SANDSTON, VA 23150	<b>Building Location:</b> SHERATON RICHMOND AIRPORT 5501 EUBANK RD SANDSTON, VA 23150
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Phone: (804) 226-6400  
 Email: nabilfi66@gmail.com

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 GRAND LODGE AF & AM OF VA  
 ATTN: SHERRY TALLEY  
 4115 NINE MILE RD  
 RICHMOND, VA 23223

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

Phone: (804) 222-3110  
 Email: supplies@glova.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00626	<b>Code in Effect:</b>	1955
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SERVICE DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:   Periodic</b>			

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
MASONIC HOME OF VIRGINIA  
ATTN: MICHAEL BUTLER  
500 MASONIC LA.  
RICHMOND, VA 23223

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

**Owner / Agent:**

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

**Building Location:**

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00660	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	J.ARTIS \ FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic, Category 1</b>		

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 QUALITY TECHNOLOGY  
 ATTN: KEITH RIGSBY  
 12851 FOSTER ST SUITE 205  
 OVERLAND PARK, KS 66213

**Building Location:**  
 QUALITY TECHNOLOGY  
 6024 TECHNOLOGY BLVD  
 SANDSTON, VA 23150

Phone: (703) 673-8675  
 Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2001-00666  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** Periodic

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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 QUALITY TECHNOLOGY  
 ATTN: KEITH RIGSBY  
 12851 FOSTER ST SUITE 205  
 OVERLAND PARK, KS 66213

**Building Location:**  
 QUALITY TECHNOLOGY  
 6024 TECHNOLOGY BLVD  
 SANDSTON, VA 23150

Phone: (703) 673-8675  
 Email: keith.rigsby@qtsdatacenters.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00666	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	C U B
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic</b>		

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

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

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

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

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

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST SUITE 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6024 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2001-00666

**Code in Effect:** 1993

**Equipment Sequence:** 4

**Key Location:** C U B

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** **Periodic**

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

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

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

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

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

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

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

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

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 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 QUALITY TECHNOLOGY  
 ATTN: KEITH RIGSBY  
 12851 FOSTER ST SUITE 205  
 OVERLAND PARK, KS 66213

**Building Location:**  
 QUALITY TECHNOLOGY  
 6024 TECHNOLOGY BLVD  
 SANDSTON, VA 23150

Phone: (703) 673-8675  
 Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2001-00666  
**Equipment Sequence:** 5  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

QUALITY TECHNOLOGY  
ATTN: KEITH RIGSBY  
12851 FOSTER ST SUITE 205  
OVERLAND PARK, KS 66213

**Building Location:**

QUALITY TECHNOLOGY  
6024 TECHNOLOGY BLVD  
SANDSTON, VA 23150

Phone: (703) 673-8675

Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2001-00666

**Code in Effect:** 1993

**Equipment Sequence:** 8

**Key Location:** C U B

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** Periodic

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

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

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

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

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

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 QUALITY TECHNOLOGY  
 ATTN: KEITH RIGSBY  
 12851 FOSTER ST SUITE 205  
 OVERLAND PARK, KS 66213

**Building Location:**  
 QUALITY TECHNOLOGY  
 6024 TECHNOLOGY BLVD  
 SANDSTON, VA 23150

Phone: (703) 673-8675  
 Email: keith.rigsby@qtsdatacenters.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00666	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	9	<b>Key Location:</b>	C U B
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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 QUALITY TECHNOLOGY  
 ATTN: KEITH RIGSBY  
 12851 FOSTER ST SUITE 205  
 OVERLAND PARK, KS 66213

**Building Location:**  
 QUALITY TECHNOLOGY  
 6024 TECHNOLOGY BLVD  
 SANDSTON, VA 23150

Phone: (703) 673-8675  
 Email: keith.rigsby@qtsdatacenters.com

**Elevator Location ID:** ELVLOC-2001-00666  
**Equipment Sequence:** 11  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

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



**County of Henrico, Virginia**

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

COMMONWEALTH BUILDING  
7301 FOREST AVE  
HENRICO, VA 23226

Phone: (804) 237-8679

Email: felecia.washington@colliers.com

**Elevator Location ID:** ELVLOC-2001-00703

**Code in Effect:** 1987

**Equipment Sequence:** 2

**Key Location:** ROOM 305

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00738	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	BREAK GLASS BOX
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic</b>		

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

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

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

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 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00738	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	BREAK GLASS BOX
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed

**Inspections for February:    Periodic**

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

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

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

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



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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COLLIERS INTERNATIONAL  
 ATTN: JIMMY FITCH  
 PO BOX 13470  
 RICHMOND, VA 23225

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

Phone: (804) 968-1579  
 Email: jimmy.fitch@colliers.com

**Elevator Location ID:** ELVLOC-2001-00741  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 1981  
**Key Location:** M.R. DOOR 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

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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:**  
COLLIERS INTERNATIONAL  
ATTN: JIMMY FITCH  
PO BOX 13470  
RICHMOND, VA 23225

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

Phone: (804) 968-1579  
Email: jimmy.fitch@colliers.com

**Elevator Location ID:** ELVLOC-2001-00741  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 1981  
**Key Location:** M.R. DOOR 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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COLLIERS INTERNATIONAL  
ATTN: JIMMY FITCH  
PO BOX 13470  
RICHMOND, VA 23225

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

Phone: (804) 968-1579  
Email: jimmy.fitch@colliers.com

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

**Code in Effect:** 1981  
**Key Location:** BOX ON MACH.RM.DR  
**Alarm Status:** Not Alarmed

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



**County of Henrico, Virginia**

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COLLIERS INTERNATIONAL  
ATTN: JIMMY FITCH  
PO BOX 13470  
RICHMOND, VA 23225

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

Phone: (804) 968-1579  
Email: jimmy.fitch@colliers.com

**Elevator Location ID:** ELVLOC-2001-00745

**Code in Effect:** 1981

**Equipment Sequence:** 2

**Key Location:** BOX ON MACH.RM.DR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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



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

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

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00774  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 1971  
**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

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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:**  
 CCPB LLC  
 ATTN: JOSEPH SMITH  
 3131 PIEDMONT RD SUITE 100  
 ATLANTA, GA 30305

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00774	<b>Code in Effect:</b>	1971
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	KEY BOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Category 1, Periodic</b>		

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

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

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

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**County of Henrico, Virginia**

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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:**

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

**Building Location:**

KOGER BUILDING  
8001 FRANKLIN FARMS DR  
HENRICO, VA 23229

Phone: (804) 658-3168

Email: kmitchell@equitablerealestate.net

**Elevator Location ID:** ELVLOC-2001-00775

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00777  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February: Periodic, Category 1**

