



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

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

# Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00200	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	GUARD DSK-CALL MAINT
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

<b>Elevator Location ID:</b>	ELVLOC-2001-00200	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	GUARD DSK-CALL MAINT
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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: \_\_\_\_\_

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6601 W BROAD ST  
HENRICO, VA 23230-1723

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

**Elevator Location ID:** ELVLOC-2001-00200

**Code in Effect:** 2010

**Equipment Sequence:** 3

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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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 6601 W BROAD ST  
 HENRICO, VA 23230-1723

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

**Elevator Location ID:** ELVLOC-2001-00200      **Code in Effect:** 2008  
**Equipment Sequence:** 4      **Key Location:** GUARD DSK-CALL MAINT  
**Elevator Type:** Escalator      **Alarm Status:** Not Alarmed  
**Inspections for June:**      **Periodic, Category 1**

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00200	<b>Code in Effect:</b>	2008
<b>Equipment Sequence:</b>	5	<b>Key Location:</b>	GUARD DSK-CALL MAINT
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

Inspection / Test Results  
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<b>Elevator Location ID:</b>	ELVLOC-2001-00200	<b>Code in Effect:</b>	2008
<b>Equipment Sequence:</b>	6	<b>Key Location:</b>	GUARD DSK-CALL MAINT
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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**Elevator Location ID:** ELVLOC-2001-00200

**Code in Effect:** 2008

**Equipment Sequence:** 7

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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 Location ID:** ELVLOC-2001-00200  
**Equipment Sequence:** 8  
**Elevator Type:** Escalator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00200	<b>Code in Effect:</b>	2008
<b>Equipment Sequence:</b>	9	<b>Key Location:</b>	GUARD DSK-CALL MAINT
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic, Category 1</b>		

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

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

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

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

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

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

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

Inspection / Test Results  
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**Building Location:**  
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HENRICO, VA 23230-1723

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

**Elevator Location ID:** ELVLOC-2001-00200  
**Equipment Sequence:** 10  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Periodic, Category 1**

**Code in Effect:** 2013  
**Key Location:** GUARD DSK-CALL MAINT  
**Alarm Status:** Not Alarmed

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

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

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

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

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

**Elevator Location ID:** ELVLOC-2001-00200  
**Equipment Sequence:** 11  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Periodic, Category 1**

**Code in Effect:** 2013  
**Key Location:** GUARD DSK-CALL MAINT  
**Alarm Status:** Not Alarmed

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00201      **Code in Effect:** 2010  
**Equipment Sequence:** 1      **Key Location:** GUARD DSK-CALL MAINT  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:**      **Category 1, Periodic**

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00201	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	GUARD DSK-CALL MAINT
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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

**Elevator Location ID:** ELVLOC-2001-00201  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Periodic, Category 1**

**Code in Effect:** 2010  
**Key Location:** GUARD DSK-CALL MAINT  
**Alarm Status:** Not Alarmed

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

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

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

**Elevator Location ID:** ELVLOC-2001-00201      **Code in Effect:** 2010  
**Equipment Sequence:** 4      **Key Location:** GUARD DSK-CALL MAINT  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



**County of Henrico, Virginia**

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

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

Phone: (804) 484-8157

Email: christopher.s.gibson@altria.com

**Elevator Location ID:** ELVLOC-2001-00201

**Code in Effect:** 2004

**Equipment Sequence:** 5

**Key Location:** GUARD DSK-CALL MAINT

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for June:** 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:**  
ALTRIA HEADQUARTERS  
ATTN: SCOTT GIBSON  
6601 W BROAD ST  
RICHMOND, VA 23230

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00201	<b>Code in Effect:</b>	2004
<b>Equipment Sequence:</b>	6	<b>Key Location:</b>	GUARD DSK-CALL MAINT
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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

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

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**Owner / Agent:**  
6531 BROAD LLC  
ATTN: ANIL PATEL  
6627 W BROAD ST. SUITE 300  
RICHMOND, VA 23230

**Building Location:**  
HOTEL I 64  
6531 W BROAD ST  
HENRICO, VA 23230-2013

Phone: (336) 269-2645  
Email: anil.patel@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00213  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1971  
**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:**  
6531 BROAD LLC  
ATTN: ANIL PATEL  
6627 W BROAD ST. SUITE 300  
RICHMOND, VA 23230

**Building Location:**  
HOTEL I 64  
6531 W BROAD ST  
HENRICO, VA 23230-2013

Phone: (336) 269-2645  
Email: anil.patel@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00213  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1971  
**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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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 6531 BROAD LLC  
 ATTN: ANIL PATEL  
 6627 W BROAD ST. SUITE 300  
 RICHMOND, VA 23230

**Building Location:**  
 HOTEL I 64  
 6531 W BROAD ST  
 HENRICO, VA 23230-2013

Phone: (336) 269-2645  
 Email: anil.patel@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00213  
**Equipment Sequence:** 4  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1971  
**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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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 6531 BROAD LLC  
 ATTN: ANIL PATEL  
 6627 W BROAD ST. SUITE 300  
 RICHMOND, VA 23230

**Building Location:**  
 HOTEL I 64  
 6531 W BROAD ST  
 HENRICO, VA 23230-2013

Phone: (336) 269-2645  
 Email: anil.patel@kmhotels.com

**Elevator Location ID:** ELVLOC-2001-00213  
**Equipment Sequence:** 5  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1971  
**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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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)



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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
REYNOLDS DEVELOPMENT LLC  
ATTN: LISA HARRIS  
6641 W BROAD ST SUITE 100  
RICHMOND, VA 23230

**Building Location:**  
BILLY G. REYNOLDS BUILDING  
6605 W BROAD ST  
HENRICO, VA 23230-1714

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

**Elevator Location ID:** ELVLOC-2001-00214  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

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

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

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

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:**  
REYNOLDS DEVELOPMENT LLC  
ATTN: LISA HARRIS  
6641 W BROAD ST SUITE 100  
RICHMOND, VA 23230

**Building Location:**  
BILLY G. REYNOLDS BUILDING  
6605 W BROAD ST  
HENRICO, VA 23230-1714

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

**Elevator Location ID:** ELVLOC-2001-00214  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1965  
**Key Location:** NOT LOCKED  
**Alarm Status:** Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

## Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00217  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1971/2010  
**Key Location:** LOWER 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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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:**  
 BROOKFIELD PLACE C/O THALHIMER  
 ATTN: FRANCINE RIVERA  
 PO BOX 5160  
 GLEN ALLEN, VA 23058

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

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

**Elevator Location ID:** ELVLOC-2001-00217  
**Equipment Sequence:** 2  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1971/2010  
**Key Location:** LOWER 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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Submit Elevator Reports to: [ElevatorInspectionReports@henrico.us](mailto:ElevatorInspectionReports@henrico.us)

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

BROOKFIELD PLACE  
6606 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 697-3494

