



**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 RIC HOSPITALITY LC  
ATTN: OMAR ANSARI  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**  
HOMEWOOD SUITES  
5996 AUDUBON DR  
SANDSTON, VA 23150

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

**Elevator Location ID:** ELVLOC-2001-00009  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

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

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

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

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

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

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

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

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

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

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



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

**Building Location:**  
HOMEWOOD SUITES  
5996 AUDUBON DR  
SANDSTON, VA 23150

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

**Elevator Location ID:** ELVLOC-2001-00009  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 E A CRUMP NURSING HOME  
 ATTN: ANDRE HILL  
 3600 MOUNTAIN RD  
 GLEN ALLEN, VA 23060

**Building Location:**  
 E A CRUMP NURSING HOME  
 3600 MOUNTAIN RD  
 GLEN ALLEN, VA 23060

Phone: (804) 672-8725  
 Email: ahill@eacrumprehab.com

**Elevator Location ID:** ELVLOC-2001-00106  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**Code in Effect:** 1978  
**Key Location:** MAINT. DEPT.  
**Alarm Status:** Not Alarmed

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

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

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

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**Owner / Agent:**

RNA W BROAD LLC  
ATTN: MIKE JAMES  
6641 W BROAD ST SUITE 101  
RICHMOND, VA 23230

**Building Location:**

RNA DAVITA  
7001 W BROAD ST  
HENRICO, VA 23294

Phone: (804) 237-8423

Email: [mike.james@colliers.com](mailto:mike.james@colliers.com)

**Elevator Location ID:** ELVLOC-2001-00208

**Code in Effect:** 1968/2012

**Equipment Sequence:** 1

**Key Location:** OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for May:** **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:**  
 NAVY FEDERAL CREDIT UNION  
 ATTN: KEN DWYER  
 5445 GLENSIDE DR  
 HENRICO, VA 23228

**Building Location:**  
 NAVY FEDERAL CREDIT UNION  
 5445 GLENSIDE DR  
 HENRICO, VA 23228-3900

Phone: (804) 718-6633  
 Email: rchm-bod@navyfederal.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00233	<b>Code in Effect:</b>	1990
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	BRANCH MGR. DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic, Category 1</b>		

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

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

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

**Owner / Agent:**  
GOLDS PLAZA LLC  
ATTN: ACCOUNTS PAYABLE  
1180 SEMINOLE TRL STE 105  
CHARLOTTESVILLE, VA 22901

**Building Location:**  
GOLD'S GYM PLAZA @ WEST TOWER  
8904 W BROAD ST  
HENRICO, VA 23294

Phone: (804) 968-4653  
Email: reginan@sugaroak.com

**Elevator Location ID:** ELVLOC-2001-00243  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

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

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

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

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

**Owner / Agent:**  
AMPAK PROPERTIES  
ATTN: S.K. NIAZI  
4906 CUTSHAW AVE SUITE 105  
RICHMOND, VA 23230

**Building Location:**  
CUTSHAW OFFICE ASSOCIATES  
4906 CUTSHAW AVE  
HENRICO, VA 23230

Phone: (804) 387-2541  
Email: riteway550@aol.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00260	<b>Code in Effect:</b>	1971/2007
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	KEYBOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic, Category 1</b>		

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

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

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**Owner / Agent:**  
 EXTRA SPACE STORAGE  
 ATTN: HEATHER WASHINGTON  
 6100 W BROAD ST SUITE A  
 RICHMOND, VA 23230

**Building Location:**  
 EXTRA SPACE STORAGE  
 6100 W BROAD ST  
 HENRICO, VA 23230

Phone: (804) 282-7263  
 Email: fac1325@extraspaces.com

**Elevator Location ID:** ELVLOC-2001-00291  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** FRONT DESK  
**Alarm Status:** Alarmed

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

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

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

**Owner / Agent:**  
EXTRA SPACE STORAGE  
ATTN: HEATHER WASHINGTON  
6100 W BROAD ST SUITE A  
RICHMOND, VA 23230

**Building Location:**  
EXTRA SPACE STORAGE  
6100 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 282-7263  
Email: fac1325@extraspaces.com

**Elevator Location ID:** ELVLOC-2001-00291  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**Code in Effect:** 1993  
**Key Location:** FRONT DESK  
**Alarm Status:** Alarmed