**Code in Effect:** 1978  
**Key Location:** BREAK GLASS KEYBOX  
**Alarm Status:** Not Alarmed

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

ALMOND BUILDING  
 1610 FOREST AVE  
 HENRICO, VA 23229

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

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

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

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

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

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

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

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

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

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

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



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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COMMONWEALTH CATHOLIC CHARITIES  
 ATTN: LORI JAMES  
 1601 ROLLING HILLS DR  
 HENRICO, VA 23229

**Building Location:**  
 COMMONWEALTH CATHOLIC CHARITIES  
 1601 ROLLING HILLS DR  
 HENRICO, VA 23229

Phone: (804) 823-9338  
 Email: lori.james@cccovva.org

**Elevator Location ID:** ELVLOC-2001-00779

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



**County of Henrico, Virginia**

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00780

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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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:**  
COLLIERS INC.  
ATTN: DAWN ROSATO  
PO BOX 13470  
RICHMOND, VA 23225

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00781	<b>Code in Effect:</b>	1971
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	BREAKGLASS BOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed

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

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

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

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

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**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

SPOTSWOOD BUILDING  
8003 FRANKLIN FARMS DR  
HENRICO, VA 23229

Phone: (804) 237-8679

Email: felecia.washington@colliers.com

**Elevator Location ID:** ELVLOC-2001-00784

**Code in Effect:** 1971

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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



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Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
RATCLIFFE BUILDING  
1602 ROLLING HILLS DR  
HENRICO, VA 23229

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00786	<b>Code in Effect:</b>	1971
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	BREAK GLASS BOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Category 1, Periodic</b>		

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

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

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

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

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

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

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

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

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**County of Henrico, Virginia**  
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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:**  
 COLLIERS INTERNATIONAL  
 ATTN: FELECIA WASHINGTON  
 PO Box 13470  
 RICHMOND, VA 23225

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

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

**Elevator Location ID:** ELVLOC-2001-00787      **Code in Effect:** 1978  
**Equipment Sequence:** 1      **Key Location:** BREAK GLASS BOX  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for February: Periodic, Category 1**

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

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

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

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



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

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

# Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00789

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 COLLEGIATE LOWER SCHOOL - 103 N  
 MORELAND RD  
 201 N MOORELAND RD  
 HENRICO, VA 23229

Phone: (804) 741-9733  
 Email: carroll\_campbell@collegiate-va.org

**Elevator Location ID:** ELVLOC-2001-00828  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

**Code in Effect:** 1990  
**Key Location:** MAINT OFFICE  
**Alarm Status:** Not Alarmed

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 OLEY CHILDREN LTD PARTNERSHIP  
 ATTN: DR. OLEY  
 9030 THREE CHOPT RD SUITE A  
 HENRICO, VA 23229

**Building Location:**  
 DR. OLEY`S OFFICE  
 9030 THREE CHOPT RD  
 HENRICO, VA 23229

Phone: (804) 282-7011  
 Email: christina@droley.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00831	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SUITE A
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 741-9733  
Email: carroll\_campbell@collegiate-va.org

**Elevator Location ID:** ELVLOC-2001-00833

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** MAINT. DEPT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
COLLEGIATE - SOUTH SCIENCE - 103 N  
MOORELAND RD  
201 N MOORELAND RD  
HENRICO, VA 23229

Phone: (804) 741-9733  
Email: carroll\_campbell@collegiate-va.org

**Elevator Location ID:** ELVLOC-2001-00836      **Code in Effect:** 1993  
**Equipment Sequence:** 1      **Key Location:** SEE MAINT.  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for February:** **Category 1, Periodic**

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

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

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

**Owner / Agent:**  
BEHAVIORAL HEALTH SERVICES OF VA.  
ATTN: DEMARIO ADKINS  
1701 E. PARHAM RD  
HENRICO, VA 23228

**Building Location:**  
BEHAVIORAL HEALTH SERVICES OF VA.  
1701 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 261-4163  
Email: demario.adkins@bhsva.net

**Elevator Location ID:** ELVLOC-2001-00850  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 1971/2009/2010  
**Key Location:** 2ND.FL.\ FINANCE DPT  
**Alarm Status:** Not Alarmed

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 727-1400  
Email: [ian.hawthorne@vacrossings.com](mailto:ian.hawthorne@vacrossings.com)

<b>Elevator Location ID:</b>	ELVLOC-2001-00863	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	ENGINEERING
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic</b>		

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

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

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

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



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Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00863

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** ENGINEERING

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** **Periodic**

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

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

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

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

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

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

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

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

**Owner / Agent:**

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

**Building Location:**

JEFFERSON BUILDING  
1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VA 23059

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

**Elevator Location ID:** ELVLOC-2001-00864

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** ENGINEERING

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** Periodic

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00864  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

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

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

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

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

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

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

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

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

**Elevator Location ID:** ELVLOC-2001-00864

**Code in Effect:**

**Equipment Sequence:** 3

**Key Location:** ENGINEERING

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** Periodic

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00865  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

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

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

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

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

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

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

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

**Elevator Location ID:** ELVLOC-2001-00865  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** Periodic

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 STAPLES MILL ROAD BAPTIST  
 ATTN: STACEY REXRODE  
 10101 STAPLES MILL RD  
 GLEN ALLEN, VA 23060

**Building Location:**  
 STAPLES MILL ROAD BAPTIST  
 10101 STAPLES MILL RD  
 GLEN ALLEN, VA 23060

Phone: (804) 672-6811  
 Email: srexrode@smrbc.org

**Elevator Location ID:** ELVLOC-2001-00877  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00887

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** RECPT.DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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**Owner / Agent:**

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

**Building Location:**

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

Phone: (804) 513-8021

Email: [sprentice@bslcc.org](mailto:sprentice@bslcc.org)

**Elevator Location ID:** ELVLOC-2001-00887

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:** RECPT.DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
WESTDALE REAL ESTATE MGT.  
ATTN: LINDSAY SHAW  
140 EASTSHORE DR. SUITE 150  
GLEN ALLEN, VA 23059

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

Phone: (804) 747-1551  
Email: [lindsay.shaw@westdale.com](mailto:lindsay.shaw@westdale.com)

**Elevator Location ID:** ELVLOC-2001-00892  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**  
**Code in Effect:** 1993  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WESTDALE REAL ESTATE MGT.  
 ATTN: LINDSAY SHAW  
 140 EASTSHORE DR. SUITE 150  
 GLEN ALLEN, VA 23059

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

Phone: (804) 747-1551  
 Email: lindsay.shaw@westdale.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00892	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February: Category 1, Periodic</b>			