Email: francine.rivera@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00217**Code in Effect:** 1971/2010**Equipment Sequence:** 3**Key Location:** LOWER LOBBY**Elevator Type:** Electric Elevator**Alarm Status:** Not Alarmed**Inspections for June:** Periodic

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

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

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

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

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

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

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

**Inspection / Test Results**

Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us





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

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00217  
**Equipment Sequence:** 5  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Periodic**

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

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

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

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

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

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
BAPTIST GENERAL ASSOC.OF VA.  
ATTN: Noah Rogers  
2828 EMERYWOOD PKWY  
HENRICO, VA 23294

**Building Location:**  
VIRGINIA BAPTIST BUILDING  
2828 EMERYWOOD PKWY  
HENRICO, VA 23294

Phone: (804) 255-2428  
Email: noah.rogers@bgav.org

**Elevator Location ID:** ELVLOC-2001-00226  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 BAPTIST GENERAL ASSOC.OF VA.  
 ATTN: Noah Rogers  
 2828 EMERYWOOD PKWY  
 HENRICO, VA 23294

**Building Location:**  
 VIRGINIA BAPTIST BUILDING  
 2828 EMERYWOOD PKWY  
 HENRICO, VA 23294

Phone: (804) 255-2428  
 Email: noah.rogers@bgav.org

**Elevator Location ID:** ELVLOC-2001-00226  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

AFFINITY FUNERAL SERVICE  
 2720 ENTERPRISE PKWY  
 HENRICO, VA 23294

Phone: (804) 477-3136

Email: affinityfh@gmail.com

**Elevator Location ID:** ELVLOC-2001-00230

**Code in Effect:** 2010

**Equipment Sequence:** 1

**Key Location:** KEYBOX @ M.R. DOOR

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00366	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	SECURITY DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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:**

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

**Building Location:**

2810 BUILDING  
2810 N PARHAM RD  
HENRICO, VA 23294

Phone: (240) 630-4000

Email: [kledesma@premierinvestment.com](mailto:kledesma@premierinvestment.com)

**Elevator Location ID:** ELVLOC-2001-00366

**Code in Effect:** 1981

**Equipment Sequence:** 3

**Key Location:** SECURITY DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

**Elevator Location ID:** ELVLOC-2001-00366      **Code in Effect:** 1981  
**Equipment Sequence:** 4      **Key Location:** SECURITY DESK  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:** **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:**

HOLLAND ASSOCIATES LLC  
ATTN: JOE MARCHETTI  
PO BOX 17055  
RICHMOND, VA 23226

**Building Location:**

VA ENDOSCOPY CENTER  
2369 STAPLES MILL RD  
HENRICO, VA 23230

Phone: (804) 320-5500  
Email: joe.marchetti@colliers.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00407	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	RECP.DESK 1ST/FL.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

VIRGINIA FOODSERVICE GROUP , LLC  
7420 RANCO RD  
HENRICO, VA 23228

Phone: (804) 237-1001

Email: gkosko@pfgc.com

**Elevator Location ID:** ELVLOC-2001-00411

**Code in Effect:** 1993/2010

**Equipment Sequence:** 1

**Key Location:** RECPT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Alarmed

**Inspections for June:** **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:**  
FEMIDA PROPERTIES LLC  
ATTN: I. FEMIDA  
11612 OLD COVINGTON WAY  
GLEN ALLEN, VA 23059

**Building Location:**  
GLENSIDE GREEN OFFICE BLDG  
3991 GLENSIDE DR  
HENRICO, VA 23228

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

**Elevator Location ID:** ELVLOC-2001-00416  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

Inspection / Test Results  
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:**

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

**Building Location:**

LAKESIDE UNITED METHODIST CHURCH  
2333 HILLIARD RD  
HENRICO, VA 23228

Phone: (804) 266-7016

Email: office@lakesideum.org

**Elevator Location ID:** ELVLOC-2001-00607

**Code in Effect:** 1981

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00612	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	AIRPORT SECURITY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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  
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## Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00612  
**Equipment Sequence:** 2  
**Elevator Type:** Escalator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00612	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	AIRPORT SECURITY
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**

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

**Building Location:**

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

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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

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

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00613  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

Inspection / Test Results  
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1 RICHARD E BYRD TERMINAL DR  
HENRICO, VA 23250

**Building Location:**

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

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

**Elevator Location ID:** ELVLOC-2001-00613  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Category 1, Periodic**

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

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

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

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

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 1 RICHARD E BYRD TERMINAL DR  
 HENRICO, VA 23250

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

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

**Elevator Location ID:** ELVLOC-2001-00613  
**Equipment Sequence:** 4  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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

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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:**

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

**Building Location:**

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

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00613  
**Equipment Sequence:** 5  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Category 1, Periodic**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00613  
**Equipment Sequence:** 6  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Periodic, Category 1**

**Code in Effect:** 2004  
**Key Location:** AIRPORT SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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

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

**Elevator Location ID:** ELVLOC-2001-00613  
**Equipment Sequence:** 7  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Category 1, Periodic**

**Code in Effect:** 2004  
**Key Location:** AIRPORT SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

RIC AIRPORT - IVOR MASSEY BLD  
5707 HUNTSMAN RD  
HENRICO, VA 23250

Phone: (804) 226-8504

Email: rpeaden@flyrichmond.com

**Elevator Location ID:** ELVLOC-2001-00621

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** AIRPORT SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: Lauren Daneker  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

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

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 RICHMOND INTERNATIONAL RACEWAY  
 ATTN: Lauren Daneker  
 600 E LABURNUM AVE  
 RICHMOND, VA 23222

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

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

**Elevator Location ID:** ELVLOC-2001-00622      **Code in Effect:** 2006  
**Equipment Sequence:** 2      **Key Location:** OFFICE  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:** **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:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: Lauren Daneker  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2006

**Equipment Sequence:** 3

**Key Location:** OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**  
 RICHMOND INTERNATIONAL RACEWAY  
 ATTN: Lauren Daneker  
 600 E LABURNUM AVE  
 RICHMOND, VA 23222

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00622	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	4	<b>Key Location:</b>	OFFICE
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic, Category 1</b>		

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

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

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

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

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
RICHMOND INTERNATIONAL RACEWAY  
ATTN: Lauren Daneker  
600 E LABURNUM AVE  
RICHMOND, VA 23222

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00622	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	5	<b>Key Location:</b>	OFFICE
<b>Elevator Type:</b>	Dumbwaiter	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic, Category 1</b>		

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

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

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

**Owner / Agent:**  
 RICHMOND INTERNATIONAL RACEWAY  
 ATTN: Lauren Daneker  
 600 E LABURNUM AVE  
 RICHMOND, VA 23222

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

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

**Elevator Location ID:** ELVLOC-2001-00622  
**Equipment Sequence:** 6  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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 600 E LABURNUM AVE  
 RICHMOND, VA 23222

