



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:
 Integrative Pain Specialists
 ATTN: Bronwyn Georges
 5901 W. Broad St.
 Richmond, VA 23230

Building Location:
 Integrative Pain Specialists
 5901 W BROAD ST
 HENRICO, VA 23230-2219

Phone: (804) 249-8888

Email:

Elevator Location ID: ELVLOC-2001-00205 **Code in Effect:** ASME A17.1 - 2016
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: 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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLONIAL SHOOTING ACADEMY
 ATTN: LEON JOHNSON
 6020 WEST BROAD ST
 RICHMOND, VA 23230

Building Location:
 COLONIAL SHOOTING ACADEMY
 6020 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 266-2666
 Email: alux@colonialshooting.com

Elevator Location ID: ELVLOC-2001-00207
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1971/2007
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:
 GENWORTH FINANCIAL - BLDG. 2
 ATTN: MARK TEREYLA
 6610 W BROAD ST
 RICHMOND, VA 23230

Building Location:
 GENWORTH FINANCIAL BLDG. 4
 6630 W BROAD ST
 HENRICO, VA 23230

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

Elevator Location ID:	ELVLOC-2001-00219	Code in Effect:	1978
Equipment Sequence:	1	Key Location:	MAINT. \ SECURITY
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 GENWORTH FINANCIAL BLDG. 4
 6630 W BROAD ST
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00219
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for March: Periodic, Category 1

Code in Effect: 1978
Key Location: MAINT. \ 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: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

GENWORTH FINANCIAL BLDG. 4
6630 W BROAD ST
HENRICO, VA 23230

Phone: (804) 289-6831

Email: mark.tereyla@genworth.com

Elevator Location ID: ELVLOC-2001-00219

Code in Effect: 1978

Equipment Sequence: 3

Key Location: MAINT. \ SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

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

Building Location:
 VG COMMERCE PLAZA
 2809 EMERYWOOD PKWY
 HENRICO, VA 23294

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

Elevator Location ID: ELVLOC-2001-00227
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1981
Key Location: KEYBOX @ M.R. 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: _____

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

Building Location:
VG COMMERCE PLAZA
2809 EMERYWOOD PKWY
HENRICO, VA 23294

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

Elevator Location ID: ELVLOC-2001-00227
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1981
Key Location: KEYBOX @ M.R. 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: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 5100 MONUMENT AVE, A CONDO
 ATTN: HOLLY THORNTON
 5100 MONUMENT AVE SUITE 100
 RICHMOND, VA 23230-3638

Building Location:
 5100 MONUMENT AVENUE, A CONDO
 5100 MONUMENT AVE
 HENRICO, VA 23230

Phone: (804) 282-4288
 Email: 5100monumentmanager@gmail.co

Elevator Location ID: ELVLOC-2001-00251 **Code in Effect:** 1960/2009
Equipment Sequence: 1 **Key Location:** FRONT DESK
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Category 1, Category 5, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 5100 MONUMENT AVE, A CONDO
 ATTN: HOLLY THORNTON
 5100 MONUMENT AVE SUITE 100
 RICHMOND, VA 23230-3638

Building Location:
 5100 MONUMENT AVENUE, A CONDO
 5100 MONUMENT AVE
 HENRICO, VA 23230

Phone: (804) 282-4288
 Email: 5100monumentmanager@gmail.com

Elevator Location ID: ELVLOC-2001-00251 **Code in Effect:** 1960/2009
Equipment Sequence: 2 **Key Location:** FRONT DESK
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **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: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 5100 MONUMENT AVE, A CONDO
 ATTN: HOLLY THORNTON
 5100 MONUMENT AVE SUITE 100
 RICHMOND, VA 23230-3638

Building Location:
 5100 MONUMENT AVENUE, A CONDO
 5100 MONUMENT AVE
 HENRICO, VA 23230

Phone: (804) 282-4288
 Email: 5100monumentmanager@gmail.co

Elevator Location ID: ELVLOC-2001-00251 **Code in Effect:** 1960/2009
Equipment Sequence: 3 **Key Location:** FRONT DESK
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Category 5, Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:

USM Monument 5101, LLC
ATTN: SUSAN HEATH
2001 MAYWILL ST SUITE 100
RICHMOND, VA 23230

Building Location:

Monument 5101
5101 MONUMENT AVE
HENRICO, VA 23230-3621

Phone: (804) 340-4094
Email: susan.heath@ukrops.com

Elevator Location ID: ELVLOC-2001-00253

Code in Effect: 1960

Equipment Sequence: 1

Key Location: MAINTENANCE

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for March: Category 5, Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
 TEAMSTERS JOINT COUNCIL #83 OF VA
 ATTN: TONY SHELL
 8814 FARGO RD, STE 200
 HENRICO, VA 23229

Building Location:
 TWIN HORSE PLACE
 8814 FARGO RD
 HENRICO, VA 23229

Phone: (804) 282-3131
 Email: ryan@peakcommercialmanagemen

Elevator Location ID:	ELVLOC-2001-00370	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	2ND\FL. RECPT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ROBINS INSURANCY AGENCY
ATTN: TRIP ROBINS
2800 PARHAM RD
HENRICO, VA 23294

Building Location:
ROBINS INSURANCY AGENCY
2800 N PARHAM RD
HENRICO, VA 23294

Phone: (804) 747-1281
Email: rflp@robinsinsurance.com

Elevator Location ID: ELVLOC-2001-00379
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1981
Key Location: ROOM 106
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:
 COLLIERS INTERNATIONAL
 ATTN: FELECIA WASHINGTON
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 FIRST CAROUSEL BUILDING
 7814 CAROUSEL LN
 HENRICO, VA 23294

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

Elevator Location ID:	ELVLOC-2001-00381	Code in Effect:	1978
Equipment Sequence:	1	Key Location:	RM 104 - KEY#52219
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 FIRST CAROUSEL BUILDING
 7814 CAROUSEL LN
 HENRICO, VA 23294

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

Elevator Location ID: ELVLOC-2001-00381 **Code in Effect:** 1978
Equipment Sequence: 2 **Key Location:** RM 104 - KEY#52219
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

POWER SYSTEMS CONTROLS
ATTN: CHRIS TRIBBLE
2901 Byrdhill Rd.
Henrico, VA 23228

Building Location:

POWER SYSTEMS CONTROLS
2901 BYRDHILL RD
HENRICO, VA 23228

Phone: (804) 355-2803

Email:

Elevator Location ID: ELVLOC-2001-00409

Code in Effect: 1990

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CUSHMAN & WAKEFIELD
 ATTN: GEORGE REMNER
 3011 HUNGARY SPRING RD
 Henrico, VA 23228

Building Location:
 VERIZON
 3011 HUNGARY SPRING RD
 HENRICO, VA 23228

Phone: (804) 923-1848
 Email: george.m.remner@verizon.com

Elevator Location ID: ELVLOC-2001-00576
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1971/1984/2013
Key Location: SEC.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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CUSHMAN & WAKEFIELD
ATTN: GEORGE REMNER
3011 HUNGARY SPRING RD
Henrico, VA 23228

Building Location:
VERIZON
3011 HUNGARY SPRING RD
HENRICO, VA 23228

Phone: (804) 923-1848
Email: george.m.remner@verizon.com

Elevator Location ID: ELVLOC-2001-00576
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1971/1984/2013
Key Location: SEC.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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Owner / Agent:
 CUSHMAN & WAKEFIELD
 ATTN: GEORGE REMNER
 3011 HUNGARY SPRING RD
 Henrico, VA 23228

Building Location:
 VERIZON
 3011 HUNGARY SPRING RD
 HENRICO, VA 23228

Phone: (804) 923-1848

Email: george.m.remner@verizon.com

Elevator Location ID: ELVLOC-2001-00576

Code in Effect: 1971/1984/2013

Equipment Sequence: 3

Key Location: SEC.DSK.=CALL MAINT.