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

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

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

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

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

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

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

**Elevator Location ID:** ELVLOC-2001-00893

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** SECURITY DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Inspection / Test Results  
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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00893  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

LIBERTY PLAZA II  
10800 NUCKOLS RD  
GLEN ALLEN, VA 23060

Phone: (804) 452-7718

Email: waltonsmith@rmrgroup.com

**Elevator Location ID:** ELVLOC-2001-00893

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:** SECURITY DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WESTDALE ASSET MGT.  
 ATTN: LINDSAY SHAW  
 140 EASTSHORE DR. SUITE 150  
 GLEN ALLEN, VA 23059

**Building Location:**  
 EASTSHORE OFFICE BLDG. III  
 140 EASTSHORE DR  
 GLEN ALLEN, VA 23059

Phone: (804) 747-1551  
 Email: lindsay.shaw@westdale.com

**Elevator Location ID:** ELVLOC-2001-00894  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

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

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

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

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

**Owner / Agent:**  
 WESTDALE ASSET MGT.  
 ATTN: LINDSAY SHAW  
 140 EASTSHORE DR. SUITE 150  
 GLEN ALLEN, VA 23059

**Building Location:**  
 EASTSHORE OFFICE BLDG. III  
 140 EASTSHORE DR  
 GLEN ALLEN, VA 23059

Phone: (804) 747-1551  
 Email: [lindsay.shaw@westdale.com](mailto:lindsay.shaw@westdale.com)

**Elevator Location ID:** ELVLOC-2001-00894  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February: Category 1, Periodic**

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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 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:**  
MORNINGSIDE ASSISTED LIVING  
ATTN: LISA NEWCOMB  
3000 SKIPWITH RD  
HENRICO, VA 23294

**Building Location:**  
MORNINGSIDE ASSISTED LIVING  
3000 SKIPWITH RD  
HENRICO, VA 23294

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

**Elevator Location ID:** ELVLOC-2001-00896     **Code in Effect:** 1993  
**Equipment Sequence:** 1     **Key Location:** FRONT DESK  
**Elevator Type:** Hydraulic Elevator     **Alarm Status:** Not Alarmed  
**Inspections for February:** **Periodic**

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

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

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

**Owner / Agent:**

WELLFLEET PROPERTIES LLC  
ATTN: JAMES LARNER  
1305 GARTH GATE LN.  
Charlottesville, VA 22901

**Building Location:**

WELLFLEET PROPERTIES  
12201 GAYTON RD  
HENRICO, VA 23238-8203

Phone: (434) 825-0321

Email: james@lerner.com

**Elevator Location ID:** ELVLOC-2001-00914

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** KEYBOX @ MACH.ROOM

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

**Owner / Agent:**

THALHIMERS  
ATTN: MICHELLE SPAHR  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

MAGELLAN  
4300 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 648-5881

Email: michelle.spahr@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00921

**Code in Effect:** 1987/2013

**Equipment Sequence:** 1

**Key Location:** MAINT. = JIM OLIVER

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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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:**  
THALHIMERS  
ATTN: MICHELLE SPAHR  
PO BOX 5160  
GLEN ALLEN, VA 23058

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

Phone: (804) 648-5881  
Email: michelle.spahr@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00921      **Code in Effect:** 1987 2013  
**Equipment Sequence:** 2      **Key Location:** MAINT. = JIM OLIVER  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for February: Category 1, Periodic**

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 THALHIMERS  
 ATTN: MICHELLE SPAHR  
 PO BOX 5160  
 GLEN ALLEN, VA 23058

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

Phone: (804) 648-5881  
 Email: michelle.spahr@thalhimer.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00921	<b>Code in Effect:</b>	1987/2013
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	MAINT. = JIM OLIVER
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February: Category 1, Periodic</b>			

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

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

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

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



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

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

## Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00925

**Code in Effect:** 1978/2010

**Equipment Sequence:** 2

**Key Location:** OFFICE=CALL MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Inspection / Test Results  
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:**  
 BETH SHALOM HOME  
 ATTN: STEVE PRENTICE  
 1600 JOHN ROLFE PKWY  
 HENRICO, VA 23233

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

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

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

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

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

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

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

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

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00927	<b>Code in Effect:</b>	1987
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	RECEPT. DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Category 1, Periodic</b>		

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HIGHWOODS PROPERTIES  
ATTN: DAVID BARLOW  
4710 COX RD.  
GLEN ALLEN, VA 23060

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

Phone: (804) 290-2174  
Email: david.barlow@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00929

**Code in Effect:** 1987/2010

**Equipment Sequence:** 1

**Key Location:** KNOX BOX - FRONT DR.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator





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Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HIGHWOODS PROPERTIES  
 ATTN: DAVID BARLOW  
 4710 COX RD.  
 GLEN ALLEN, VA 23060

**Building Location:**  
 NORTH PARK  
 4701 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2174  
 Email: david.barlow@highwoods.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00929	<b>Code in Effect:</b>	1987/2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	KNOX BOX - FRONT DR.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic, Category 1</b>		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COMMONWEALTH COMMERCIAL  
 ATTN: CHUCK RICHARDSON  
 4198 COX ROAD SUITE 200  
 GLEN ALLEN, VA 23060

**Building Location:**  
 CENTER PARK V  
 4405 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 433-1836  
 Email: crichardson@commonwealthcomm

<b>Elevator Location ID:</b>	ELVLOC-2001-00931	<b>Code in Effect:</b>	1984
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	KEYBOX ADJ. TO DOOR
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February: Periodic, Category 1</b>			

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HIGHWOODS PROPERTIES  
 ATTN: MONIQUE DOUCETTE  
 5101 COX RD.  
 GLEN ALLEN, VA 23060

**Building Location:**  
 4101 BUILDING  
 4101 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2174  
 Email: monique.doucette@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00932

**Code in Effect:** 1984

**Equipment Sequence:** 1

**Key Location:** KEYBOX ON MACH.RM.DR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

HIGHWOODS PROPERTIES  
ATTN: MONIQUE DOUCETTE  
5101 COX RD.  
GLEN ALLEN, VA 23060

**Building Location:**

4101 BUILDING  
4101 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: monique.doucette@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00932

**Code in Effect:** 1984

**Equipment Sequence:** 2

**Key Location:** KEYBOX ON MACH.RM.DR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

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:**  
CAMBRIDGE HEALTHCARE MGT.  
ATTN: BAILA BERNEY  
1608 RT 88 STE 301  
BRICK, NJ 08724