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

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

**Elevator Location ID:** ELVLOC-2001-00622      **Code in Effect:** 2004  
**Equipment Sequence:** 7      **Key Location:** OFFICE  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:** **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:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: Lauren Daneker  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2004

**Equipment Sequence:** 8

**Key Location:** OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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

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600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**  
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600 E LABURNUM AVE  
HENRICO, VA 23222

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

**Elevator Location ID:** ELVLOC-2001-00622  
**Equipment Sequence:** 9  
**Elevator Type:** Escalator  
**Inspections for June:** **Periodic, Category 1**

**Code in Effect:** 2000  
**Key Location:** OFFICE  
**Alarm Status:** Not Alarmed

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

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

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

**Owner / Agent:**  
 RICHMOND INTERNATIONAL RACEWAY  
 ATTN: Lauren Daneker  
 600 E LABURNUM AVE  
 RICHMOND, VA 23222

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

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

**Elevator Location ID:** ELVLOC-2001-00622  
**Equipment Sequence:** 10  
**Elevator Type:** Escalator  
**Inspections for June:** **Category 1, Periodic**

**Code in Effect:** 2000  
**Key Location:** OFFICE  
**Alarm Status:** Not Alarmed

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

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

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

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**County of Henrico, Virginia**

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

**Owner / Agent:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: Lauren Daneker  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2000

**Equipment Sequence:** 11

**Key Location:** OFFICE

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for June: 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)



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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 RICHMOND INTERNATIONAL RACEWAY  
 ATTN: Lauren Daneker  
 600 E LABURNUM AVE  
 RICHMOND, VA 23222

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00622	<b>Code in Effect:</b>	2000
<b>Equipment Sequence:</b>	12	<b>Key Location:</b>	OFFICE
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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:**  
RICHMOND INTERNATIONAL RACEWAY  
ATTN: Lauren Daneker  
600 E LABURNUM AVE  
RICHMOND, VA 23222

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

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

**Elevator Location ID:** ELVLOC-2001-00622  
**Equipment Sequence:** 13  
**Elevator Type:** Escalator  
**Inspections for June:** **Category 1, Periodic**

**Code in Effect:** 2000  
**Key Location:** OFFICE  
**Alarm Status:** Not Alarmed

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

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

Inspection / Test Results  
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:**

RICHMOND INTERNATIONAL RACEWAY  
 ATTN: Lauren Daneker  
 600 E LABURNUM AVE  
 RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
 600 E LABURNUM AVE  
 HENRICO, VA 23222

Phone: (804) 228-7501

Email: [ldaneker@richmondraceway.com](mailto:ldaneker@richmondraceway.com)

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2000

**Equipment Sequence:** 14

**Key Location:** OFFICE

**Elevator Type:** Escalator

**Alarm Status:** Not Alarmed

**Inspections for June: 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:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: Lauren Daneker  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622

**Code in Effect:** 2007

**Equipment Sequence:** 21

**Key Location:** OFFICE

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**

RICHMOND INTERNATIONAL RACEWAY  
ATTN: Lauren Daneker  
600 E LABURNUM AVE  
RICHMOND, VA 23222

**Building Location:**

RICHMOND INTERNATIONAL RACEWAY  
600 E LABURNUM AVE  
HENRICO, VA 23222

Phone: (804) 228-7501

Email: ldaneker@richmondraceway.com

**Elevator Location ID:** ELVLOC-2001-00622  
**Equipment Sequence:** 101  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Category 1, Periodic**

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

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

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

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

**Owner / Agent:**  
RICHMOND INTERNATIONAL RACEWAY  
ATTN: Lauren Daneker  
600 E LABURNUM AVE  
RICHMOND, VA 23222

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00622	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	102	<b>Key Location:</b>	OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic, Category 1</b>		

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

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

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

**Owner / Agent:**  
 RICHMOND INTERNATIONAL RACEWAY  
 ATTN: Lauren Daneker  
 600 E LABURNUM AVE  
 RICHMOND, VA 23222

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00629	<b>Code in Effect:</b>	1987
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	ADMIN. BLDG.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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

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

**Building Location:**  
HOLIDAY INN EXPRESS  
491 INTERNATIONAL CENTRE DR  
HENRICO, VA 23231

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00634	<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 June:</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:**  
 SHAMIN HOTELS  
 ATTN: OMAR ANSARI  
 300 E. FRANKLIN ST.  
 RICHMOND, VA 23219

**Building Location:**  
 HOLIDAY INN EXPRESS  
 491 INTERNATIONAL CENTRE DR  
 HENRICO, VA 23231

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

**Elevator Location ID:** ELVLOC-2001-00634  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **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:**  
 WALNUT 162 INC  
 ATTN: LISA JUDD  
 10515 CABANISS LA  
 HANOVER, VA 23069

**Building Location:**  
 WALNUT 162 INC.  
 5711 CHAMBERLAYNE RD  
 HENRICO, VA 23227

Phone: (804) 559-9959  
 Email: ljudd@williamsvillewellness.com

**Elevator Location ID:** ELVLOC-2001-00653  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Category 1, Periodic**

**Code in Effect:** 1960  
**Key Location:** FRT.DSK.@ REAR DOOR  
**Alarm Status:** Not Alarmed

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: MARTHA TAYLOR  
7201 GLEN FOREST DR SUITE 202  
RICHMOND, VA 23226

**Building Location:**

BAYBERRY BUILDING  
1700 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 288-1555  
Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00702  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

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

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

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

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



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

**Owner / Agent:**  
 JLL  
 ATTN: MARTHA TAYLOR  
 7201 GLEN FOREST DR SUITE 202  
 RICHMOND, VA 23226

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

Phone: (804) 288-1555  
 Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00702  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

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

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

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

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

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**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:**  
JLL  
ATTN: MARTHA TAYLOR  
7201 GLEN FOREST DR SUITE 202  
RICHMOND, VA 23226

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

Phone: (804) 288-1555  
Email: martha.taylor@am.jll.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00725	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	MAINT.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic, Category 1</b>		

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

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

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

**Owner / Agent:**

JLL

ATTN: MARTHA TAYLOR

7201 GLEN FOREST DR SUITE 202

RICHMOND, VA 23226

**Building Location:**

MERIDIAN BUILDING

1800 BAYBERRY CT

HENRICO, VA 23226

Phone: (804) 288-1555

Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00725

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

Inspection / Test Results

Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 JLL  
 ATTN: MARTHA TAYLOR  
 7201 GLEN FOREST DR SUITE 202  
 RICHMOND, VA 23226

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

Phone: (804) 288-1555  
 Email: martha.taylor@am.jll.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00735	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	KEYBOX AT LOBBY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: MARTHA TAYLOR  
7201 GLEN FOREST DR SUITE 202  
RICHMOND, VA 23226

**Building Location:**

FOREST PLAZA I  
7201 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 288-1555