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
 CUSHMAN & WAKEFIELD
 ATTN: GEORGE REMNER
 3011 HUNGARY SPRING RD
 Henrico, VA 23228

Building Location:
 VERIZON
 3011 HUNGARY SPRING RD
 HENRICO, VA 23228

Phone: (804) 923-1848
 Email: george.m.remner@verizon.com

Elevator Location ID:	ELVLOC-2001-00576	Code in Effect:	1971
Equipment Sequence:	4	Key Location:	SEC.DSK.=CALL MAINT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CUSHMAN & WAKEFIELD
 ATTN: GEORGE REMNER
 3011 HUNGARY SPRING RD
 Henrico, VA 23228

Building Location:
 VERIZON
 3011 HUNGARY SPRING RD
 HENRICO, VA 23228

Phone: (804) 923-1848
 Email: george.m.remner@verizon.com

Elevator Location ID:	ELVLOC-2001-00576	Code in Effect:	1971/
Equipment Sequence:	5	Key Location:	SEC.DSK.=CALL MAINT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

OUR LADY OF LOURDES CHURCH
ATTN: CHIP MORRIS
8200 WOODMAN RD
HENRICO, VA 23228

Building Location:

OUR LADY OF LOURDES CHURCH
8200 WOODMAN RD
HENRICO, VA 23228

Phone: (804) 262-7315
Email: deanechip@aol.com

Elevator Location ID: ELVLOC-2001-00602

Code in Effect: 1993

Equipment Sequence: 1

Key Location: CHURCH OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SANDSTON BAPTIST CHURCH
ATTN: MARY VAYO
100 W WILLIAMSBURG RD
SANDSTON, VA 23150

Building Location:

SANDSTON BAPTIST CHURCH
100 W WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 737-2171

Email: sandstonbaptist@verizon.net

Elevator Location ID: ELVLOC-2001-00618

Code in Effect: 1990

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MONDELEZ GLOBAL LLC
 ATTN: EDWARD RENNA
 6002 S LABURNUM AVE
 HENRICO, VA 23231

Building Location:
 NABISCO RICHMOND BAKERY
 6002 S LABURNUM AVE
 HENRICO, VA 23231

Phone: (804) 400-6202
 Email: edward.renna@mdlz.com

Elevator Location ID: ELVLOC-2001-00651
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Periodic**

Code in Effect: 1965/2010
Key Location: TOP FL. 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:
LILLIBRIDGE HEALTHCARE SERVICES INC.
ATTN: KAREN ANDERSON
8220 MEADOWBRIDGE RD, STE 301
MECHANICSVILLE, VA 23116

Building Location:
HENRICO DOCTORS MOB
7601 FOREST AVE
HENRICO, VA 23229

Phone: (804) 559-8805
Email: karen.anderson@lillibridge.com

Elevator Location ID: ELVLOC-2001-00800
Equipment Sequence: 9
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1971
Key Location: PHARMACY
Alarm Status: Not Alarmed

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 1971
Equipment Sequence: 1 **Key Location:** ENG OFFICE - L-2
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **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:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1971
Key Location: ENG OFFICE - L-2
Alarm Status: Not Alarmed

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

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

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1971
Equipment Sequence:	3	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	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:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 1971
Equipment Sequence: 4 **Key Location:** ENG OFFICE - L-2
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **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:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 1971
Equipment Sequence: 5 **Key Location:** ENG OFFICE - L-2
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 6

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1971
Equipment Sequence:	7	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	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:

HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:

HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801

Code in Effect: 1971

Equipment Sequence: 8

Key Location: ENG OFFICE - L-2

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1984
Equipment Sequence:	10	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	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:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HENRICO DOCTORS HOSPITAL
 1602 SKIPWITH RD
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 1984
Equipment Sequence: 11 **Key Location:** ENG OFFICE - L-2
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **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:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801 **Code in Effect:** 1984
Equipment Sequence: 12 **Key Location:** ENG OFFICE - L-2
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **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:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801
Equipment Sequence: 14
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1984
Key Location: ENG OFFICE - L-2
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:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1984
Equipment Sequence:	15	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	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:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00801
Equipment Sequence: 17
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1993
Key Location: ENG OFFICE - L-2
Alarm Status: Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
HENRICO DOCTORS HOSPITAL
1602 SKIPWITH RD
HENRICO, VA 23229

Phone: (804) 289-4550
Email: trot.barbour@hcahealthcare.com

Elevator Location ID:	ELVLOC-2001-00801	Code in Effect:	1993
Equipment Sequence:	18	Key Location:	ENG OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 HOSPITAL PARKING DECK
 7605 FOREST AVE #100
 HENRICO, VA 23229

Phone: (804) 289-4554
 Email: TROYBARBOUR@HCAHEALTHCARE.

Elevator Location ID: ELVLOC-2001-00802 **Code in Effect:** 1984
Equipment Sequence: 2 **Key Location:** ENGR. OFFICE - L-2
Elevator Type: Hydraulic Elevator **Alarm Status:** Alarmed
Inspections for March: **Periodic**

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

C.B. RICHARD ELLIS
ATTN: MELISSA PAGE
7650 E PARHAM RD SUITE 225
HENRICO, VA 23294

Building Location:

PROFESSIONAL BUILDING
7605 FOREST AVE #102
HENRICO, VA 23229

Phone: (804) 967-5449
Email: melissa.page@cbre.com

Elevator Location ID: ELVLOC-2001-00803
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1984/2009
Key Location: ENGR. OFFICE - L-2
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 C.B. RICHARD ELLIS
 ATTN: MELISSA PAGE
 7650 E PARHAM RD SUITE 225
 HENRICO, VA 23294

Building Location:
 PROFESSIONAL BUILDING
 7605 FOREST AVE #102
 HENRICO, VA 23229

Phone: (804) 967-5449
 Email: melissa.page@cbre.com

Elevator Location ID:	ELVLOC-2001-00803	Code in Effect:	1984/2009
Equipment Sequence:	2	Key Location:	ENGR. OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	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:
 C.B. RICHARD ELLIS
 ATTN: MELISSA PAGE
 7650 E PARHAM RD SUITE 225
 HENRICO, VA 23294

Building Location:
 PROFESSIONAL BUILDING
 7605 FOREST AVE #102
 HENRICO, VA 23229

Phone: (804) 967-5449
 Email: melissa.page@cbre.com

Elevator Location ID:	ELVLOC-2001-00803	Code in Effect:	1984/2009/2010
Equipment Sequence:	3	Key Location:	ENGR. OFFICE - L-2
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 C.B. RICHARD ELLIS
 ATTN: MELISSA PAGE
 7650 E PARHAM RD SUITE 225
 HENRICO, VA 23294

Building Location:
 PROFESSIONAL BUILDING
 7605 FOREST AVE #102
 HENRICO, VA 23229

Phone: (804) 967-5449
 Email: melissa.page@cbre.com

Elevator Location ID: ELVLOC-2001-00803	Code in Effect: 1984/2009/2010
Equipment Sequence: 4	Key Location: ENGR. OFFICE - L-2
Elevator Type: Hydraulic Elevator	Alarm Status: Not Alarmed
Inspections for March: Periodic	

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

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

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THREE CHOPT PRESBYTERIAN CH
ATTN: ROBERT LOCKARD
9315 THREE CHOPT RD
HENRICO, VA 23229

Building Location:
THREE CHOPT PRESBYTERIAN CH
9315 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 337-7224
Email: hello@threechoptchurch.org

Elevator Location ID: ELVLOC-2001-00813
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: Periodic

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

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

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

Inspection / Test Results
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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:
HENRICO DOCTORS HOSPITAL
ATTN: TROY BARBOUR
1602 SKIPWITH RD
RICHMOND, VA 23229

Building Location:
THE COURTYARD OFFICE BUILDING
7603 FOREST AVE #100
HENRICO, VA 23229

Phone: (804) 289-4550

Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00816

Code in Effect: 1987

Equipment Sequence: 1

Key Location: L-2 NEW PARKING DECK

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HENRICO DOCTORS HOSPITAL
 ATTN: TROY BARBOUR
 1602 SKIPWITH RD
 RICHMOND, VA 23229

Building Location:
 THE COURTYARD OFFICE BUILDING
 7603 FOREST AVE #100
 HENRICO, VA 23229

Phone: (804) 289-4550
 Email: trot.barbour@hcahealthcare.com

Elevator Location ID: ELVLOC-2001-00816
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1987
Key Location: L-2 NEW PARKING DECK
Alarm Status: Alarmed