**Building Location:**  
CANTERBURY REHABILITATION  
1776 CAMBRIDGE DR  
HENRICO, VA 23238-3203

Phone: (732) 965-1948

Email: CMCCRAY@CANTERBURYREHAB.C

**Elevator Location ID:** ELVLOC-2001-00940

**Code in Effect:** 1965

**Equipment Sequence:** 1

**Key Location:** 1ST\FL HALL KEYBOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator



**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:**

CAMBRIDGE HEALTHCARE MGT.  
ATTN: BAILA BERNEY  
1608 RT 88 STE 301  
BRICK, NJ 08724

**Building Location:**

CANTERBURY REHABILITATION  
1776 CAMBRIDGE DR  
HENRICO, VA 23238-3203

Phone: (732) 965-1948

Email: CMCCRAY@CANTERBURYREHAB.C

**Elevator Location ID:** ELVLOC-2001-00940

**Code in Effect:** 1965/2013

**Equipment Sequence:** 2

**Key Location:** 1ST\FL HALL KEYBOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

BLUERIDGE SENIOR LIVING  
ATTN: Beth Ludeke  
12411 Gayton Rd.  
Richmond, VA 23238

**Building Location:**

BLUERIDGE SENIOR LIVING  
12411 GAYTON RD  
HENRICO, VA 23238-2272

Phone: (732) 400-8574

Email: bludeke@blueridgesl.com

**Elevator Location ID:** ELVLOC-2001-00942

**Code in Effect:** 1987

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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**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:**  
 BLUERIDGE SENIOR LIVING  
 ATTN: Beth Ludeke  
 12411 Gayton Rd.  
 Richmond, VA 23238

**Building Location:**  
 BLUERIDGE SENIOR LIVING  
 12411 GAYTON RD  
 HENRICO, VA 23238-2272

Phone: (732) 400-8574  
 Email: bludeke@blueridgesl.com

**Elevator Location ID:** ELVLOC-2001-00942  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 1987  
**Key Location:** OFFICE  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)





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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 JLL - CAPITAL ONE  
 ATTN: DEREK KILDOD  
 15000 CAPITAL ONE DR.  
 INTERNAL ZIP 12038 - 0100  
 RICHMOND, VA 23238

**Building Location:**  
 KNOLLS I  
 4881 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 968-2480  
 Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00944  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** GUARD DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 JLL - CAPITAL ONE  
 ATTN: DEREK KILDOO  
 15000 CAPITAL ONE DR.  
 INTERNAL ZIP 12038 - 0100  
 RICHMOND, VA 23238

**Building Location:**  
 KNOLLS I  
 4881 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 968-2480  
 Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00944

**Code in Effect:** 1993/2010

**Equipment Sequence:** 2

**Key Location:** GUARD DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL - CAPITAL ONE  
ATTN: DEREK KILDOP  
15000 CAPITAL ONE DR.  
INTERNAL ZIP 12038 - 0100  
RICHMOND, VA 23238

**Building Location:**

KNOLLS I  
4881 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 968-2480

Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00944  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** GUARD DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**  
HAMPTON INN  
10800 W BROAD ST  
GLEN ALLEN, VA 23060

Phone: (804) 777-9000  
Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00946  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**  
HAMPTON INN  
10800 W BROAD ST  
GLEN ALLEN, VA 23060

Phone: (804) 777-9000  
Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2001-00946  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

LINGERFELT OFFICE PROPERTIES LLC  
 ATTN: CATHERINE LINGERFELT  
 4198 COX RD SUITE 200  
 GLEN ALLEN, VA 23060

**Building Location:**

G E BUILDING  
 4880 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 433-1804  
 Email: phogan@commonwealthcommercia

**Elevator Location ID:** ELVLOC-2001-00948      **Code in Effect:** 1993  
**Equipment Sequence:** 1      **Key Location:** SECURITY DESK  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for February: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Phone: (804) 501-4360  
 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WELLS FARGO  
 ATTN: BILL SICKINGER  
 4340 INNSLAKE DR (VA3752)  
 GLEN ALLEN, VA 23060

**Building Location:**  
 WELLS FARGO  
 4340 INNSLAKE DR  
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297  
 Email: bill.sickinger@wellsfargo.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00952	<b>Code in Effect:</b>	1990
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February: Periodic, Category 1</b>			

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Department of Building Construction and Inspections  
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Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WELLS FARGO  
ATTN: BILL SICKINGER  
4340 INNSLAKE DR (VA3752)  
GLEN ALLEN, VA 23060

**Building Location:**  
WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297  
Email: bill.sickinger@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 2

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WELLS FARGO  
 ATTN: BILL SICKINGER  
 4340 INNSLAKE DR (VA3752)  
 GLEN ALLEN, VA 23060

**Building Location:**  
 WELLS FARGO  
 4340 INNSLAKE DR  
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297  
 Email: bill.sickinger@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 4

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 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:**  
WELLS FARGO  
ATTN: BILL SICKINGER  
4340 INNSLAKE DR (VA3752)  
GLEN ALLEN, VA 23060

**Building Location:**  
WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297  
Email: bill.sickinger@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 5

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WELLS FARGO  
 ATTN: BILL SICKINGER  
 4340 INNSLAKE DR (VA3752)  
 GLEN ALLEN, VA 23060

**Building Location:**  
 WELLS FARGO  
 4340 INNSLAKE DR  
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297  
 Email: bill.sickinger@wellsfargo.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00952	<b>Code in Effect:</b>	1990
<b>Equipment Sequence:</b>	6	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Category 1, Periodic</b>		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WELLS FARGO  
 ATTN: BILL SICKINGER  
 4340 INNSLAKE DR (VA3752)  
 GLEN ALLEN, VA 23060

**Building Location:**  
 WELLS FARGO  
 4340 INNSLAKE DR  
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297  
 Email: bill.sickinger@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952      **Code in Effect:** 1990  
**Equipment Sequence:** 7      **Key Location:** SECURITY  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for February:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WELLS FARGO  
 ATTN: BILL SICKINGER  
 4340 INNSLAKE DR (VA3752)  
 GLEN ALLEN, VA 23060

**Building Location:**  
 WELLS FARGO  
 4340 INNSLAKE DR  
 GLEN ALLEN, VA 23060

Phone: (804) 398-7297  
 Email: bill.sickinger@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 8

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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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:**

WELLS FARGO  
ATTN: BILL SICKINGER  
4340 INNSLAKE DR (VA3752)  
GLEN ALLEN, VA 23060

**Building Location:**

WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297

Email: bill.sickinger@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 9

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator



**County of Henrico, Virginia**  
Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WELLS FARGO  
ATTN: BILL SICKINGER  
4340 INNSLAKE DR (VA3752)  
GLEN ALLEN, VA 23060