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

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

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

**Owner / Agent:**  
 C.L.M. LLC.  
 ATTN: CHARLES KRUMBEIN  
 9701 Old Dell Trace  
 RICHMOND, VA 23238

**Building Location:**  
 VILLAGE BANK  
 1650 WILLOW LAWN DR  
 HENRICO, VA 23230

Phone: (804) 673-4358  
 Email: charlesh@krumbein.com

**Elevator Location ID:** ELVLOC-2001-00310  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1984  
**Key Location:** CHARLES KRUMBEIN  
**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:**  
 MISSY BELLAMY  
 ATTN: MISSY BELLAMY  
 208 E MAIN ST  
 ABINGDON, VA 24210

**Building Location:**  
 MAYLAND PROFESSIONAL BLDG  
 8550 MAYLAND DR  
 HENRICO, VA 23294

Phone: (276) 623-4419  
 Email: mbellamy@pennstuart.com

**Elevator Location ID:** ELVLOC-2001-00387  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1978  
**Key Location:** RECPT. DESK  
**Alarm Status:** Not Alarmed

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

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

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

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**Owner / Agent:**

WEST END ASSEMBLY OF GOD  
ATTN: KENT WEBB  
401 PARHAM RD  
HENRICO, VA 23229

**Building Location:**

WEST END ASSEMBLY OF GOD  
401 N PARHAM RD  
HENRICO, VA 23229

Phone: (804) 740-7042  
Email: kent@weag.org

**Elevator Location ID:** ELVLOC-2001-00392  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **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  
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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 4915 PARTNERS LLC  
 ATTN: DAVE COLBERT  
 P.O. BOX 36774  
 CHARLOTTE, NC 28236

**Building Location:**  
 RADFORD BUILDING  
 4915 RADFORD AVE  
 HENRICO, VA 23230

Phone: (804) 793-0057  
 Email: dave.colbert@commonwealthcomm

<b>Elevator Location ID:</b>	ELVLOC-2001-00501	<b>Code in Effect:</b>	1955/2015
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	KEY BOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

**Owner / Agent:**  
4915 PARTNERS LLC  
ATTN: DAVE COLBERT  
P.O.BOX 36774  
CHARLOTTE, NC 28236

**Building Location:**  
RADFORD BUILDING  
4915 RADFORD AVE  
HENRICO, VA 23230

Phone: (804) 793-0057  
Email: dave.colbert@commonwealthcomm

**Elevator Location ID:** ELVLOC-2001-00501      **Code in Effect:** 1955/2015  
**Equipment Sequence:** 2      **Key Location:** KEY BOX  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** **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:**  
 FAREVA  
 ATTN: SHANE HORNE  
 2248 DARBYTOWN RD  
 HENRICO, VA 23231

**Building Location:**  
 FAREVA  
 2248 DARBYTOWN RD  
 HENRICO, VA 23231

Phone:  
 Email: shorne.richmond@fareva.com

**Elevator Location ID:** ELVLOC-2001-00650  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**Code in Effect:** 1990  
**Key Location:** JOE MORRELL  
**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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**County of Henrico, Virginia**

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAREVA  
ATTN: SHANE HORNE  
2248 DARBYTOWN RD  
HENRICO, VA 23231

**Building Location:**

FAREVA  
2248 DARBYTOWN RD  
HENRICO, VA 23231

Phone:

Email: shorne.richmond@fareva.com

**Elevator Location ID:** ELVLOC-2001-00650

**Code in Effect:** 1990

**Equipment Sequence:** 2

**Key Location:** JOE MORRELL

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

FAREVA  
 ATTN: SHANE HORNE  
 2248 DARBYTOWN RD  
 HENRICO, VA 23231

**Building Location:**

FAREVA  
 2248 DARBYTOWN RD  
 HENRICO, VA 23231

Phone:

Email: shorne.richmond@fareva.com

**Elevator Location ID:** ELVLOC-2001-00650  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** Category 1, Periodic

**Code in Effect:** 1990  
**Key Location:** JOE MORRELL  
**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 FAREVA  
 ATTN: SHANE HORNE  
 2248 DARBYTOWN RD  
 HENRICO, VA 23231

**Building Location:**  
 FAREVA  
 2248 DARBYTOWN RD  
 HENRICO, VA 23231

Phone:  
 Email: shorne.richmond@fareva.com

**Elevator Location ID:** ELVLOC-2001-00650      **Code in Effect:** 1990  
**Equipment Sequence:** 4      **Key Location:** JOE MORRELL  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:**      **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:**  
 FAREVA  
 ATTN: SHANE HORNE  
 2248 DARBYTOWN RD  
 HENRICO, VA 23231