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

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

Inspection / Test Results
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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:

REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518

Email: cl@broadskeymgmt.com

Elevator Location ID: ELVLOC-2001-00819

Code in Effect:

Equipment Sequence: 1

Key Location: MGT. OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

1420 N PARHAM RD LLC
 ATTN: CHRIS LILLY
 1420 N PARHAM RD
 HENRICO, VA 23229

Building Location:

REGENCY SQUARE MALL
 1420 N PARHAM RD
 HENRICO, VA 23229

Phone: (804) 740-1518

Email: cl@broadsnymgmt.com

Elevator Location ID: ELVLOC-2001-00819
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518
Email: cl@broadsnymgmt.com

Elevator Location ID: ELVLOC-2001-00819
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect:
Key Location: MGT. 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:

1420 N PARHAM RD LLC
ATTN: CHRIS LILLY
1420 N PARHAM RD
HENRICO, VA 23229

Building Location:

REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518
Email: cl@broadsnymgmt.com

Elevator Location ID: ELVLOC-2001-00819
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
REGENCY SQUARE MALL
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-1518
Email: cl@broadskymgmt.com

Elevator Location ID: ELVLOC-2001-00819
Equipment Sequence: 5
Elevator Type: Escalator
Inspections for March: **Periodic, Category 1**

Code in Effect:
Key Location: MGT. 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
 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:
 REGENCY SQUARE MALL
 1420 N PARHAM RD
 HENRICO, VA 23229

Phone: (804) 740-1518
 Email: cl@broadsnymgmt.com

Elevator Location ID:	ELVLOC-2001-00819	Code in Effect:	
Equipment Sequence:	6	Key Location:	MGT. OFFICE
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

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

Inspection / Test Results
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 J. C. PENNEY COMPANY, INC.
 ATTN: CHRIS LILLY
 2800 PATTERSON AVE STE 200
 Richmond, VA 23221

Building Location:
 J. C. PENNEY COMPANY, INC.
 1400 N PARHAM RD
 HENRICO, VA 23229-5513

Phone: (972) 431-9214
 Email: cl@broadsnymgmt.com

Elevator Location ID:	ELVLOC-2001-00821	Code in Effect:	1965
Equipment Sequence:	2	Key Location:	FIRE BOX @ DOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DERBYSHIRE BAPTIST CHURCH
 ATTN: JOE FIELDEN
 8800 DERBYSHIRE RD
 HENRICO, VA 23229

Building Location:
 DERBYSHIRE BAPTIST CHURCH
 8800 DERBYSHIRE RD
 HENRICO, VA 23229

Phone: (804) 740-7238
 Email: jfielden@DBCRRICHMOND.ORG

Elevator Location ID: ELVLOC-2001-00824 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** MAIN OFFICE/KEYBOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GROVE AVENUE BAPTIST CHURCH
 ATTN: LAWRENCE JAMES
 8701 RIDGE RD
 HENRICO, VA 23229

Building Location:
 GROVE AVENUE BAPTIST CHURCH
 8701 RIDGE RD
 HENRICO, VA 23229

Phone: (804) 301-4130
 Email: joy.hughes@groveave.com

Elevator Location ID: ELVLOC-2001-00832
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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 Department of Building Construction and Inspections
 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:
 ST. JOSEPH'S VILLA
 ATTN: WILLIAM MCDOWALL
 8000 BROOK RD
 HENRICO, VA 23227-1306

Building Location:
 ST. JOSEPH'S ACADEMY
 8000 BROOK RD
 HENRICO, VA 23227-1306

Phone: (804) 553-3275
 Email: wmcdowall@sjvmail.net

Elevator Location ID:	ELVLOC-2001-00839	Code in Effect:	1921
Equipment Sequence:	1	Key Location:	RECPT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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



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 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:
 CBRE / BANK OF AMERICA
 ATTN: Melando (Moe) Brown
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8007 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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:
 CBRE / BANK OF AMERICA
 ATTN: Melando (Moe) Brown
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8007 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

- | | | | |
|-------------------------------|-----------------------------|------------------------|-------------------|
| Elevator Location ID: | ELVLOC-2001-00840 | Code in Effect: | 1987 |
| Equipment Sequence: | 2 | Key Location: | ENGR.OFF. BLDG. B |
| Elevator Type: | Hydraulic Elevator | Alarm Status: | Not Alarmed |
| Inspections for March: | Category 1, Periodic | | |

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8007 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987/2010
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987/2010
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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 ATTN: Melando (Moe) Brown
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8007 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840 **Code in Effect:** 1987/2010
Equipment Sequence: 5 **Key Location:** ENGR.OFF. BLDG. B
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic, Category 1**

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303

Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840

Code in Effect: 1987/2010

Equipment Sequence: 6

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for March: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 7
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

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



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: Melando (Moe) Brown
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8007 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 8
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1987/2010
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840

Code in Effect: 1987/2010

Equipment Sequence: 9

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for March: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303

Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840

Code in Effect: 1987/2010

Equipment Sequence: 10

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 11
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1987/2010
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:

BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303

Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840

Code in Effect: 1987

Equipment Sequence: 12

Key Location: ENGR.OFF. BLDG. B

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for March: **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:
CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 13
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: Melando (Moe) Brown
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8007 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 14
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE / BANK OF AMERICA
ATTN: Melando (Moe) Brown
8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 15
Elevator Type: Escalator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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8011 VILLA PARK DR
HENRICO, VA 23228

Building Location:
BANK OF AMERICA
8007 VILLA PARK DR
HENRICO, VA 23228

Phone: (804) 553-5303
Email: melando.brown@cbre.com

Elevator Location ID: ELVLOC-2001-00840
Equipment Sequence: 16
Elevator Type: Escalator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1987
Key Location: ENGR.OFF. BLDG. B
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CBRE / BANK OF AMERICA
 ATTN: Melando (Moe) Brown
 8011 VILLA PARK DR
 HENRICO, VA 23228

Building Location:
 BANK OF AMERICA
 8007 VILLA PARK DR
 HENRICO, VA 23228

Phone: (804) 553-5303
 Email: melando.brown@cbre.com

Elevator Location ID:	ELVLOC-2001-00840	Code in Effect:	2000
Equipment Sequence:	17	Key Location:	ENGR.OFF. BLDG. B
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TARA HOSPITALITY LLC
ATTN: SHYAM JIVAN
950 E PARHAM RD
HENRICO, VA 23228

Building Location:
SLEEP INN
950 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 515-7800

Email: sleepinnrichmondva@gmail.com

Elevator Location ID: ELVLOC-2001-00853

Code in Effect: 1993

Equipment Sequence: 1

Key Location: LOBBY DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DALY SEVEN INC
ATTN: STAN WEBB
3810 N ELM ST STE 202
GREENSBORO, NC 27455

Building Location:
HOLIDAY INN EXPRESS
9933 MAYLAND DR
HENRICO, VA 23233

Phone: (804) 934-9300
Email: stan.webb@dalyseven.com

Elevator Location ID: ELVLOC-2001-00854
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

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

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

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: MIKE JAMES
2221 Edward Holland Drive Suite 600
RICHMOND, VA 23230

Building Location:
NEW YORK LIFE
4435 WATERFRONT DR
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: mike.james@colliers.com

Elevator Location ID:	ELVLOC-2001-00901	Code in Effect:	1984/2010
Equipment Sequence:	1	Key Location:	BRK.GL.BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COLLIERS INTERNATIONAL
ATTN: MIKE JAMES
2221 Edward Holland Drive Suite 600
RICHMOND, VA 23230

Building Location:

NEW YORK LIFE
4435 WATERFRONT DR
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: mike.james@colliers.com

Elevator Location ID: ELVLOC-2001-00901
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1984/2010
Key Location: BRK.GL.BOX
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 TAILORED BRANDS
 ATTN: GERARDO RAMIREZ
 6100 STEVENSON BLVD
 FREMONT, CA 94538

Building Location:
 JOSEPH A. BANK CLOTHIERS
 1302 GASKINS RD
 HENRICO, VA 23238

Phone: (510) 723-8506
 Email: gerardo.ramirez@tailoredbrands.co

Elevator Location ID:	ELVLOC-2001-00915	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	2ND.FL.= MR.SALAZAR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for March:	Periodic		