Email: martha.taylor@am.jll.com

**Elevator Location ID:** ELVLOC-2001-00735

**Code in Effect:** 1981

**Equipment Sequence:** 2

**Key Location:** KEYBOX AT LOBBY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**  
 EQUITABLE REALESTATE PARTNERS  
 ATTN: KAREN MITCHELL  
 P.O. BOX 70037  
 RICHMOND, VA 23229

**Building Location:**  
 LEE BUILDING  
 8004 FRANKLIN FARMS DR  
 HENRICO, VA 23229

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00782	<b>Code in Effect:</b>	1971 / 2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	BREAK GLASS KEYBOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FLAGSHIP HEALTHCARE PROPERTIES LLC  
ATTN: Kyle Kneeland  
2701 Coltsgate Rd Ste 300  
Charlotte, NC 28211

**Building Location:**

BLAIR BUILDING  
8007 DISCOVERY DR  
HENRICO, VA 23229

Phone: (704) 749-7242

Email: [kyle.kneeland@flagshiphp.com](mailto:kyle.kneeland@flagshiphp.com)

**Elevator Location ID:** ELVLOC-2001-00783

**Code in Effect:** 1971/2013

**Equipment Sequence:** 1

**Key Location:** BREAK GLASS KEYBOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**  
 FLAGSHIP HEALTHCARE PROPERTIES LLC  
 ATTN: Kyle Kneeland  
 2701 Coltsgate Rd Ste 300  
 Charlotte, NC 28211

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

Phone: (704) 749-7242  
 Email: [kyle.kneeland@flagshiphp.com](mailto:kyle.kneeland@flagshiphp.com)

<b>Elevator Location ID:</b>	ELVLOC-2001-00783	<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 June:</b>	<b>Periodic</b>		

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

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

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

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

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

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

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

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

**Owner / Agent:**  
 FLAGSHIP HEALTHCARE PROPERTIES LLC  
 ATTN: Kyle Kneeland  
 2701 Coltsgate Rd Ste 300  
 Charlotte, NC 28211

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

Phone: (704) 749-7242  
 Email: kyle.kneeland@flagshiphp.com

**Elevator Location ID:** ELVLOC-2001-00783  
**Equipment Sequence:** 3  
**Elevator Type:** Dumbwaiter  
**Inspections for June:** **Periodic**

**Code in Effect:** 2013  
**Key Location:**  
**Alarm Status:**

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 UNIVERSITY OF RICHMOND  
 ATTN: MCKINLEY WOOD  
 131 UR DR  
 RICHMOND, VA 23173

**Building Location:**  
 UR - SPECIAL PROGRAMS BLDG  
 490 WESTHAMPTON WAY  
 RICHMOND, VA 23173

Phone: (804) 287-6834  
 Email: mwood@richmond.edu

<b>Elevator Location ID:</b>	ELVLOC-2001-00791	<b>Code in Effect:</b>	1984
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	PHYSICAL PLANT
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

TRINITY METHODIST CHURCH  
ATTN: B. PIKE  
903 FOREST AVE  
HENRICO, VA 23229

**Building Location:**

TRINITY METHODIST CHURCH  
903 FOREST AVE  
HENRICO, VA 23229

Phone: (804) 288-6056  
Email: [bpiketrinityumc.net](mailto:bpiketrinityumc.net)

**Elevator Location ID:** ELVLOC-2001-00795  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1987/2010  
**Key Location:** OFFICE  
**Alarm Status:** Not Alarmed

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

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

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

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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  
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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 TRINITY METHODIST CHURCH  
 903 FOREST AVE  
 HENRICO, VA 23229

Phone: (804) 288-6056  
 Email: [bpiketrinityumc.net](mailto:bpiketrinityumc.net)

**Elevator Location ID:** ELVLOC-2001-00795  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

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

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

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

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

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

**Building Location:**  
 TRINITY METHODIST CHURCH  
 903 FOREST AVE  
 HENRICO, VA 23229

Phone: (804) 288-6056  
 Email: bpiketrinityumc.net

**Elevator Location ID:** ELVLOC-2001-00795  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 TRIANGLE OFFICE BUILDING  
 7113 THREE CHOPT RD  
 HENRICO, VA 23226-3643

Phone: (804) 282-6640  
 Email: dmcnamee@extraattic.net

**Elevator Location ID:** ELVLOC-2001-00809  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1984  
**Key Location:** IN OFFICE # 103  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
 RIVER ROAD BAPTIST CHURCH  
 ATTN: DANIEL INGRAM  
 8000 RIVER RD  
 HENRICO, VA 23229

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

Phone: (804) 288-1131  
 Email: danielingram@rrcb.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00810	<b>Code in Effect:</b>	1978/2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 RIVER ROAD BAPTIST CHURCH  
 ATTN: DANIEL INGRAM  
 8000 RIVER RD  
 HENRICO, VA 23229

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

Phone: (804) 288-1131  
 Email: danielingram@rrcb.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00810	<b>Code in Effect:</b>	1978/2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
RIDGE BAPTIST CHURCH  
1515 EASTRIDGE RD  
HENRICO, VA 23229

Phone: (804) 288-5805  
Email: ridgefinance@comcast.net

<b>Elevator Location ID:</b>	ELVLOC-2001-00835	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	CHURCH OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic, Category 1</b>		

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

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

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

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

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

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

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

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



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

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

# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
LINDY HARVELL  
ATTN: LINDY HARVELL  
PO BOX 860  
GLEN ALLEN, VA 23060

**Building Location:**  
PARHAM MEDICAL VILLAGE  
2103 E PARHAM RD  
HENRICO, VA 23228

Phone: (804) 346-4578  
Email: parhamraidology@hotmail.com

**Elevator Location ID:** ELVLOC-2001-00845  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

**Code in Effect:** 1978  
**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:**  
MARRIOTT HOTEL  
ATTN: GREG JOHNSON  
4240 DOMINION BLVD  
GLEN ALLEN, VA 23060

**Building Location:**  
MARRIOTT HOTEL  
4240 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 968-7120  
Email: ricmw.ce@commonwealthlodging.c

**Elevator Location ID:** ELVLOC-2001-00849      **Code in Effect:** 1993/2010  
**Equipment Sequence:** 1      **Key Location:** MAINT.  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:** **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:**  
 MARRIOTT HOTEL  
 ATTN: GREG JOHNSON  
 4240 DOMINION BLVD  
 GLEN ALLEN, VA 23060

**Building Location:**  
 MARRIOTT HOTEL  
 4240 DOMINION BLVD  
 GLEN ALLEN, VA 23060

Phone: (804) 968-7120  
 Email: ricmw.ce@commonwealthlodging.c

<b>Elevator Location ID:</b>	ELVLOC-2001-00849	<b>Code in Effect:</b>	1993/2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	MAINT.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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