**Building Location:**  
 FAREVA  
 2248 DARBYTOWN RD  
 HENRICO, VA 23231

Phone:  
 Email: shorne.richmond@fareva.com

**Elevator Location ID:** ELVLOC-2001-00650      **Code in Effect:** 1993  
**Equipment Sequence:** 5      **Key Location:** JOE MORRELL  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:**      **Periodic, Category 1**

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WESTMINSTER CANTERBURY CORP  
 ATTN: DEREK OLIVER  
 1600 WESTBROOK AVE  
 RICHMOND, VA 23227

**Building Location:**  
 WESTMINSTER CANTERBURY  
 1600 WESTBROOK AVE  
 HENRICO, VA 23227-3337

Phone: (804) 264-6000  
 Email: tgross@wcrichmond.org

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 1  
**Elevator Type:** Electric Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1975/2010  
**Key Location:** SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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 ATTN: DEREK OLIVER  
 1600 WESTBROOK AVE  
 RICHMOND, VA 23227

**Building Location:**  
 WESTMINSTER CANTERBURY  
 1600 WESTBROOK AVE  
 HENRICO, VA 23227-3337

Phone: (804) 264-6000  
 Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

<b>Elevator Location ID:</b>	ELVLOC-2001-00654	<b>Code in Effect:</b>	1975/2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

<b>Elevator Location ID:</b>	ELVLOC-2001-00654	<b>Code in Effect:</b>	1975/2010
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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RICHMOND, VA 23227

**Building Location:**

WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 4  
**Elevator Type:** Electric Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1975/2010  
**Key Location:** SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: tgross@wcrichmond.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00654	<b>Code in Effect:</b>	1975/2010
<b>Equipment Sequence:</b>	5	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTMINSTER CANTERBURY CORP

ATTN: DEREK OLIVER

1600 WESTBROOK AVE

RICHMOND, VA 23227

**Building Location:**

WESTMINSTER CANTERBURY

1600 WESTBROOK AVE

HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654

**Code in Effect:** 1975

**Equipment Sequence:** 6

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for May:** **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:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 7  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1975  
**Key Location:** SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**

WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 8  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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**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:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: tgross@wcrichmond.org

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 9  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1996/2013  
**Key Location:** SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

**Owner / Agent:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 10  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1996/2013  
**Key Location:** SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**

WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654

**Code in Effect:** 1996

**Equipment Sequence:** 11

**Key Location:** SECURITY

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for May:** **Periodic**

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

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

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

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

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

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

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

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

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



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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 12  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WESTMINSTER CANTERBURY CORP  
 ATTN: DEREK OLIVER  
 1600 WESTBROOK AVE  
 RICHMOND, VA 23227

**Building Location:**  
 WESTMINSTER CANTERBURY  
 1600 WESTBROOK AVE  
 HENRICO, VA 23227-3337

Phone: (804) 264-6000  
 Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

<b>Elevator Location ID:</b>	ELVLOC-2001-00654	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	13	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WESTMINSTER CANTERBURY CORP  
 ATTN: DEREK OLIVER  
 1600 WESTBROOK AVE  
 RICHMOND, VA 23227

**Building Location:**  
 WESTMINSTER CANTERBURY  
 1600 WESTBROOK AVE  
 HENRICO, VA 23227-3337

Phone: (804) 264-6000  
 Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

<b>Elevator Location ID:</b>	ELVLOC-2001-00654	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	14	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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 Henrico, VA 23273-0775

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WESTMINSTER CANTERBURY CORP  
 ATTN: DEREK OLIVER  
 1600 WESTBROOK AVE  
 RICHMOND, VA 23227

**Building Location:**  
 WESTMINSTER CANTERBURY  
 1600 WESTBROOK AVE  
 HENRICO, VA 23227-3337

Phone: (804) 264-6000  
 Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 15  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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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:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 16  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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



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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 17  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 WESTMINSTER CANTERBURY CORP  
 ATTN: DEREK OLIVER  
 1600 WESTBROOK AVE  
 RICHMOND, VA 23227

**Building Location:**  
 WESTMINSTER CANTERBURY  
 1600 WESTBROOK AVE  
 HENRICO, VA 23227-3337

Phone: (804) 264-6000  
 Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 18  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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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:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 19  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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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:**

WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**

WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 20  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1993/2010  
**Key Location:** SECURITY  
**Alarm Status:** Not Alarmed