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

INNSBROOK COMMONS
 4121 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00916 **Code in Effect:** 1984
Equipment Sequence: 1 **Key Location:** 2ND\FL.SIGNET BANK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WILTON PROPERTIES, INC
ATTN: JOHN LONG
4901 DICKENS RD, STE 100
RICHMOND, VA 23230

Building Location:
ATAACK - EAGLE BUILDING
4191 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 237-1361
Email: john@thewiltonco.com

Elevator Location ID:	ELVLOC-2001-00917	Code in Effect:	1984
Equipment Sequence:	1	Key Location:	ROOM 101
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1971
Key Location: MAINTENANCE
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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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:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1971
Key Location: MAINTENANCE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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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
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920 **Code in Effect:** 1971
Equipment Sequence: 3 **Key Location:** MAINTENANCE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic, Category 1**

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

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

Inspection / Test Results
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County of Henrico, Virginia

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:

LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:

LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 1971
Key Location: MAINTENANCE
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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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:

LAKWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:

LAKWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241

Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920

Code in Effect: 1971

Equipment Sequence: 5

Key Location: MAINTENANCE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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County of Henrico, Virginia
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:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2001-00920	Code in Effect:	1993
Equipment Sequence:	6	Key Location:	MAINTENANCE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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County of Henrico, Virginia
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 7
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 8
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

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

Inspection / Test Results
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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:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD
 1900 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2001-00920	Code in Effect:	2010
Equipment Sequence:	9	Key Location:	MAINTENANCE
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 5, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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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:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920
Equipment Sequence: 10
Elevator Type: Electric Elevator
Inspections for March: Periodic, Category 5, Category 1
Code in Effect: 2010
Key Location: MAINTENANCE
Alarm Status: Not Alarmed

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

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

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

[Blank lines for inspection results]



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:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD
1900 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2001-00920 **Code in Effect:** 2010
Equipment Sequence: 11 **Key Location:** MAINTENANCE
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for March: **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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
4900 BUILDING
4900 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00936
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1981
Key Location: BOX ON WALL
Alarm Status: Not Alarmed

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

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

Inspection / Test Results
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 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 BRANDYWINE REALTY TRUST
 ATTN: AMANDA TYSON
 300 ARBORETUM PL SUITE 330
 RICHMOND, VA 23236

Building Location:
 LAKE BROOK OFFICE BLDG.
 4805 LAKE BROOK DR
 GLEN ALLEN, VA 23060

Phone: (804) 521-1831
 Email: amanda.tyson@bonreit.com

Elevator Location ID: ELVLOC-2001-00949
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

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

Inspection / Test Results
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 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:
 OUR LADY OF HOPE
 ATTN: WILLE BURNS
 13700 N GAYTON RD
 HENRICO, VA 23233

Building Location:
 OUR LADY OF HOPE
 13700 N GAYTON RD
 HENRICO, VA 23233-7017

Phone: (804) 360-1960
 Email: wburns@ourladyofhope.com

Elevator Location ID:	ELVLOC-2001-00951	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	RECPT.DSK.\CALLMAINT
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
OUR LADY OF HOPE
ATTN: WILLE BURNS
13700 N GAYTON RD
HENRICO, VA 23233

Building Location:
OUR LADY OF HOPE
13700 N GAYTON RD
HENRICO, VA 23233-7017

Phone: (804) 360-1960
Email: wburns@ourladyofhope.com

Elevator Location ID:	ELVLOC-2001-00951	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	RECPT.DSK.\CALLMAINT
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 OUR LADY OF HOPE
 ATTN: WILLE BURNS
 13700 N GAYTON RD
 HENRICO, VA 23233

Building Location:
 OUR LADY OF HOPE
 13700 N GAYTON RD
 HENRICO, VA 23233-7017

Phone: (804) 360-1960
 Email: wburns@ourladyofhope.com

Elevator Location ID: ELVLOC-2001-00951
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1993
Key Location: RECPT.DSK.\CALLMAINT
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

OUR LADY OF HOPE
ATTN: WILLE BURNS
13700 N GAYTON RD
HENRICO, VA 23233

Building Location:

OUR LADY OF HOPE
13700 N GAYTON RD
HENRICO, VA 23233-7017

Phone: (804) 360-1960
Email: wburns@ourladyofhope.com

Elevator Location ID: ELVLOC-2001-00951
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2010
Key Location: RECPT.DSK.\CALLMAINT
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
HIGHWOODS COMMONS
5101 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00984
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **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



County of Henrico, Virginia

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

LEWIS GINTER BOTANICAL GARDEN
ATTN: KEN MYERS
1800 LAKESIDE AV
HENRICO, VA 23228

Building Location:

LEWIS GINTER BOTANICAL GARDEN
1800 LAKESIDE AVE
HENRICO, VA 23228

Phone: (804) 516-5479
Email: kenm@lewisginter.org

Elevator Location ID: ELVLOC-2002-01008

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 NORDSTROM INC. / C/O TAX DEPT.
 ATTN: MATT JOHNSON
 PO BOX 2229
 SEATTLE, WA 98111

Building Location:
 NORDSTROM - SPTC
 11812 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (503) 978-3017
 Email: matt.johnson@nordstrom.com

Elevator Location ID: ELVLOC-2003-01055 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:**
Elevator Type: Escalator **Alarm Status:**
Inspections for March: **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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Owner / Agent:

NORDSTROM INC. / C/O TAX DEPT.
ATTN: MATT JOHNSON
PO BOX 2229
SEATTLE, WA 98111

Building Location:

NORDSTROM - SPTC
11812 W BROAD ST
HENRICO, VA 23233-1064

Phone: (503) 978-3017
Email: matt.johnson@nordstrom.com

Elevator Location ID: ELVLOC-2003-01055
Equipment Sequence: 2
Elevator Type: Escalator
Inspections for March: **Periodic**

Code in Effect: 1993
Key Location:
Alarm Status:

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

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

Inspection / Test Results
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ATTN: MATT JOHNSON
PO BOX 2229
SEATTLE, WA 98111

Building Location:
NORDSTROM - SPTC
11812 W BROAD ST
HENRICO, VA 23233-1064

Phone: (503) 978-3017
Email: matt.johnson@nordstrom.com

Elevator Location ID:	ELVLOC-2003-01055	Code in Effect:	1993
Equipment Sequence:	3	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 ATTN: MATT JOHNSON
 PO BOX 2229
 SEATTLE, WA 98111

Building Location:
 NORDSTROM - SPTC
 11812 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (503) 978-3017
 Email: matt.johnson@nordstrom.com

Elevator Location ID:	ELVLOC-2003-01055	Code in Effect:	1993
Equipment Sequence:	4	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PERSOHN / HAHN ASSOC. INC.
ATTN: G. BOWDEN
11621 SPRING CYPRUS RD. SUITE D
TOMBALL, TX 77377

Building Location:
DILLARD'S #176
11824 W BROAD ST
HENRICO, VA 23233-1064

Phone: (281) 841-6125
Email: gbowden@phahou.com

Elevator Location ID: ELVLOC-2003-01061
Equipment Sequence: 1
Elevator Type: Escalator
Inspections for March: **Periodic**

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

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

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

Inspection / Test Results
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PERSOHN / HAHN ASSOC. INC.
ATTN: G. BOWDEN
11621 SPRING CYPRUS RD. SUITE D
TOMBALL, TX 77377

Building Location:
DILLARD'S #176
11824 W BROAD ST
HENRICO, VA 23233-1064

Phone: (281) 841-6125
Email: gbowden@phahou.com

Elevator Location ID:	ELVLOC-2003-01061	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	STORE MAINT.
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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 ATTN: G. BOWDEN
 11621 SPRING CYPRUS RD. SUITE D
 TOMBALL, TX 77377

Building Location:
 DILLARD'S #176
 11824 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (281) 841-6125
 Email: gbowden@phahou.com

Elevator Location ID:	ELVLOC-2003-01061	Code in Effect:	1993
Equipment Sequence:	3	Key Location:	STORE MAINT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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 ATTN: G. BOWDEN
 11621 SPRING CYPRUS RD. SUITE D
 TOMBALL, TX 77377