**Building Location:**  
WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297  
Email: bill.sickinger@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952      **Code in Effect:** 1990  
**Equipment Sequence:** 11      **Key Location:** SECURITY  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
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Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WELLS FARGO  
ATTN: BILL SICKINGER  
4340 INNSLAKE DR (VA3752)  
GLEN ALLEN, VA 23060

**Building Location:**  
WELLS FARGO  
4340 INNSLAKE DR  
GLEN ALLEN, VA 23060

Phone: (804) 398-7297  
Email: bill.sickinger@wellsfargo.com

**Elevator Location ID:** ELVLOC-2001-00952

**Code in Effect:** 1990

**Equipment Sequence:** 12

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** Category 1, Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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**County of Henrico, Virginia**  
 Department of Building Construction and Inspections  
 P.O. Box 90775  
 Henrico, VA 23273-0775

Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 DOMINION CLUB  
 ATTN: DAN RIKER  
 6000 DOMINION CLUB DR  
 GLEN ALLEN, VA 23060

**Building Location:**  
 DOMINION CLUB  
 6000 DOMINION CLUB DR  
 GLEN ALLEN, VA 23059

Phone: (804) 360-1200  
 Email: driker@heritagegolfgroup.com

**Elevator Location ID:** ELVLOC-2001-00955  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 1984  
**Key Location:** UNDER RECPT.DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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**County of Henrico, Virginia**  
Department of Building Construction and Inspections  
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Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
DOMINION CLUB  
ATTN: DAN RIKER  
6000 DOMINION CLUB DR  
GLEN ALLEN, VA 23060

**Building Location:**  
DOMINION CLUB  
6000 DOMINION CLUB DR  
GLEN ALLEN, VA 23059

Phone: (804) 360-1200  
Email: driker@heritagegolfgroup.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00955	<b>Code in Effect:</b>	1984
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	UNDER RECPT.DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic</b>		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



**County of Henrico, Virginia**  
 Department of Building Construction and Inspections  
 P.O. Box 90775  
 Henrico, VA 23273-0775

Phone: (804) 501-4360  
 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 JLL - CAPITAL ONE  
 ATTN: DEREK KILDOR  
 15000 CAPITAL ONE DR.  
 INTERNAL ZIP 12038 - 0100  
 RICHMOND, VA 23238

**Building Location:**  
 KNOLLS III  
 4851 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 968-2480  
 Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00963  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February: Periodic, Category 1**

**Code in Effect:** 1993/2013  
**Key Location:** ENG. OFFICE  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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 Henrico, VA 23273-0775

Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 JLL - CAPITAL ONE  
 ATTN: DEREK KILD00  
 15000 CAPITAL ONE DR.  
 INTERNAL ZIP 12038 - 0100  
 RICHMOND, VA 23238

**Building Location:**  
 KNOLLS III  
 4851 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 968-2480  
 Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00963  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

**Code in Effect:** 1993/2013  
**Key Location:** ENG. OFFICE  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL - CAPITAL ONE  
ATTN: DEREK KILDOO  
15000 CAPITAL ONE DR.  
INTERNAL ZIP 12038 - 0100  
RICHMOND, VA 23238

**Building Location:**

KNOLLS III  
4851 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 968-2480  
Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00963  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 1993/2013  
**Key Location:** ENG. OFFICE  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

Department of Building Construction and Inspections  
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Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
JLL - CAPITAL ONE  
ATTN: DEREK KILDoo  
15000 CAPITAL ONE DR.  
INTERNAL ZIP 12038 - 0100  
RICHMOND, VA 23238

**Building Location:**  
KNOLLS III  
4851 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 968-2480  
Email: derek.kildoo@jll.com

**Elevator Location ID:** ELVLOC-2001-00963  
**Equipment Sequence:** 4  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** ENG. OFFICE  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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 Department of Building Construction and Inspections  
 P.O. Box 90775  
 Henrico, VA 23273-0775

Phone: (804) 501-4360  
 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 RESIDENCE INN BY MARRIOTT  
 ATTN: ALTHEA GREEN  
 3940 WESTERRE PKWY  
 HENRICO, VA 23233

**Building Location:**  
 RESIDENCE INN BY MARRIOTT  
 3940 WESTERRE PKWY  
 HENRICO, VA 23233

Phone: (804) 762-9852  
 Email: [althea.green@marriott.com](mailto:althea.green@marriott.com)

**Elevator Location ID:** ELVLOC-2001-00976  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** MAINT. DEPT.  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

RESIDENCE INN BY MARRIOTT  
ATTN: ALTHEA GREEN  
3940 WESTERRE PKWY  
HENRICO, VA 23233

**Building Location:**

RESIDENCE INN BY MARRIOTT  
3940 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 762-9852

Email: [althea.green@marriott.com](mailto:althea.green@marriott.com)

**Elevator Location ID:** ELVLOC-2001-00976

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** MAINT. DEPT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

**Inspection / Test Results**

Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COURTYARD BY MARRIOTT - NW  
ATTN: BEVERLY BOBBITT  
3950 WESTERRE PKWY  
HENRICO, VA 23233

**Building Location:**

COURTYARD BY MARRIOTT - NW  
3950 WESTERRE PKWY  
HENRICO, VA 23233

Phone: (804) 346-5427

Email: [beverly.bobbitt@marriott.com](mailto:beverly.bobbitt@marriott.com)

**Elevator Location ID:** ELVLOC-2001-00977

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** MAINT DEPT

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COURTYARD BY MARRIOTT - NW  
 ATTN: BEVERLY BOBBITT  
 3950 WESTERRE PKWY  
 HENRICO, VA 23233

**Building Location:**

COURTYARD BY MARRIOTT - NW  
 3950 WESTERRE PKWY  
 HENRICO, VA 23233

Phone: (804) 346-5427

Email: [beverly.bobbitt@marriott.com](mailto:beverly.bobbitt@marriott.com)

**Elevator Location ID:** ELVLOC-2001-00977

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** MAINT DEPT

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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Phone: (804) 501-4360  
 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
 COLLIERS INTERNATIONAL  
 ATTN: JIMMY FITCH  
 P O BOX 13470  
 RICHMOND, VA 23225

**Building Location:**  
 FRANKLIN COMMONS III  
 5640 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 320-5500  
 Email: jimmy.fitch@colliers.com

**Elevator Location ID:** ELVLOC-2001-00988  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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**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:**

COLLIERS INTERNATIONAL  
ATTN: GREG NACHMAN  
PO BOX 13470  
RICHMOND, VA 23225

**Building Location:**

FRANKLIN COMMONS PARKING DECK  
5600 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500

Email: greg.nachman@colliers.com

**Elevator Location ID:** ELVLOC-2001-00989

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** KEYBOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February:** Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