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

**Building Location:**  
MARRIOTT HOTEL  
4240 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 968-7120  
Email: ricmw.ce@commonwealthlodging.c

<b>Elevator Location ID:</b>	ELVLOC-2001-00849	<b>Code in Effect:</b>	1993/2010
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	MAINT.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 MARRIOTT HOTEL  
 4240 DOMINION BLVD  
 GLEN ALLEN, VA 23060

Phone: (804) 968-7120  
 Email: ricmw.ce@commonwealthlodging.c

<b>Elevator Location ID:</b>	ELVLOC-2001-00849	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	4	<b>Key Location:</b>	MAINT.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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: \_\_\_\_\_

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## Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00851	<b>Code in Effect:</b>	1990
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	RM 100 WOODY HOGG
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 VIRGINIA ASSOCIATION OF REALTORS  
 ATTN: DAWN FREEMAN  
 10231 TELEGRAPH RD  
 GLEN ALEN, VA 23060

**Building Location:**  
 VIRGINIA ASSOCIATION OF REALTORS  
 10231 TELEGRAPH RD  
 GLEN ALLEN, VA 23059

Phone: (804) 264-5033  
 Email: [dfreeman@virginiarealtors.org](mailto:dfreeman@virginiarealtors.org)

<b>Elevator Location ID:</b>	ELVLOC-2001-00859	<b>Code in Effect:</b>	1990
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	RECPT. DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

**Owner / Agent:**  
 COMMONWEALTH COMMERCIAL  
 ATTN: MICHAEL MOOLHUYZEN  
 4198 COX RD, SUITE 200  
 GLEN ALLEN, VA 23060

**Building Location:**  
 HAMILTON BEACH BUILDING  
 4421 WATERFRONT DR  
 GLEN ALLEN, VA 23060

Phone: (804) 228-4926  
 Email: mmoolhuyzen@commonwealthcom

<b>Elevator Location ID:</b>	ELVLOC-2001-00911	<b>Code in Effect:</b>	1978/2013
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	RECPT.DSK\CALL MAINT
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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

**Owner / Agent:**  
COMMONWEALTH COMMERCIAL  
ATTN: MICHAEL MOOLHUYZEN  
4198 COX RD, SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**  
HAMILTON BEACH BUILDING  
4421 WATERFRONT DR  
GLEN ALLEN, VA 23060

Phone: (804) 228-4926  
Email: mmoolhuyzen@commonwealthcom

<b>Elevator Location ID:</b>	ELVLOC-2001-00911	<b>Code in Effect:</b>	1978/2013
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	RECPT.DSK\CALL MAINT
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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

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

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

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

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

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

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

**Building Location:**  
 VIRGINIA CENTER FOR HEALTH AFFAIRS  
 4200 INNSLAKE DR  
 GLEN ALLEN, VA 23060

Phone: (804) 965-1229  
 Email: jandrews@vhha.com

**Elevator Location ID:** ELVLOC-2001-00913  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

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

Phone: (804) 965-1229

Email: jandrews@vhha.com

**Elevator Location ID:** ELVLOC-2001-00913

**Code in Effect:** 1984

**Equipment Sequence:** 2

**Key Location:** MAINT.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

**Elevator Location ID:** ELVLOC-2001-00919  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1978/2010  
**Key Location:** GUARD DSK.CALL MAINT  
**Alarm Status:** Notify Security

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00919	<b>Code in Effect:</b>	1978/2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	GUARD DSK.CALL MAINT
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Notify Security
<b>Inspections for June:</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: \_\_\_\_\_

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# Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00919	<b>Code in Effect:</b>	1978/2010
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	GUARD DSK.CALL MAINT
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Notify Security
<b>Inspections for June:</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: \_\_\_\_\_

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

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

# Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2001-00919  
**Equipment Sequence:** 5  
**Elevator Type:** Escalator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1978/2010  
**Key Location:** GUARD DSK.CALL MAINT  
**Alarm Status:** Notify Security

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

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

Inspection / Test Results  
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

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00919	<b>Code in Effect:</b>	1978
<b>Equipment Sequence:</b>	6	<b>Key Location:</b>	GUARD DSK.CALL MAINT
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Notify Security
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00919	<b>Code in Effect:</b>	1978
<b>Equipment Sequence:</b>	7	<b>Key Location:</b>	GUARD DSK.CALL MAINT
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Notify Security
<b>Inspections for June:</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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 PO BOX 25459  
 RICHMOND, VA 23260

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

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

**Elevator Location ID:** ELVLOC-2001-00919      **Code in Effect:** 1978  
**Equipment Sequence:** 8      **Key Location:** GUARD DSK.CALL MAINT  
**Elevator Type:** Escalator      **Alarm Status:** Notify Security  
**Inspections for June:** **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:**

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RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: william.j.spicer@dominionenergy.c

**Elevator Location ID:** ELVLOC-2001-00919

**Code in Effect:** 1978

**Equipment Sequence:** 9

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

**Elevator Type:** Escalator

**Alarm Status:** Notify Security

**Inspections for June:** **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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GLEN ALLEN, VA 23060

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00919	<b>Code in Effect:</b>	1978
<b>Equipment Sequence:</b>	10	<b>Key Location:</b>	GUARD DSK.CALL MAINT
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Notify Security
<b>Inspections for June:</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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ATTN: BILL SPICER  
PO BOX 25459  
RICHMOND, VA 23260

**Building Location:**

VIRGINIA POWER COMPANY  
5000 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 921-8563

Email: [william.j.spicer@dominionenergy.c](mailto:william.j.spicer@dominionenergy.c)

**Elevator Location ID:** ELVLOC-2001-00919

**Code in Effect:** 2013

**Equipment Sequence:** 11

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for June:** **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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 PO BOX 25459  
 RICHMOND, VA 23260

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00919	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	12	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HIGHWOODS PROPERTIES  
 ATTN: BRIAN MENDITTO  
 4521 HIGHWOODS PKWY  
 GLEN ALLEN VA. , VA 23060

**Building Location:**  
 MARKEL 4600  
 4600 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2169  
 Email: brian.menditto@highwoods.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00934	<b>Code in Effect:</b>	1984
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	1ST\FL.MAINT.OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

Inspection / Test Results  
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**Owner / Agent:**  
 HIGHWOODS PROPERTIES  
 ATTN: BRIAN MENDITTO  
 4521 HIGHWOODS PKWY  
 GLEN ALLEN VA. , VA 23060

**Building Location:**  
 MARKEL 4600  
 4600 COX RD  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2169  
 Email: brian.menditto@highwoods.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00934	<b>Code in Effect:</b>	1984
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	1ST\FL.MAINT.OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00935	<b>Code in Effect:</b>	1990/2009
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	FRT.DSK.CALL MAINT.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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

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

**Building Location:**

MARKEL 4521  
4521 HIGHWOODS PKWY  
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.menditto@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00938