Building Location:
 DILLARD'S #176
 11824 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (281) 841-6125
 Email: gbowden@phahou.com

Elevator Location ID:	ELVLOC-2003-01061	Code in Effect:	1993
Equipment Sequence:	4	Key Location:	STORE MAINT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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 Please use a separate sheet for each elevator

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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MACY'S MSOC VERTICAL COMPLIANCE
 ATTN: CATHIE SHERMAN
 237 WOODBRIDGE CENTER DR 3RD FL
 WOODBRIDGE, NJ 07095

Building Location:
 MACY'S SOUTH - STORE 166
 11872 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (732) 734-3436
 Email: vertical@macys.com

Elevator Location ID:	ELVLOC-2003-01064	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SERV. DESK
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

MACY'S MSOC VERTICAL COMPLIANCE
 ATTN: CATHIE SHERMAN
 237 WOODBRIDGE CENTER DR 3RD FL
 WOODBRIDGE, NJ 07095

Building Location:

MACY'S SOUTH - STORE 166
 11872 W BROAD ST
 HENRICO, VA 23233-1064

Phone: (732) 734-3436

Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064**Code in Effect:** 1993**Equipment Sequence:** 2**Key Location:** SERV. DESK**Elevator Type:** Escalator**Alarm Status:** Not Alarmed**Inspections for March:** **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:
MACY'S MSOC VERTICAL COMPLIANCE
ATTN: CATHIE SHERMAN
237 WOODBRIDGE CENTER DR 3RD FL
WOODBRIDGE, NJ 07095

Building Location:
MACY'S SOUTH - STORE 166
11872 W BROAD ST
HENRICO, VA 23233-1064

Phone: (732) 734-3436
Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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Fax: (804) 501-4984

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Owner / Agent:
MACY'S MSOC VERTICAL COMPLIANCE
ATTN: CATHIE SHERMAN
237 WOODBRIDGE CENTER DR 3RD FL
WOODBRIDGE, NJ 07095

Building Location:
MACY'S SOUTH - STORE 166
11872 W BROAD ST
HENRICO, VA 23233-1064

Phone: (732) 734-3436
Email: vertical@macys.com

Elevator Location ID: ELVLOC-2003-01064
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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:
SHORT PUMP TOWN CENTER
ATTN: RICHARD BARLOW
11800 W BROAD ST
HENRICO, VA 23233

Building Location:
SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SHORT PUMP TOWN CENTER
ATTN: RICHARD BARLOW
11800 W BROAD ST
HENRICO, VA 23233

Building Location:

SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	
Elevator Type:	Escalator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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11800 W BROAD ST
HENRICO, VA 23233

Building Location:
SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SHORT PUMP TOWN CENTER
ATTN: RICHARD BARLOW
11800 W BROAD ST
HENRICO, VA 23233

Building Location:

SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 2

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

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HENRICO, VA 23233

Building Location:
SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 3 **Key Location:**
Elevator Type: Escalator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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:
SHORT PUMP TOWN CENTER
ATTN: RICHARD BARLOW
11800 W BROAD ST
HENRICO, VA 23233

Building Location:
SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 3 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **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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 11800 W BROAD ST
 HENRICO, VA 23233

Building Location:
 SHORT PUMP TOWN CENTER
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 4
Elevator Type: Escalator
Inspections for March: **Periodic**

Code in Effect: 1993
Key Location:
Alarm Status:

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

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

Inspection / Test Results
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Building Location:
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11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 1993
Key Location:
Alarm Status:

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

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

Inspection / Test Results
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 HENRICO, VA 23233

Building Location:
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 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993/2013
Equipment Sequence:	5	Key Location:	
Elevator Type:	Escalator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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11800 W BROAD ST
HENRICO, VA 23233

Building Location:

SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 5

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 HENRICO, VA 23233

Building Location:
 SHORT PUMP TOWN CENTER
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 6 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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 ATTN: RICHARD BARLOW
 11800 W BROAD ST
 HENRICO, VA 23233

Building Location:
 SHORT PUMP TOWN CENTER
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 6 **Key Location:**
Elevator Type: Escalator **Alarm Status:**
Inspections for March: **Periodic**

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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 HENRICO, VA 23233

Building Location:
 SHORT PUMP TOWN CENTER
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	7	Key Location:	
Elevator Type:	Escalator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 7 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 8
Elevator Type: Escalator
Inspections for March: **Periodic**

Code in Effect: 1993
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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HENRICO, VA 23233

Building Location:

SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 8

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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SHORT PUMP TOWN CENTER
ATTN: RICHARD BARLOW
11800 W BROAD ST
HENRICO, VA 23233

Building Location:

SHORT PUMP TOWN CENTER
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 9

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for March: **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

<p>Owner / Agent: SHORT PUMP TOWN CENTER ATTN: RICHARD BARLOW 11800 W BROAD ST HENRICO, VA 23233</p>	<p>Building Location: SHORT PUMP TOWN CENTER 11800 W BROAD ST HENRICO, VA 23233-1005</p>
---	--

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	9	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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HENRICO, VA 23233

Building Location:
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11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068
Equipment Sequence: 10
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 2009
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: _____

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 HENRICO, VA 23233

Building Location:
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 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID:	ELVLOC-2003-01068	Code in Effect:	1993
Equipment Sequence:	10	Key Location:	
Elevator Type:	Escalator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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Building Location:
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11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500

Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068

Code in Effect: 1993

Equipment Sequence: 11

Key Location:

Elevator Type: Escalator

Alarm Status:

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
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 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2003-01068 **Code in Effect:** 1993
Equipment Sequence: 12 **Key Location:**
Elevator Type: Escalator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHADY GROVE U.M.C.
ATTN: FRANK BASIL
4825 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:
SHADY GROVE U.M.C.
4825 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Phone: (804) 360-2600
Email: fbasil@shadygroveumc.net

Elevator Location ID: ELVLOC-2003-01071
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

AMERICAN TESTING & INSPECTION SER
ATTN: ATIS CERTIFICATION MANAGEMENT
600 EMERSON RD, SUITE 225
ST LOUIS, MO 63141

Building Location:

DICK'S SPORTING GOODS - #128
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (314) 441-3983

Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072

Code in Effect: 1993

Equipment Sequence: 1

Key Location: DESK

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for March: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 AMERICAN TESTING & INSPECTION SER
 ATTN: ATIS CERTIFICATION MANAGEMENT
 600 EMERSON RD, SUITE 225
 ST LOUIS, MO 63141

Building Location:
 DICK'S SPORTING GOODS - #128
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (314) 441-3983
 Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072
Equipment Sequence: 2
Elevator Type: Escalator
Inspections for March: **Periodic**

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

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

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

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Owner / Agent:

AMERICAN TESTING & INSPECTION SER
ATTN: ATIS CERTIFICATION MANAGEMENT
600 EMERSON RD, SUITE 225
ST LOUIS, MO 63141

Building Location:

DICK'S SPORTING GOODS - #128
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (314) 441-3983

Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072

Code in Effect: 1993

Equipment Sequence: 3

Key Location: DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for March: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AMERICAN TESTING & INSPECTION SER
ATTN: ATIS CERTIFICATION MANAGEMENT
600 EMERSON RD, SUITE 225
ST LOUIS, MO 63141

Building Location:
DICK'S SPORTING GOODS - #128
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (314) 441-3983
Email: DSG@ATIS.COM

Elevator Location ID: ELVLOC-2003-01072
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WILLIAMS-SONOMA INC.
ATTN: LESLIE NYLAND
753 DAVIS ST.
SAN FRANCISCO, CA 94111

Building Location:
POTTERY BARN - #732 - SPTC
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (415) 214-5747
Email: LNYLAND@WSGC.COM

Elevator Location ID:	ELVLOC-2003-01081	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CRATE & BARREL
 ATTN: TYLER STENTON
 1250 TECHNY RD
 NORTHBROOK, IL 60062

Building Location:
 CRATE & BARREL
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (847) 239-6791
 Email: tstenton@crateandbarrel.com

Elevator Location ID: ELVLOC-2003-01082
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CRATE & BARREL
 ATTN: TYLER STENTON
 1250 TECHNY RD
 NORTHBROOK, IL 60062