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

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

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

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



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

**Owner / Agent:**  
 WESTMINSTER CANTERBURY CORP  
 ATTN: DEREK OLIVER  
 1600 WESTBROOK AVE  
 RICHMOND, VA 23227

**Building Location:**  
 WESTMINSTER CANTERBURY  
 1600 WESTBROOK AVE  
 HENRICO, VA 23227-3337

Phone: (804) 264-6000  
 Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 21  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**  
WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: [tgross@wcrichmond.org](mailto:tgross@wcrichmond.org)

<b>Elevator Location ID:</b>	ELVLOC-2001-00654	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	22	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**

WESTMINSTER CANTERBURY CORP  
ATTN: DEREK OLIVER  
1600 WESTBROOK AVE  
RICHMOND, VA 23227

**Building Location:**

WESTMINSTER CANTERBURY  
1600 WESTBROOK AVE  
HENRICO, VA 23227-3337

Phone: (804) 264-6000  
Email: tgross@wcrichmond.org

**Elevator Location ID:** ELVLOC-2001-00654  
**Equipment Sequence:** 23  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
SUPER 8 MOTEL  
ATTN: SAM CHAUHAN  
5615 CHAMBERLAYNE RD  
RICHMOND, VA 23227

**Building Location:**  
SUPER 8 MOTEL  
5615 CHAMBERLAYNE RD  
HENRICO, VA 23227

Phone: (804) 262-8880  
Email: super8richmondva@gmail.com

**Elevator Location ID:** ELVLOC-2001-00655  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

**Code in Effect:** 1984  
**Key Location:** FRONT DESK  
**Alarm Status:** Not Alarmed

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 MANOR CARE HEALTH SERVICES  
 ATTN: MARSHALL GREGORY  
 2125 HILLIARD RD  
 HENRICO, VA 23228

**Building Location:**  
 MANOR CARE HEALTH SERVICES  
 2125 HILLIARD RD  
 HENRICO, VA 23228

Phone: (804) 266-9666  
 Email: mgregory@lakesidehlc.com

**Elevator Location ID:** ELVLOC-2001-00701  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1965  
**Key Location:** RECPT DESK  
**Alarm Status:** Not Alarmed

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

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

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

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**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:**  
MANOR CARE HEALTH SERVICES  
ATTN: MARSHALL GREGORY  
2125 HILLIARD RD  
HENRICO, VA 23228

**Building Location:**  
MANOR CARE HEALTH SERVICES  
2125 HILLIARD RD  
HENRICO, VA 23228

Phone: (804) 266-9666  
Email: [mgregory@lakesidehlc.com](mailto:mgregory@lakesidehlc.com)

<b>Elevator Location ID:</b>	ELVLOC-2001-00701	<b>Code in Effect:</b>	1965
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	RECPT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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



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Henrico, VA 23273-0775

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

HIGHLAND I BUILDING  
7231 FOREST AVE  
HENRICO, VA 23226

Phone: (804) 514-1029  
Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00704

**Code in Effect:** 1990

**Equipment Sequence:** 1

**Key Location:** RM.100=STEEL SERVS.

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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# Elevator Periodic Inspection and Test Report Form

---

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

HIGHLAND I BUILDING  
7231 FOREST AVE  
HENRICO, VA 23226

Phone: (804) 514-1029  
Email: [Jacob.Prince@jll.com](mailto:Jacob.Prince@jll.com)

**Elevator Location ID:** ELVLOC-2001-00704  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**Code in Effect:** 1990  
**Key Location:** RM.100=STEEL SERVS.  
**Alarm Status:** Not Alarmed

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 JLL  
 ATTN: JACOB PRINCE  
 7201 GLEN FOREST DR  
 RICHMOND, VA 23226

**Building Location:**  
 HIGHLANDS II OFFICE BLDG  
 7229 FOREST AVE  
 HENRICO, VA 23226

Phone: (804) 514-1029  
 Email: [Jacob.Prince@jll.com](mailto:Jacob.Prince@jll.com)

**Elevator Location ID:** ELVLOC-2001-00705  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1990  
**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  
 Please use a separate sheet for each elevator

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
 ATTN: JACOB PRINCE  
 7201 GLEN FOREST DR  
 RICHMOND, VA 23226

**Building Location:**

HIGHLANDS II OFFICE BLDG  
 7229 FOREST AVE  
 HENRICO, VA 23226

Phone: (804) 514-1029  
 Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00705  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1990  
**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  
 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:**  
TGC 7110 FOREST LLC  
ATTN: SUSAN POWELL  
5447 HAINES RD, #508  
ST PETERSBURG, FL 33714