**Inspection / Test Results**

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:**  
VA UMC ADMINISTRATION BUILDING  
ATTN: CAROL DRAPER  
P O BOX 5606  
GLEN ALLEN, VA 23058

**Building Location:**  
VA UMC ADMINISTRATION BUILDING  
10330 STAPLES MILL RD  
GLEN ALLEN, VA 23060

Phone: (804) 521-1100  
Email: caroldraper@vaumc.org

**Elevator Location ID:** ELVLOC-2002-01015  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** Periodic

**Code in Effect:** 1993  
**Key Location:** RECPT. DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator



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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COUNTY OF HENRICO C & M  
 ATTN: JEFF GROW  
 406 DABBS HOUSE RD  
 HENRICO, VA 23223

**Building Location:**  
 NEW BRIDGE SCHOOL  
 5915 NINE MILE RD  
 HENRICO, VA 23223

Phone: (804) 652-3905  
 Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2002-01016

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)





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 Henrico, VA 23273-0775

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COUNTY OF HENRICO C & M  
 ATTN: JEFF GROW  
 406 DABBS HOUSE RD  
 HENRICO, VA 23223

**Building Location:**  
 RIVERS EDGE ELEMENTARY  
 11600 HOLMAN RIDGE RD  
 GLEN ALLEN, VA 23059

Phone: (804) 652-3905  
 Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2003-01074  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** OFFICE  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 STRANGE'S FLORIST INC  
 ATTN: WILL GOULDIN  
 12111 W BROAD ST  
 HENRICO, VA 23233

**Building Location:**  
 STRANGE'S FLORIST  
 12111 W BROAD ST  
 HENRICO, VA 23233-7604

Phone: (804) 360-2800  
 Email: will.gouldin@stranges.com

**Elevator Location ID:** ELVLOC-2004-01110  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

**Code in Effect:** 1996  
**Key Location:**  
**Alarm Status:**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)





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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**  
GREENWOOD ELEMENTARY SCHOOL  
10960 GREENWOOD RD  
GLEN ALLEN, VA 23059

Phone: (804) 652-3905  
Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2004-01117

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 FIRST CITIZENS BANK  
 ATTN: JAMES FIELDS  
 11776 W BROAD ST  
 HENRICO, VA 23233

**Building Location:**  
 FIRST CITIZENS BANK  
 11776 W BROAD ST  
 HENRICO, VA 23233-1005

Phone: (804) 360-8198  
 Email: colleen.gray@firstcitizens.com

<b>Elevator Location ID:</b>	ELVLOC-2004-01119	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February: Periodic</b>			

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**

COLONIAL TRAIL ELEMENTARY SCHOOL  
12101 LIESFELD FARM DR  
GLEN ALLEN, VA 23059

Phone: (804) 652-3905  
Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2006-01220  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February: Category 1, Periodic**

**Code in Effect:** 1996  
**Key Location:**  
**Alarm Status:**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
ASSOCIA COMMUNITY GROUP  
ATTN: ROBERT IKARD  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**  
FALL LINE CONDO'S  
4940 ROCKETTS WAY  
HENRICO, VA 23231

Phone: (804) 236-2950  
Email: rikard@communitygroup.com

**Elevator Location ID:** ELVLOC-2006-01222  
**Equipment Sequence:** 2  
**Elevator Type:** Electric Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 2004/2005  
**Key Location:** CALL MAINT.  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ASSOCIA COMMUNITY GROUP  
 ATTN: CYNTHIA GALE  
 4845 OLD MAIN ST  
 HENRICO, VA 23231

**Building Location:**  
 SKY LINE CONDO'S  
 4820 OLD MAIN ST  
 HENRICO, VA 23231

Phone: (804) 236-2950  
 Email: cgale@communitygroup.com

<b>Elevator Location ID:</b>	ELVLOC-2006-01243	<b>Code in Effect:</b>	2004/2005
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	CALL MAINT.
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic</b>		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SCHNABEL REAL ESTATE HOLDINGS LLC  
 ATTN: RYAN LINKOUS  
 9800 JEB STUART PKWY  
 GLEN ALLEN, VA 23059

**Building Location:**

JEB STUART PLACE  
 9800 JEB STUART PKWY  
 GLEN ALLEN, VA 23059

Phone: (804) 649-7035  
 Email: rlinkous@schnabel-eng.com

**Elevator Location ID:** ELVLOC-2007-01248  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** Periodic

**Code in Effect:** 2000  
**Key Location:** RECPT. DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
ASSOCIA COMMUNITY GROUP  
ATTN: ROBERT IKARD  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**  
CEDAR WORKS CONDO'S  
4845 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 236-2950  
Email: rikard@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01250  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** Periodic

**Code in Effect:** 1999  
**Key Location:** KNOX BOX  
**Alarm Status:** Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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:**  
 ASSOCIA COMMUNITY GROUP  
 ATTN: ROBERT IKARD  
 4845 OLD MAIN ST  
 HENRICO, VA 23231

**Building Location:**  
 CEDAR WORKS CONDO'S  
 4845 OLD MAIN ST  
 HENRICO, VA 23231

Phone: (804) 236-2950  
 Email: rikard@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01250      **Code in Effect:** 1999  
**Equipment Sequence:** 2      **Key Location:** KNOX BOX  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Alarmed  
**Inspections for February:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
ASSOCIA COMMUNITY GROUP  
ATTN: ROBERT IKARD  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**  
CEDAR WORKS CONDO'S  
4845 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 236-2950  
Email: rikard@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01250  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 1999  
**Key Location:** KNOX BOX  
**Alarm Status:** Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 AMERICAN RED CROSS  
 ATTN: WILLIE ASHFORD  
 2825 EMERYWOOD PKWY  
 HENRICO, VA 23294-3719

**Building Location:**  
 AMERICAN RED CROSS  
 2825 EMERYWOOD PKWY  
 HENRICO, VA 23294

Phone: (804) 807-1071  
 Email: williw.ashford@redcross.org

**Elevator Location ID:** ELVLOC-2007-01252  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** Periodic

**Code in Effect:** 2000  
**Key Location:** MAINT. DEPT.  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 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:**  
 ROCKETTS WAY LLC  
 ATTN: CYNTHIA GALE  
 4845 OLD MAIN ST  
 HENRICO, VA 23231

**Building Location:**  
 ROCKETTS WAY PARKING  
 220 ROCKETTS WAY  
 HENRICO, VA 23231

Phone: (804) 236-2950  
 Email: cgale@communitygroup.com

<b>Elevator Location ID:</b> ELVLOC-2007-01270	<b>Code in Effect:</b> 2006
<b>Equipment Sequence:</b> 1	<b>Key Location:</b> MAINT.
<b>Elevator Type:</b> Electric Elevator	<b>Alarm Status:</b> Not Alarmed
<b>Inspections for February: Periodic</b>	