Building Location:
 CRATE & BARREL
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (847) 239-6791
 Email: tstenton@crateandbarrel.com

Elevator Location ID:	ELVLOC-2003-01082	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CRATE & BARREL
ATTN: TYLER STENTON
1250 TECHNY RD
NORTHBROOK, IL 60062

Building Location:
CRATE & BARREL
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (847) 239-6791
Email: tstenton@crateandbarrel.com

Elevator Location ID:	ELVLOC-2003-01082	Code in Effect:	1993
Equipment Sequence:	3	Key Location:	OFFICE
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CRATE & BARREL
ATTN: TYLER STENTON
1250 TECHNY RD
NORTHBROOK, IL 60062

Building Location:
CRATE & BARREL
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (847) 239-6791
Email: tstenton@crateandbarrel.com

Elevator Location ID: ELVLOC-2003-01082 **Code in Effect:** 1993
Equipment Sequence: 4 **Key Location:** OFFICE
Elevator Type: Escalator **Alarm Status:** Not Alarmed
Inspections for March: **Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CHILD CARE DEV. CENTER @ WYNDHAM
ATTN: PAIGE KEPNER
1206 ROTHESAY CIR
RICHMOND, VA 23221

Building Location:
CHILD CARE DEV. CENTER @ WYNDHAM
11601 NUCKOLS RD
GLEN ALLEN, VA 23059

Phone: (804) 360-8400
Email: pkepner@cdcwschool.com

Elevator Location ID:	ELVLOC-2003-01088	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	ADMINISTRATOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for March:	Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHORT PUMP SIMPLY STORAGE
 ATTN: TERRY SMIT
 4475 POUNCEY TRACT RD
 GLEN ALLEN, VA 23059

Building Location:
 SHORT PUMP SIMPLY STORAGE
 4475 POUNCEY TRACT RD
 RICHMOND, VA 23235

Phone: (804) 360-7920
 Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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



County of Henrico, Virginia
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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:
SHORT PUMP SIMPLY STORAGE
ATTN: TERRY SMIT
4475 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:
SHORT PUMP SIMPLY STORAGE
4475 POUNCEY TRACT RD
RICHMOND, VA 23235

Phone: (804) 360-7920
Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 2010
Key Location: MGR. 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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHORT PUMP SIMPLY STORAGE
ATTN: TERRY SMIT
4475 POUNCEY TRACT RD
GLEN ALLEN, VA 23059

Building Location:
SHORT PUMP SIMPLY STORAGE
4475 POUNCEY TRACT RD
RICHMOND, VA 23235

Phone: (804) 360-7920
Email: shortpump@simplystorage.com

Elevator Location ID: ELVLOC-2003-01109
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHORT PUMP SIMPLY STORAGE
 ATTN: TERRY SMIT
 4475 POUNCEY TRACT RD
 GLEN ALLEN, VA 23059

Building Location:
 SHORT PUMP SIMPLY STORAGE
 4475 POUNCEY TRACT RD
 RICHMOND, VA 23235

Phone: (804) 360-7920
 Email: shortpump@simplystorage.com

Elevator Location ID:	ELVLOC-2003-01109	Code in Effect:	2010
Equipment Sequence:	4	Key Location:	MGR. OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic		

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ORVIS
 ATTN: RICHARD BARLOW
 11800 W BROAD ST
 HENRICO, VA 23233

Building Location:
 ORVIS
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9500
 Email: richard.barlow@brookfieldpropertie

Elevator Location ID: ELVLOC-2005-01177
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

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

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

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

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

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:
DARBY HOUSE SENIOR APTS
ATTN: SAMANTHA JESSUP
1400 SHIRLEYDALE AVE
HENRICO, VA 23231

Building Location:
DARBY HOUSE SENIOR APTS
1400 SHIRLEYDALE AVE
HENRICO, VA 23231

Phone: (804) 236-8382
Email: manager502@habitatamerica.com

Elevator Location ID: ELVLOC-2006-01200
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 1996
Key Location: LOCKBOX ,FRONT OF BL
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



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:

DARBY HOUSE SENIOR APTS
ATTN: SAMANTHA JESSUP
1400 SHIRLEYDALE AVE
HENRICO, VA 23231

Building Location:

DARBY HOUSE SENIOR APTS
1400 SHIRLEYDALE AVE
HENRICO, VA 23231

Phone: (804) 236-8382

Email: manager502@habitatamerica.com

Elevator Location ID: ELVLOC-2006-01200

Code in Effect: 1996

Equipment Sequence: 2

Key Location: LOCKBOX ,FRONT OF BL

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD - LAUREL BLDG.
1940 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2006-01203	Code in Effect:	1996
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LAKEWOOD
ATTN: FRANK SIMAL
1900 LAUDERDALE DR
HENRICO, VA 23238

Building Location:
LAKEWOOD - DOGWOOD BLDG.
1950 LAUDERDALE DR
HENRICO, VA 23238-3933

Phone: (804) 521-9241
Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2006-01204	Code in Effect:	1996
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD - LINDEN BLDG.
 1960 LAUDERDALE DR
 HENRICO, VA 23238-3933

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2006-01205 **Code in Effect:** 1996
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic, Category 1**

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

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

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

BROWN DISTRIBUTING COMPANY
ATTN: JASON SPENCER
7986 VILLA PARK DRIVE
HENRICO, VA 23228

Building Location:

BROWN DISTRIBUTING CO
7986 VILLA PARK DR
HENRICO, VA 23228-6506

Phone: (804) 553-1520

Email: jason.spencer@brown.com

Elevator Location ID: ELVLOC-2007-01272

Code in Effect: 2000

Equipment Sequence: 1

Key Location: ROOM 126

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for March: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COMFORT SUITES
 ATTN: SCOTT CHASTEEN
 10601 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Building Location:
 COMFORT SUITES
 10601 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Phone: (804) 262-2000
 Email: mayush@jphospitality.com

Elevator Location ID:	ELVLOC-2007-01283	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Periodic, Category 1		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COMFORT SUITES
 ATTN: SCOTT CHASTEEN
 10601 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Building Location:
 COMFORT SUITES
 10601 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Phone: (804) 262-2000
 Email: mayush@jphospitality.com

Elevator Location ID: ELVLOC-2007-01283
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ETHAN ALLEN
 ATTN: ANDREW STARK
 12000 W BROAD ST
 HENRICO, VA 23233

Building Location:
 ETHAN ALLEN
 12000 W BROAD ST
 HENRICO, VA 23233-7689

Phone: (804) 360-1530
 Email: andrew.stark@ethanallen.com

Elevator Location ID: ELVLOC-2007-01284
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2004
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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FOREST AVENUE OFFICE LLC
 ATTN: LISA HARRIS
 6641 W BROAD ST SUITE 100
 HENRICO, VA 23230

Building Location:
 REYNOLDS CROSSING BLDG 1
 6641 W BROAD ST
 HENRICO, VA 23230-1700

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

Elevator Location ID: ELVLOC-2007-01302
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2000
Key Location: FIRE COMMAND CTR.
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:
FOREST AVENUE OFFICE LLC
ATTN: LISA HARRIS
6641 W BROAD ST SUITE 100
HENRICO, VA 23230

Building Location:
REYNOLDS CROSSING BLDG 1
6641 W BROAD ST
HENRICO, VA 23230-1700

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

Elevator Location ID: ELVLOC-2007-01302
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: FIRE COMMAND CTR.
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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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:
FOREST AVENUE OFFICE LLC
ATTN: LISA HARRIS
6641 W BROAD ST SUITE 100
HENRICO, VA 23230

Building Location:
REYNOLDS CROSSING BLDG 1
6641 W BROAD ST
HENRICO, VA 23230-1700

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

Elevator Location ID: ELVLOC-2007-01302
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: FIRE COMMAND CTR.
Alarm Status: Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CANDLEWOOD SUITES
ATTN: PAYYAB ALI
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Building Location:
CANDLEWOOD SUITES
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Phone: (804) 262-2240
Email:

Elevator Location ID: ELVLOC-2008-01310
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CANDLEWOOD SUITES
ATTN: PAYYAB ALI
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Building Location:
CANDLEWOOD SUITES
10609 TELEGRAPH RD
GLEN ALLEN, VA 23059