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** MAINT. OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**  
 HIGHWOODS PROPERTIES  
 ATTN: BRIAN MENDITTO  
 4521 HIGHWOODS PKWY  
 GLEN ALLEN VA. , VA 23060

**Building Location:**  
 MARKEL 4521  
 4521 HIGHWOODS PKWY  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2169  
 Email: brian.menditto@highwoods.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00938	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	MAINT. OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HIGHWOODS PROPERTIES  
 ATTN: BRIAN MENDITTO  
 4521 HIGHWOODS PKWY  
 GLEN ALLEN VA. , VA 23060

**Building Location:**  
 MARKEL 4521  
 4521 HIGHWOODS PKWY  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2169  
 Email: brian.menditto@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00938  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1993  
**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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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 11100 W BROAD ST LC  
 ATTN: MELISSA BECKLEY  
 PO BOX 5160  
 GLEN ALLEN, VA 23058

**Building Location:**  
 THALHIMER  
 11100 W BROAD ST  
 GLEN ALLEN, VA 23060

Phone: (804) 288-0527  
 Email: melissa.beckley@thalhimers.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00945	<b>Code in Effect:</b>	1984
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	CALL MAINT.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

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

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



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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
HIGHWOOD PROPERTIES  
ATTN: CINDY BEAZLEY  
4490 COX RD  
GLEN ALLEN, VA 23060

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

Phone: (804) 819-4749  
Email: cindtbeazley@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00957  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** LOCK 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:**

ESA MGMT - C/O LERCHBATES  
ATTN: LERCH BATES  
9780 S MERIDIAN BLVD SUITE 450  
ENGLEWOOD, CO 80112

**Building Location:**

EXTENDED STAY AMERICA  
10060 W BROAD ST  
GLEN ALLEN, VA 23060

Phone: (303) 795-7956

Email: extendedstay.elevators@lerchbates

**Elevator Location ID:** ELVLOC-2001-00966  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Category 1, Periodic**

**Code in Effect:** 1993/2013  
**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:**  
THE RMR GROUP  
ATTN: Laura Freman  
9900 INDEPENDENCE PARK DR STE 120  
HENRICO, VA 23233

**Building Location:**  
DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718  
Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967      **Code in Effect:** 1990/2010  
**Equipment Sequence:** 1      **Key Location:** MAINT DEPT  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:**      **Periodic, Category 1, Category 5**

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

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

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

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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 RMR GROUP  
ATTN: Laura Freman  
9900 INDEPENDENCE PARK DR STE 120  
HENRICO, VA 23233

**Building Location:**

DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718

Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967

**Code in Effect:** 1990/2010

**Equipment Sequence:** 2

**Key Location:** MAINT DEPT

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **Category 1, Periodic, Category 5**

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 THE RMR GROUP  
 ATTN: Laura Freman  
 9900 INDEPENDENCE PARK DR STE 120  
 HENRICO, VA 23233

**Building Location:**  
 DEEP RUN III  
 9954 MAYLAND DR  
 HENRICO, VA 23233

Phone: (804) 527-0718  
 Email: RMR-Richmond-Invoices@rmrgrou

<b>Elevator Location ID:</b>	ELVLOC-2001-00967	<b>Code in Effect:</b>	1990/2010
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	MAINT DEPT
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic, Category 5, 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:**  
THE RMR GROUP  
ATTN: Laura Freman  
9900 INDEPENDENCE PARK DR STE 120  
HENRICO, VA 23233

**Building Location:**  
DEEP RUN III  
9954 MAYLAND DR  
HENRICO, VA 23233

Phone: (804) 527-0718  
Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967      **Code in Effect:** /2010/2010  
**Equipment Sequence:** 4      **Key Location:** MAINT DEPT  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:** **Category 1, Periodic, Category 5**

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 THE RMR GROUP  
 ATTN: Laura Freman  
 9900 INDEPENDENCE PARK DR STE 120  
 HENRICO, VA 23233

**Building Location:**  
 DEEP RUN III  
 9954 MAYLAND DR  
 HENRICO, VA 23233

Phone: (804) 527-0718  
 Email: RMR-Richmond-Invoices@rmrgrou

**Elevator Location ID:** ELVLOC-2001-00967      **Code in Effect:** /2010/2010  
**Equipment Sequence:** 6      **Key Location:** MAINT DEPT  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:**      **Periodic, Category 5, Category 1**

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

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

Inspection / Test Results  
 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  
 4100 INNSLAKE DR  
 GLEN ALLEN, VA 23060

**Building Location:**  
 HOMEWOOD SUITES  
 4100 INNSLAKE DR  
 GLEN ALLEN, VA 23060

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00974	<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 June:</b>	<b>Periodic, Category 1</b>		

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

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

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

**Owner / Agent:**  
 SHAMIN HOTELS  
 ATTN: OMAR ANSARI  
 4100 INNSLAKE DR  
 GLEN ALLEN, VA 23060

**Building Location:**  
 HOMEWOOD SUITES  
 4100 INNSLAKE DR  
 GLEN ALLEN, VA 23060

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

**Elevator Location ID:** ELVLOC-2001-00974  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WESTDALE ASSET MANAGEMENT LP  
ATTN: DAVID MCCANN  
201 CONCOURSE BLVD SUITE 100  
GLEN ALLEN, VA 23059

**Building Location:**  
EAST SHORE OFFICE BLDG. II  
120 EASTSHORE DR  
GLEN ALLEN, VA 23059

Phone: (804) 747-1551  
Email: David.Mccann@westdale.com

**Elevator Location ID:** ELVLOC-2001-00983  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
FRANKLIN COMMONS II  
5620 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 320-5500  
Email: jimmy.fitch@colliers.com

**Elevator Location ID:** ELVLOC-2001-00987  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Category 1, Periodic**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

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





**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:**

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

**Building Location:**

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

Phone: (303) 723-7963

Email: extendedstay.elevators@lerchbates

**Elevator Location ID:** ELVLOC-2003-01105

**Code in Effect:** 1993/2010/2013

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**  
NISSAN OF RICHMOND  
ATTN: PAM APEL  
11401 W BROAD ST  
HENRICO, VA 23233

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

Phone: (804) 346-4200  
Email: papel@nissanrichmond

**Elevator Location ID:** ELVLOC-2004-01137  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

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

Phone: (804) 261-2266

Email: GM.HIVACENTER@GMAIL.COM

**Elevator Location ID:** ELVLOC-2004-01144

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**  
 ORTHO VIRGINIA  
 ATTN: BECKY HINES  
 7858 SHRADER RD  
 RICHMOND, VA 23294

**Building Location:**  
 ORTHO VIRGINIA  
 7858 SHRADER RD  
 HENRICO, VA 23294

Phone: (804) 270-1305  
 Email: [bridget.murrell@orthovirginia.com](mailto:bridget.murrell@orthovirginia.com)