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



**County of Henrico, Virginia**  
 Department of Building Construction and Inspections  
 P.O. Box 90775  
 Henrico, VA 23273-0775

Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COUNTY OF HENRICO C & M  
 ATTN: JEFF GROW  
 406 DABBS HOUSE RD  
 HENRICO, VA 23223

**Building Location:**  
 TUCKAHOE ELEMENTARY SCHOOL  
 701 FOREST AVE  
 HENRICO, VA 23229

Phone: (804) 652-3905  
 Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2007-01275      **Code in Effect:** 2000  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for February:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 SPRINGHILL SUITES BY MARRIOTT  
 ATTN: DANYEL MELVIN  
 9960 INDEPENDENCE PARK DR  
 HENRICO, VA 23233

**Building Location:**  
 SPRINGHILL SUITES BY MARRIOTT  
 9960 INDEPENDENCE PARK DR  
 HENRICO, VA 23233

Phone: (804) 217-7075  
 Email: danyel.melvin@marriott.com

**Elevator Location ID:** ELVLOC-2007-01293

**Code in Effect:** 2000

**Equipment Sequence:** 2

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)





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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 7701 FOREST AVE LLC/WELLTOWER INC.  
 ATTN: CAROLYN BATEMAN  
 29126 NETWORK PL  
 CHICAGO, IL 60673-1291

**Building Location:**  
 BON SECOURS HEART INSTITUTE  
 7001 FOREST AVE  
 HENRICO, VA 23230-1726

Phone: (856) 809-2659  
 Email: cbateman@welltower.com

**Elevator Location ID:** ELVLOC-2007-01305  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Category 1, Periodic**

**Code in Effect:** 2000  
**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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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)







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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTIN REYNOLDS CROSSING  
ATTN: JOHN VIA  
6631 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**

WESTIN REYNOLDS CROSSING  
6631 W BROAD ST  
HENRICO, VA 23230-1723

Phone: (804) 282-8444

Email: john.via@westinrichmond.com

**Elevator Location ID:** ELVLOC-2007-01307

**Code in Effect:** 2004/2010

**Equipment Sequence:** 2

**Key Location:** ENGINEERING

**Elevator Type:** Electric Elevator

**Alarm Status:** Alarmed

**Inspections for February: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WESTIN REYNOLDS CROSSING  
ATTN: JOHN VIA  
6631 W BROAD ST  
RICHMOND, VA 23230

**Building Location:**  
WESTIN REYNOLDS CROSSING  
6631 W BROAD ST  
HENRICO, VA 23230-1723

Phone: (804) 282-8444  
Email: john.via@westinrichmond.com

**Elevator Location ID:** ELVLOC-2007-01307  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 2004/2010  
**Key Location:** ENGINEERING  
**Alarm Status:** Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COURTYARD BY MARRIOTT  
ATTN: SHAWN COLEMAN - DOWNER  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**  
COURTYARD BY MARRIOTT  
10077 BROOK RD  
GLEN ALLEN, VA 23059-6506

Phone: (804) 266-6900  
Email: dan.appolonio@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01312  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic**

**Code in Effect:** 2000  
**Key Location:** ENGR. OFFICE  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COURTYARD BY MARRIOTT  
 ATTN: SHAWN COLEMAN - DOWNER  
 300 E. FRANKLIN ST.  
 RICHMOND, VA 23219

**Building Location:**  
 COURTYARD BY MARRIOTT  
 10077 BROOK RD  
 GLEN ALLEN, VA 23059-6506

Phone: (804) 266-6900  
 Email: dan.appolonio@shaminhotels.com

<b>Elevator Location ID:</b>	ELVLOC-2008-01312	<b>Code in Effect:</b>	2000
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	ENGR. OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February: Periodic</b>			

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAISON CENTER  
ATTN: STEVE DAILEY  
1701 BYRD AVE  
RICHMOND, VA 23230

**Building Location:**

FAISON CENTER  
1701 BYRD AVE  
HENRICO, VA 23230

Phone: (804) 612-1947  
Email: sdailey@faisoncenter.org

**Elevator Location ID:** ELVLOC-2008-01314

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for February:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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**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:**  
ROCKETTS WAY LLC  
ATTN: CYNTHIA GALE  
4845 OLD MAIN ST  
HENRICO, VA 23231

**Building Location:**  
210 ROCK CONDO'S  
210 ROCKETTS WAY  
HENRICO, VA 23231

Phone: (804) 236-2950  
Email: [cgale@communitygroup.com](mailto:cgale@communitygroup.com)

<b>Elevator Location ID:</b>	ELVLOC-2008-01327	<b>Code in Effect:</b>	2006
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	MGT. OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February: Periodic</b>			

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)





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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 AIMBRIDGE HOSPITALITY  
 ATTN: LICENSING DEPT  
 5851 LEGACY CIRCLE SUITE 400  
 PLANO, TX 75024

**Building Location:**  
 HYATT HOUSE  
 11800 W BROAD ST  
 HENRICO, VA 23233-1005

Phone: (804) 360-7021  
 Email: licensing@aimhosp.com

**Elevator Location ID:** ELVLOC-2008-01340  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 2000  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Phone: (804) 501-4360  
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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
 AIMBRIDGE HOSPITALITY  
 ATTN: LICENSING DEPT  
 5851 LEGACY CIRCLE SUITE 400  
 PLANO, TX 75024

**Building Location:**  
 HYATT HOUSE  
 11800 W BROAD ST  
 HENRICO, VA 23233-1005

Phone: (804) 360-7021  
 Email: licensing@aimhosp.com

**Elevator Location ID:** ELVLOC-2008-01340  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 2000  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 PUBLIX SUPERMARKETS  
 ATTN: Licensing  
 PO Box 32027  
 Lakeland, FL 33802-2027

**Building Location:**  
 PUBLIX SUPERMARKETS #1596  
 4591 S LABURNUM AVE  
 HENRICO, VA 23231

Phone: (804) 226-1915  
 Email: Darlene.Riggs@publix.com

**Elevator Location ID:** ELVLOC-2008-01343  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** Periodic

**Code in Effect:** 2000  
**Key Location:** SERVICE DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
PARKSIDE ASSISTED LIVING LLC  
ATTN: STEVE PRENTICE  
1550 JOHN ROLFE PKWY  
HENRICO, VA 23238

**Building Location:**  
PARKSIDE HEALTH CARE  
1550 JOHN ROLFE PKWY  
HENRICO, VA 23238-8113

Phone: (804) 750-2183  
Email: spretnice@bslcc.org

**Elevator Location ID:** ELVLOC-2011-01488  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 2004/5  
**Key Location:** RECPT. DESK  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
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:**  
 FEDERAL REALTY INVESTMENT  
 ATTN: THOMAS FUNARI  
 1117 EMMITT ST N.  
 CHARLOTTESVILLE, VA 22903