Phone: (804) 262-2240
Email:

Elevator Location ID: ELVLOC-2008-01310
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

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

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

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

Inspection / Test Results
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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:
HART HEALTHCARE FOREST MOB
ATTN: WES NEWCOME
1802 BAYBERRY CT SUITE 201
RICHMOND, VA 23226

Building Location:
HART HEALTHCARE - FOREST M.O.B.
7611 FOREST AVE
HENRICO, VA 23229

Phone: (276) 237-4298
Email: wes.newcome@cbre.com

Elevator Location ID: ELVLOC-2008-01361

Code in Effect: 2000

Equipment Sequence: 1

Key Location: FIRE BOX @SOUTH DOOR

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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 Department of Building Construction and Inspections
 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:
 HART HEALTHCARE FOREST MOB
 ATTN: WES NEWCOME
 1802 BAYBERRY CT SUITE 201
 RICHMOND, VA 23226

Building Location:
 HART HEALTHCARE - FOREST M.O.B.
 7611 FOREST AVE
 HENRICO, VA 23229

Phone: (276) 237-4298
 Email: wes.newcome@cbre.com

Elevator Location ID: ELVLOC-2008-01361
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: FIRE BOX @SOUTH 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
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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:
HART HEALTHCARE FOREST MOB
ATTN: WES NEWCOME
1802 BAYBERRY CT SUITE 201
RICHMOND, VA 23226

Building Location:
HART HEALTHCARE - FOREST M.O.B.
7611 FOREST AVE
HENRICO, VA 23229

Phone: (276) 237-4298
Email: wes.newcome@cbre.com

Elevator Location ID: ELVLOC-2008-01361
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2000
Key Location: FIRE BOX @SOUTH 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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 HAMPTON INN INTERNATIONAL AIRPORT
 421 INTERNATIONAL CENTRE DR
 SANDSTON, VA 23150

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

Elevator Location ID:	ELVLOC-2008-01369	Code in Effect:	2004/5
Equipment Sequence:	1	Key Location:	FRT. DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 5, Category 1, Periodic		

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 HAMPTON INN INTERNATIONAL AIRPORT
 421 INTERNATIONAL CENTRE DR
 SANDSTON, VA 23150

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

Elevator Location ID:	ELVLOC-2008-01369	Code in Effect:	2004/5
Equipment Sequence:	2	Key Location:	FRT. DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for March:	Category 1, Category 5, Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MOUNT VERNON BAPTIST CHURCH
 ATTN: TED MILBY
 11220 NUCKOLS RD
 GLEN ALLEN, VA 23059-5501

Building Location:
 MOUNT VERNON BAPTIST CHURCH
 11220 NUCKOLS RD
 GLEN ALLEN, VA 23059

Phone: (804) 885-9790
 Email: tmilby@mvbcnw.org

Elevator Location ID: ELVLOC-2009-01418 **Code in Effect:** 2004
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic, Category 1**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MOUNT VERNON BAPTIST CHURCH
 ATTN: TED MILBY
 11220 NUCKOLS RD
 GLEN ALLEN, VA 23059-5501

Building Location:
 MOUNT VERNON BAPTIST CHURCH
 11220 NUCKOLS RD
 GLEN ALLEN, VA 23059

Phone: (804) 885-9790
 Email: tmilby@mvbknow.org

Elevator Location ID: ELVLOC-2009-01418 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic, Category 1**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COMMONWEALTH COMMERCIAL PARTNERS
ATTN: CHRIS WELLS
PO BOX 71150
RICHMOND, VA 23255

Building Location:

COMMUNITY CARE NETWORK OF VA.
3831 WESTERRE PKWY
HENRICO, VA 23233

Phone: (804) 220-1587
Email: cwells@commonwealthcommercial.

Elevator Location ID: ELVLOC-2010-01483
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Category 1, Periodic**

Code in Effect: 2005
Key Location:
Alarm Status:

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 H & M
 ATTN: STEVEN NATER
 11800 W BROAD ST SUITE 1012
 HENRICO, VA 23233

Building Location:
 H & M
 11800 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (804) 364-9949
 Email: benhsi898@yahoo.com

Elevator Location ID:	ELVLOC-2011-01487	Code in Effect:	2004/2005
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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

**County of Henrico, Virginia**

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SBCV HOLDINGS LLC
ATTN: ANDREW PEGRAM
4956 DOMINIOM BLVD
GLEN ALLEN, VA 23060

Building Location:
DOMINION PLACE CONDOS - BLD H
4956 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 270-1848
Email: apeggram@sbcv.org

Elevator Location ID: ELVLOC-2011-01504
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 2005
Key Location: BLDG. ENGR.
Alarm Status: Not Alarmed

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE RMR GROUP
 ATTN: LINDA PRICE
 1950 E PARHAM RD STE 200
 HENRICO, VA 23228

Building Location:
 PARHAM PLACE III
 1950 E PARHAM RD
 HENRICO, VA 23228

Phone: (804) 527-0718
 Email: lprice@rmrgroup.com

Elevator Location ID: ELVLOC-2012-01574 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

MONUMENT SQUARE CLUBHOUSE
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905
Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2012-01576 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DISCOVERY SENIOR LIVING
 ATTN: OFFICE OF THE DIRECTOR
 2422 UNIVERSITY PARK BLVD
 HENRICO, VA 23233

Building Location:
 UNIVERSITY PARK ASSISTED LIVING
 2422 PEMBERTON RD
 HENRICO, VA 23233-2006

Phone: (804) 554-1555
 Email: dweihe@discoveryvillages.com

Elevator Location ID: ELVLOC-2012-01586
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2005
Key Location: desk
Alarm Status: alarm

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

DISCOVERY SENIOR LIVING
ATTN: OFFICE OF THE DIRECTOR
2422 UNIVERSITY PARK BLVD
HENRICO, VA 23233

Building Location:

UNIVERSITY PARK ASSISTED LIVING
2422 PEMBERTON RD
HENRICO, VA 23233-2006

Phone: (804) 554-1555

Email: dweihe@discoveryvillages.com

Elevator Location ID: ELVLOC-2012-01586

Code in Effect: 2005

Equipment Sequence: 2

Key Location: desk

Elevator Type: Hydraulic Elevator

Alarm Status: alarm

Inspections for March: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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

Owner / Agent:
 BROWNGREER PLC
 ATTN: JOHN BATES
 250 ROCKETTS WAY
 RICHMOND, VA 23231

Building Location:
 CEDAR WORKS II @ ROCKETTS LANDING
 250 ROCKETTS WAY
 HENRICO, VA 23231

Phone: (804) 521-7200
 Email: jbbates@browngreer.com

Elevator Location ID: ELVLOC-2013-01610 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **Category 1, Periodic**

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

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

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TUCKAHOE PRESBYTERIAN
ATTN: LUCKY WRONIEWICZ
7000 PARK AVE
RICHMOND, VA 23226

Building Location:
TUCKAHOE PRESBYTERIAN
7000 PARK AVE
HENRICO, VA 23226

Phone: (804) 282-2860
Email: office@tuckahoe-pres.org

Elevator Location ID:	ELVLOC-2013-01656	Code in Effect:	2007
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Category 1, Periodic		

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MONUMENT SQUARE CONDO ASSN
 ATTN: MARY SINGER
 275 FINIAL AVE.
 HENRICO, VA 23226

Building Location:
 MONUMENT SQUARE CONDO. BLDG 3 -
 5217 MONUMENT AVE
 275 FINIAL AVE
 HENRICO, VA 23226

Phone: (804) 288-3905
 Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2013-01657
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic**

Code in Effect: 2007
Key Location:
Alarm Status:

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

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

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



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ROCK BOTTOM BREWERY
ATTN: RICHARD BARLOW
11800 W. BROAD ST.
RICHMOND, VA. , VA 23233

Building Location:
ROCK BOTTOM BREWERY
11800 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-9500
Email: richard.barlow@bpetail.com

Elevator Location ID: ELVLOC-2014-01677 **Code in Effect:** 2009
Equipment Sequence: 1 **Key Location:**
Elevator Type: Escalator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GUMENICK PROPERTIES
ATTN: ADAM JOHNSTON
4901 LIBBIE MILL EAST BLVD UNIT 200
RICHMOND, VA 23230