<b>Elevator Location ID:</b>	ELVLOC-2005-01182	<b>Code in Effect:</b>	1996
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	RECPT.
<b>Elevator Type:</b>	Dumbwaiter	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 COMMONWEALTH AUTISM  
 4108 E PARHAM RD  
 HENRICO, VA 23228

Phone: (804) 649-8481  
 Email: claudette.gadsden@cahumanservic

**Elevator Location ID:** ELVLOC-2005-01183  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

**Code in Effect:** 1996  
**Key Location:** RECPT. DESK  
**Alarm Status:** Alarmed

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 COMMONWEALTH AUTISM  
 4108 E PARHAM RD  
 HENRICO, VA 23228

Phone: (804) 649-8481  
 Email: claudette.gadsden@cahumanservic

**Elevator Location ID:** ELVLOC-2005-01183  
**Equipment Sequence:** 2  
**Elevator Type:** Dumbwaiter  
**Inspections for June:** **Category 1, Periodic**

**Code in Effect:** 1996  
**Key Location:** RECPT. DESK  
**Alarm Status:** Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
CHRIST CHURCH EPISCOPAL  
ATTN: DAVID ELLIS  
5000 POUNCEY TRACT RD  
GLEN ALLEN, VA 23059

**Building Location:**  
CHRIST CHURCH EPISCOPAL  
5000 POUNCEY TRACT RD  
GLEN ALLEN, VA 23059-5301

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

**Elevator Location ID:** ELVLOC-2005-01188  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 1996  
**Key Location:** EQUIP. ROOM  
**Alarm Status:** Alarmed

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

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

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

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

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 SNH INDEPENDENCE PARK LLC  
 ATTN: WENDY WALTON SMITH  
 9930 INDEPENDENCE PARK DR SUITE 200  
 HENRICO, VA 23233

**Building Location:**  
 INDEPENDENCE PARK BLDG 3  
 9930 INDEPENDENCE PARK DR  
 HENRICO, VA 23233

Phone: (804) 527-0718  
 Email: wwaltonsmith@rmrgroup.com

<b>Elevator Location ID:</b>	ELVLOC-2006-01199	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	1 S/T FL. DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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:**  
 BRANDYWINE REALTY TRUST  
 ATTN: BRANDON MALONE  
 300 ARBORETUM PL SUITE 300  
 RICHMOND, VA 23236

**Building Location:**  
 THREE PARAGON PLACE  
 6806 PARAGON PL  
 HENRICO, VA 23230

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

<b>Elevator Location ID:</b>	ELVLOC-2006-01211	<b>Code in Effect:</b>	1996
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	MAINT SHOP LOCK BOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Category 1, Periodic</b>		

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

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

Inspection / Test Results  
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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:**

WAL-MART  
ATTN: NICK CARVER  
1504 N PARHAM  
HENRICO, VA 23229

**Building Location:**

WAL-MART # 3869  
1504 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 270-6034

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

**Elevator Location ID:** ELVLOC-2006-01224

**Code in Effect:** 2004

**Equipment Sequence:** 1

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**  
 HRLP LLC  
 ATTN: MONIQUE DOUCETTE  
 4501 Highwoods Pkwy, Suite 400  
 Glen Allen, VA 23060

**Building Location:**  
 NORTH SHORE COMMONS II  
 4991 LAKE BROOK DR  
 GLEN ALLEN, VA 23060

Phone: (804) 747-7800  
 Email: monique.doucette@highwoods.com

<b>Elevator Location ID:</b>	ELVLOC-2006-01233	<b>Code in Effect:</b>	1996
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	KEYBOX - M.R. DOOR
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HRLP LLC  
 ATTN: MONIQUE DOUCETTE  
 4501 Highwoods Pkwy, Suite 400  
 Glen Allen, VA 23060

**Building Location:**  
 NORTH SHORE COMMONS II  
 4991 LAKE BROOK DR  
 GLEN ALLEN, VA 23060

Phone: (804) 747-7800  
 Email: monique.doucette@highwoods.com

<b>Elevator Location ID:</b>	ELVLOC-2006-01233	<b>Code in Effect:</b>	1996
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	KEYBOX - M.R. DOOR
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

TRINITY LUTHERAN CHURCH  
ATTN: DAVID CONRAD  
2315 N PARHAM RD  
HENRICO, VA 23229

**Building Location:**

TRINITY LUTHERAN CHURCH  
2315 N PARHAM RD  
HENRICO, VA 23229

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

**Elevator Location ID:** ELVLOC-2007-01292  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

**Code in Effect:** 2000  
**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:**

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

**Building Location:**

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

Phone: (804) 288-3905

Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2007-01308  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Category 1, Periodic**

**Code in Effect:** 2000  
**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

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**Owner / Agent:**  
 TRINITY CHURCH  
 ATTN: CHAD MORRIS  
 2811 FENDALL AVE  
 RICHMOND, VA 23222

**Building Location:**  
 TRINITY FAMILY LIFE CENTER  
 3601 DILL RD  
 RICHMOND, VA 23222

Phone: (804) 321-6761  
 Email: cmorris@tflconline.org

<b>Elevator Location ID:</b>	ELVLOC-2008-01321	<b>Code in Effect:</b>	2000
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 MONUMENT SQUARE CONDO ASSN.  
 ATTN: MARY SINGER  
 275 FINIAL AVE.  
 HENRICO, VA 23226

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

Phone: (804) 288-3905  
 Email: msinger@communitygroup.com

**Elevator Location ID:** ELVLOC-2008-01323  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic, Category 1**

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

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

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

**Elevator Location ID:** ELVLOC-2008-01360      **Code in Effect:** 2000  
**Equipment Sequence:** 1      **Key Location:** MAINT,  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for June:** **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:**  
SHAMIN HOTELS  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

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

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

<b>Elevator Location ID:</b>	ELVLOC-2008-01360	<b>Code in Effect:</b>	2000
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	MAINT,
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us





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

# Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2008-01360	<b>Code in Effect:</b>	2000
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	MAINT,
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2008-01360	<b>Code in Effect:</b>	2000
<b>Equipment Sequence:</b>	4	<b>Key Location:</b>	MAINT,
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

AUDUBON HOSPITALITY LLC  
ATTN: JANET GRAHAM  
5400 AUDUBON DR  
RICHMOND, VA 23231

**Building Location:**

CANDLEWOOD SUITES  
5400 AUDUBON DR  
HENRICO, VA 23231

Phone: (804) 652-1888

Email: jgraham@cwsric.com

**Elevator Location ID:** ELVLOC-2008-01371

**Code in Effect:** 2000

**Equipment Sequence:** 1

**Key Location:** DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for June:** **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:**  
 1420 N PARHAM RD LLC  
 ATTN: CHRIS LILLY  
 1420 N PARHAM RD  
 HENRICO, VA 23229