**Building Location:**  
 WILLOW LAWN  
 1601 WILLOW LAWN DR  
 HENRICO, VA 23230

Phone: (434) 277-5173  
 Email: tfunari@federalrealty.com

**Elevator Location ID:** ELVLOC-2011-01522  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for February:** **Periodic, Category 1**

**Code in Effect:** 2005  
**Key Location:** MAINT.DEPT.  
**Alarm Status:** Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COUNTY OF HENRICO C & M  
ATTN: JEFF GROW  
406 DABBS HOUSE RD  
HENRICO, VA 23223

**Building Location:**  
KAECHELE ELEMENTARY SCHOOL  
5680 POUNCEY TRACT RD  
GLEN ALLEN, VA 23059-5314

Phone: (804) 652-3905  
Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2012-01595      **Code in Effect:** 2007  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for February: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
THE RMR GROUP  
ATTN: Laura Freman  
9900 INDEPENDENCE PARK DR STE 120  
HENRICO, VA 23233

**Building Location:**  
DEEP RUN III PARKING GARAGE  
9964 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718  
Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2013-01652      **Code in Effect:** 2009  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for February: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 UNIVERSITY PARK IL INVESTORS LLC  
 ATTN: MIKE SMITH  
 9801 HARMONY WOODS WAY  
 HENRICO, VA 23233

**Building Location:**  
 UNIVERSITY PARK SR. LIVING - BLD 1A  
 9801 HARMONY WOODS WAY  
 HENRICO, VA 23229

Phone: (804) 562-2445  
 Email: micsmith@discoveryvillages.com

**Elevator Location ID:** ELVLOC-2015-01725  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for February:** **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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Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

UNIVERSITY PARK IL INVESTORS LLC  
ATTN: MIKE SMITH  
9801 HARMONY WOODS WAY  
HENRICO, VA 23233

**Building Location:**

UNIVERSITY PARK SR. LIVING - BLD 1A  
9801 HARMONY WOODS WAY  
HENRICO, VA 23229

Phone: (804) 562-2445

Email: micsmith@discoveryvillages.com

**Elevator Location ID:** ELVLOC-2015-01725

**Code in Effect:** 2010

**Equipment Sequence:** 3

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for February: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
AVIA APARTMENT HOMES  
ATTN: ADAM KISER  
5200 AVIA WAY  
HENRICO, VA 23233

**Building Location:**  
BROAD HILL APTS - BLDG 11  
5200 AVIA WAY  
HENRICO, VA 23233-7642

Phone: (804) 716-8282  
Email: jkiser@druckerandfalk.com

<b>Elevator Location ID:</b>	ELVLOC-2016-01764	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	RENTAL OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for February:</b>	<b>Periodic</b>		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)





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P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**  
MINI PRICE SELF STORAGE  
4396 POUNCEY TRACT RD  
HENRICO, VA 23060

Phone: (757) 468-7509  
Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2017-01819      **Code in Effect:** 2010  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for February:** **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elevator Contractor: \_\_\_\_\_  
Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
Building Representation Contacted (Print): \_\_\_\_\_  
Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator



**County of Henrico, Virginia**

Department of Building Construction and Inspections  
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Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE SELF STORAGE  
4396 POUNCEY TRACT RD  
HENRICO, VA 23060

Phone: (757) 468-7509

Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2017-01819

**Code in Effect:** 2010

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for February: Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator

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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:**  
 HAMPTON INN & SUITES  
 12341 W BROAD ST  
 HENRICO, VA 23233-7605

Phone: (804) 777-9000  
 Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2020-02104      **Code in Effect:** 2013  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for February:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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**County of Henrico, Virginia**

Department of Building Construction and Inspections  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: (804) 501-4360  
Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

HAMPTON INN & SUITES  
12341 W BROAD ST  
HENRICO, VA 23233-7605

Phone: (804) 777-9000

Email: omar.ansari@shaminhotels.com

**Elevator Location ID:** ELVLOC-2020-02104

**Code in Effect:** 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
Please use a separate sheet for each elevator









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 Department of Building Construction and Inspections  
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Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

ATTN: Please Provide a Contact Name  
 P O Box 71150  
 Henrico, VA 23255

**Building Location:**

Sierra  
 3540 PUMP RD  
 HENRICO, VA 23233

Phone:  
 Email:

**Elevator Location ID:** ELVLOC-2022-000032

**Code in Effect:** ASME A17.1 - 2013

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for February: Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Contractor: \_\_\_\_\_

Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_

Building Representation Contacted (Print): \_\_\_\_\_

Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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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:**  
 COUNTY OF HENRICO C & M  
 ATTN: JEFF GROW  
 406 DABBS HOUSE RD  
 HENRICO, VA 23223

**Building Location:**  
 HIGHLAND SPRINGS HIGH SCHOOL  
 200 S AIRPORT DR  
 HENRICO, VA 23075

Phone: (804) 652-3905  
 Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2022-000052      **Code in Effect:** 2013  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for February:** **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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 Department of Building Construction and Inspections  
 P.O. Box 90775  
 Henrico, VA 23273-0775

Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COUNTY OF HENRICO C & M  
 ATTN: JEFF GROW  
 406 DABBS HOUSE RD  
 HENRICO, VA 23223

**Building Location:**  
 HIGHLAND SPRINGS HIGH SCHOOL  
 200 S AIRPORT DR  
 HENRICO, VA 23075

Phone: (804) 652-3905  
 Email: [jtgrow@henrico.k12.va.us](mailto:jtgrow@henrico.k12.va.us)

<b>Elevator Location ID:</b>	ELVLOC-2022-000052	<b>Code in Effect:</b> 2013
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>
<b>Inspections for February: Periodic</b>		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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 P.O. Box 90775  
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Phone: (804) 501-4360  
 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COUNTY OF HENRICO C&M  
 ATTN: JEFF GROW  
 406 DABBS HOUSE RD  
 HENRICO, VA 23223

**Building Location:**  
 J.R. TUCKER HIGH SCHOOL  
 2910 N PARHAM RD  
 HENRICO, VA 23294

Phone: (804) 652-3905  
 Email: jtgrow@henrico.k12.va.us

**Elevator Location ID:** ELVLOC-2022-000058      **Code in Effect:** 2013  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for February: Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 Building Representation Contacted (Print): \_\_\_\_\_  
 Type of Inspection/Test Performed: \_\_\_\_\_

Inspection / Test Results  
 Please use a separate sheet for each elevator

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