Building Location:
LIBBIE MILL - BLDG A
4901 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Phone: (804) 288-0011
Email: ajohnston@gumprop.com

Elevator Location ID: ELVLOC-2014-01701 **Code in Effect:** 2009
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CABELA'S
 ATTN: REGINA TURNER
 5000 CABELA DR
 HENRICO, VA 23233

Building Location:
 CABELA'S
 5000 CABELA DR
 HENRICO, VA 23233-7601

Phone: (804) 340-7350
 Email: regina.turner@cabelas.com

Elevator Location ID: ELVLOC-2015-01752
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

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
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 CHASE BANK
 ATTN: JENNIFER SHANKO
 11720 W BROAD ST
 HENRICO, VA 23233

Building Location:
 CHASE BANK
 11720 W BROAD ST
 HENRICO, VA 23233-1005

Phone: (202) 437-6133
 Email: jennifer.shanko@jpmorganchase.c

Elevator Location ID:	ELVLOC-2016-01771	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

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

Inspection / Test Results
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P.O. Box 90775
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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 2
5209 MONUMENT AVE #2A
HENRICO, VA 23226

Phone: (804) 288-3905
Email: msinger@communitygroup.com

Elevator Location ID:	ELVLOC-2016-01780	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LIBERTY PROPERTY LP
ATTN: JOHN LOHR
5800 TECHNOLOGY BLVD
SANDSTON, VA 23150

Building Location:
ASSOCIATED DISTRIBUTORS
5800 TECHNOLOGY BLVD
SANDSTON, VA 23150

Phone: (757) 323-3739
Email: jlohr@breakthrubev.com

Elevator Location ID: ELVLOC-2016-01783 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH COMMERCIAL
ATTN: STACY Delgado
PO Box 71150
RICHMOND, VA 23255

Building Location:
VA WOMENS CENTER
12129 GRAHAM MEADOWS DR
HENRICO, VA 23233-6661

Phone: (804) 433-1831
Email: SDELGADO@COMMONWEALTHCOM

Elevator Location ID: ELVLOC-2016-01794 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **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:
 CBRE
 ATTN: MELISSA PAGE
 7650 E PARHAM RD STE 225
 HENRICO, VA 23294

Building Location:
 SARAH CANNON CANCER INSTITUTE
 7607 FOREST AVE
 HENRICO, VA 23229

Phone: (804) 967-5447
 Email: melissa.page@cbre.com

Elevator Location ID:	ELVLOC-2017-01828	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE
ATTN: MELISSA PAGE
7650 E PARHAM RD STE 225
HENRICO, VA 23294

Building Location:
SARAH CANNON CANCER INSTITUTE
7607 FOREST AVE
HENRICO, VA 23229

Phone: (804) 967-5447
Email: melissa.page@cbre.com

Elevator Location ID: ELVLOC-2017-01828 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **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:

WILTON COMPANIES, INC
ATTN: WILLIAM SMITH
4901 DICKENS RD STE 100
RICHMOND, VA 23230-1952

Building Location:

WILTON COMPANIES, INC
4909 DICKENS RD
HENRICO, VA 23230

Phone: (804) 317-9530
Email: billy@thewiltonco.com

Elevator Location ID:	ELVLOC-2017-01861	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EXTRA SPACE STORAGE
 ATTN: JOSEPH LEWIS
 1790 DABNEY ROAD
 RICHMOND, VA 23230

Building Location:
 EXTRA SPACE STORAGE
 1790 DABNEY RD
 HENRICO, VA 23230

Phone: (804) 767-4411
 Email: fac7338@extraspaces.com

Elevator Location ID:	ELVLOC-2018-01924	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EXTRA SPACE STORAGE
 ATTN: JOSEPH LEWIS
 1790 DABNEY ROAD
 RICHMOND, VA 23230

Building Location:
 EXTRA SPACE STORAGE
 1790 DABNEY RD
 HENRICO, VA 23230

Phone: (804) 767-4411
 Email: fac7338@extraspace.com

Elevator Location ID:	ELVLOC-2018-01924	Code in Effect: 2010
Equipment Sequence:	2	Key Location:
Elevator Type:	Hydraulic Elevator	Alarm Status:
Inspections for March:	Periodic	

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD MANOR - ORCHARD BLD.
 1970 LAUDERDALE DR
 HENRICO, VA 23238-3941

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID:	ELVLOC-2018-01979	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for March:	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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LAKEWOOD
 ATTN: FRANK SIMAL
 1900 LAUDERDALE DR
 HENRICO, VA 23238

Building Location:
 LAKEWOOD MANOR - GROVE BLD.
 1980 LAUDERDALE DR
 HENRICO, VA 23238-3941

Phone: (804) 521-9241
 Email: fsimal@lakewoodwestend.org

Elevator Location ID: ELVLOC-2018-01980 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **Category 5, Category 1, Periodic**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TOP GOLF RICHMOND
ATTN: DAVID HORTON
2308 WESTWOOD AVE
RICHMOND, VA 23230

Building Location:
TOP GOLF
2308 WESTWOOD AVE
HENRICO, VA 23230

Phone: (804) 533-4124
Email: david.horton@topgolf.com

Elevator Location ID: ELVLOC-2019-02005
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for March: Periodic

Code in Effect: 2010
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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 TOP GOLF RICHMOND
 ATTN: DAVID HORTON
 2308 WESTWOOD AVE
 RICHMOND, VA 23230

Building Location:
 TOP GOLF
 2308 WESTWOOD AVE
 HENRICO, VA 23230

Phone: (804) 533-4124
 Email: david.horton@topgolf.com

Elevator Location ID: ELVLOC-2019-02005
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for March: **Periodic**

Code in Effect: 20109
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SCOUT DEVELOPMENT LLC
ATTN: CAROLINA MAXWELL
6200 TECHNOLOGY BLVD
Sandston, VA 23150

Building Location:

RVA FACEBOOK 3
6260 TECHNOLOGY BLVD
SANDSTON, VA 23150

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

Elevator Location ID:	ELVLOC-2020-02107	Code in Effect:	2013
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for March:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 RAILEY HILL ASSOCIATES LLC
 ATTN: ALEX IWASHNYA
 2610 GASKINS RD #B
 HENRICO, VA 23233

Building Location:
 DR IWASHNYA
 2610 GASKINS RD #B
 HENRICO, VA 23233

Phone: (804) 548-4700
 Email: help@acornpeds.com

Elevator Location ID: ELVLOC-2020-02153
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for March: **Periodic, Category 1**

Code in Effect: 2013
Key Location:
Alarm Status:

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 5711 STAPLES MILL LLC
 ATTN: PLEASE PROVIDE A CONTACT NAME
 3001 CUTSHAW AVE
 HENRICO, VA 23228

Building Location:
 FETCH A CURE
 5711 STAPLES MILL RD
 HENRICO, VA 23228

Phone:
 Email:

Elevator Location ID:	ELVLOC-2022-000028	Code in Effect:	2013
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for March:	Periodic, Category 1		

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

MILLSPRING COMMONS APARTMENTS LLC
 ATTN: MILLSPRING COMMONS APARTMENTS LLC
 70 PINE ST UNIT 720
 NEW YORK, NY 10005

Building Location:

Woodman Road Apartments Bldg 1
 9601 BEEKMAN LN
 HENRICO, VA 23228

Phone:

Email:

Elevator Location ID: ELVLOC-2023-000054 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for March: **Periodic**

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

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

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

**County of Henrico, Virginia**

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

MILLSPRING COMMONS APARTMENTS LLC
 ATTN: MILLSPRING COMMONS APARTMENTS LLC
 70 PINE ST UNIT 720
 NEW YORK, NY 10005

Building Location:

Woodman Road Apartments Bldg 1
 9601 BEEKMAN LN
 HENRICO, VA 23228

Phone:

Email:

Elevator Location ID: ELVLOC-2023-000054**Code in Effect:** 2013**Equipment Sequence:** 2**Key Location:****Elevator Type:** Electric Elevator**Alarm Status:****Inspections for March:** **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