**Building Location:**  
 1420 N PARHAM RD LLC  
 1404 N PARHAM RD  
 HENRICO, VA 23229

Phone: (804) 754-4724  
 Email: cl@broadsnymgmt.com

**Elevator Location ID:** ELVLOC-2009-01428  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Category 1, Periodic**

**Code in Effect:** 2005  
**Key Location:** CUST. SERV.  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
 1420 N PARHAM RD LLC  
 ATTN: CHRIS LILLY  
 1420 N PARHAM RD  
 HENRICO, VA 23229

**Building Location:**  
 1420 N PARHAM RD LLC  
 1404 N PARHAM RD  
 HENRICO, VA 23229

Phone: (804) 754-4724  
 Email: cl@broadskeymgmt.com

<b>Elevator Location ID:</b>	ELVLOC-2009-01428	<b>Code in Effect:</b>	2005
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	CUST. SERV.
<b>Elevator Type:</b>	Escalator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</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:**  
 ACAC SHORT PUMP LLC  
 ATTN: ERIC KIRKPATRICK  
 2201 OLD BRICK RD  
 GLEN ALLEN, VA 23060

**Building Location:**  
 ACAC  
 2201 OLD BRICK RD  
 GLEN ALLEN, VA 23060

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

**Elevator Location ID:** ELVLOC-2012-01575  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 2004  
**Key Location:** FRONT DECK  
**Alarm Status:** Not Alarmed

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
 Elevator Tech Name (Print): \_\_\_\_\_ Tradesman Certification Number: \_\_\_\_\_  
 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:**  
 MONUMENT SQUARE CONDO ASSN.  
 ATTN: MARY SINGER  
 275 FINIAL AVE.  
 HENRICO, VA 23226

**Building Location:**  
 MONUMENT SQUARE CONDO. BLDG 4 -  
 5225 MONUMENT AVE  
 275 FINIAL AVE  
 HENRICO, VA 23226

Phone: (804) 288-3905  
 Email: msinger@communitygroup.com

<b>Elevator Location ID:</b>	ELVLOC-2013-01609	<b>Code in Effect:</b>	2007
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for June:</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:**  
ARTCRAFT MANAGEMENT  
ATTN: FELICIA WALKER  
4447 COX RD  
GLEN ALLEN, VA 23060

**Building Location:**  
FAISON RESIDENCE  
5215 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 387-4184  
Email: fwalker@artcraftmanagement.com

**Elevator Location ID:** ELVLOC-2014-01673      **Code in Effect:** 2007  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for June:** **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:**  
 UNIVERSITY OF RICHMOND  
 ATTN: MCKINLEY WOOD  
 27 WESTHAMPTON WAY  
 RICHMOND, VA 23173

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

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

<b>Elevator Location ID:</b>	ELVLOC-2014-01679	<b>Code in Effect:</b>	2007
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	PHYSICAL PLANT
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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

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

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

<b>Elevator Location ID:</b>	ELVLOC-2014-01680	<b>Code in Effect:</b>	2007
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	PHYSICAL PLANT
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for June:</b>	<b>Periodic</b>		

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

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

Inspection / Test Results  
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 Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ST. MICHAELS CHURCH  
 ATTN: Rob Hiller  
 4495 SPRINGFIELD RD  
 GLEN ALLEN, VA 23060

**Building Location:**  
 ST. MICHAELS CHURCH  
 4495 SPRINGFIELD RD  
 GLEN ALLEN, VA 23060

Phone: (804) 527-1037  
 Email: scott.guy@saint-mikes.org

<b>Elevator Location ID:</b>	ELVLOC-2017-01817	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	CHURCH OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Alarmed
<b>Inspections for June:</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)







**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:**  
 CORINTH UNITED METHODIST CHURCH  
 ATTN: SUE BUCK  
 23 W WILLIAMSBURG RD  
 SANDSTON, VA 23150-2009

**Building Location:**  
 CORINTH UNITED METHODIST CHURCH  
 23 W WILLIAMSBURG RD  
 SANDSTON, VA 23150

Phone: (804) 737-4837  
 Email: office@cornithumchurch.org

**Elevator Location ID:** ELVLOC-2018-01923  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **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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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ASPIRE AT WEST END  
 ATTN: ASHLEY DUGGER  
 5020 SULKY DR  
 HENRICO, VA 23228

**Building Location:**  
 ASPIRE AT WEST END  
 5020 SULKY DR  
 HENRICO, VA 23228

Phone: (804) 391-4125  
 Email: adugger@seniorlifestyle.com

<b>Elevator Location ID:</b>	ELVLOC-2018-01930	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for June:</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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 Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ASPIRE AT WEST END  
 ATTN: ASHLEY DUGGER  
 5020 SULKY DR  
 HENRICO, VA 23228

**Building Location:**  
 ASPIRE AT WEST END  
 5020 SULKY DR  
 HENRICO, VA 23228

Phone: (804) 391-4125  
 Email: adugger@seniorlifestyle.com

<b>Elevator Location ID:</b>	ELVLOC-2018-01930	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for June:</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:**  
 DRURY DEVELOPMENT CORPORATION  
 ATTN: ERIC HYRE  
 11049 W BROAD ST  
 GLEN ALLEN, VA 23060-5937

**Building Location:**  
 DRURY PLAZA HOTEL  
 11049 W BROAD ST  
 HENRICO, VA 23233

Phone: (804) 354-1542  
 Email: eric.hyre@druryhotels.com

**Elevator Location ID:** ELVLOC-2018-01975  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for June:** **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

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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
RICHMOND WSP LLC  
ATTN: STEVE WINTER  
14399 N GAYTON RD  
GLEN ALLEN, VA 23059

**Building Location:**  
WESTMONT AT SHORT PUMP  
14399 N GAYTON RD  
GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140  
Email: matther.winningham@rui.net

**Elevator Location ID:** ELVLOC-2019-02057      **Code in Effect:** 2013  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for June:** **Periodic**

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

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

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

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

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
RICHMOND WSP LLC  
ATTN: STEVE WINTER  
14399 N GAYTON RD  
GLEN ALLEN, VA 23059

**Building Location:**  
WESTMONT AT SHORT PUMP  
14399 N GAYTON RD  
GLEN ALLEN, VA 23059-5739

Phone: (757) 580-5140  
Email: matther.winningham@rui.net

**Elevator Location ID:** ELVLOC-2019-02057  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 2013  
**Key Location:**  
**Alarm Status:**

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

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

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

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

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

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
MUDS ASSOCIATES LLP  
ATTN: SUSAN HEATH  
2001 MAYWILL ST SUITE 100  
RICHMOND, VA 23230

**Building Location:**  
UKROPS MARKET HALL  
7250 PATTERSON AVE  
HENRICO, VA 23229

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

**Elevator Location ID:** ELVLOC-2020-02135  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for June:** **Periodic**

**Code in Effect:** 2013  
**Key Location:**  
**Alarm Status:**

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

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

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

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