**Building Location:**  
FOREST FINANCIAL BUILDING  
7110 FOREST AVE  
HENRICO, VA 23226

Phone: (804) 837-2434  
Email: susan@tgcmgt.com

**Elevator Location ID:** ELVLOC-2001-00715      **Code in Effect:** 1981  
**Equipment Sequence:** 1      **Key Location:** KEY BOX  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** **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:**  
JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**  
FOREST PLAZA II  
7275 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 514-1029  
Email: Jacob.Prince@jll.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00716	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	LOBBY LOCK BOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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



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Henrico, VA 23273-0775

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

FOREST PLAZA II  
7275 GLEN FOREST DR  
HENRICO, VA 23226

Phone: (804) 514-1029  
Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00716  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1981  
**Key Location:** LOBBY LOCK BOX  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

HILLCREST OFFICE BLDG  
1801 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 514-1029  
Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00717  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

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

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

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

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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 JLL  
 ATTN: JACOB PRINCE  
 7201 GLEN FOREST DR  
 RICHMOND, VA 23226

**Building Location:**  
 HILLCREST OFFICE BLDG  
 1801 BAYBERRY CT  
 HENRICO, VA 23226

Phone: (804) 514-1029  
 Email: Jacob.Prince@jll.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00717	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	LOBBY LOCK BOX
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic, Category 1</b>		

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

JLL  
ATTN: JACOB PRINCE  
7201 GLEN FOREST DR  
RICHMOND, VA 23226

**Building Location:**

HILLCREST OFFICE BLDG  
1801 BAYBERRY CT  
HENRICO, VA 23226

Phone: (804) 514-1029  
Email: Jacob.Prince@jll.com

**Elevator Location ID:** ELVLOC-2001-00717

**Code in Effect:** 1993

**Equipment Sequence:** 3

**Key Location:** LOBBY LOCK BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for May:** **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:**  
 COLLIERS INTERNATIONAL  
 ATTN: Carrington Parrish  
 PO BOX 13470  
 RICHMOND, VA 23225

**Building Location:**  
 I P C TECHNOLOGIES BLDG  
 7200 GLEN FOREST DR  
 HENRICO, VA 23226

Phone: (804) 741-1368  
 Email: carrington.parrish@colliers.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00723	<b>Code in Effect:</b>	1978
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	BOX ON M.R. DOOR
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Category 1, Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 VERNON NORRIS  
 ATTN: CRYSTAL MARIO  
 3009 LINCOLN AVE  
 HENRICO, VA 23228

**Building Location:**  
 VERNON NORRIS BUILDING  
 3009 LINCOLN AVE  
 HENRICO, VA 23228

Phone: (703) 229-8306  
 Email: cmario@rivannadesigns.com

**Elevator Location ID:** ELVLOC-2001-00730      **Code in Effect:** 1955  
**Equipment Sequence:** 1      **Key Location:** BREAK GLASS BOX  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** **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:**

RIVER RD PRESBYTERIAN CHURCH  
ATTN: SUSAN HOCKMAN  
8960 RIVER RD  
HENRICO, VA 23229

**Building Location:**

RIVER RD PRESBYTERIAN CHURCH  
8960 RIVER RD  
HENRICO, VA 23229

Phone: (804) 740-7083  
Email: susanhockman@rrpcusa.org

**Elevator Location ID:** ELVLOC-2001-00804  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

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

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
 THIRD CHURCH INC  
 ATTN: RUSTY GREGG  
 500 Forest Ave  
 Henrico, VA 23229

**Building Location:**  
 THIRD CHURCH INC  
 600 FOREST AVE  
 HENRICO, VA 23229

Phone: (804) 282-4645 Ext. 1226  
 Email: rustyg@thirdrva.org

**Elevator Location ID:** ELVLOC-2001-00811  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**Code in Effect:** 1988  
**Key Location:** OFFICE  
**Alarm Status:** Not Alarmed

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

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

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

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



**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:**  
SHAHEEN LAW FIRM  
ATTN: MATT RAY  
8890 THREE CHOPT RD  
HENRICO, VA 23229

**Building Location:**  
SHAHEEN & SHAHEEN BLDG.  
8890 THREE CHOPT RD  
HENRICO, VA 23229

Phone: (804) 285-6406  
Email: mray@shaheenlaw.com

**Elevator Location ID:** ELVLOC-2001-00834  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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



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Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
FVD REAL ESTATE CORP  
ATTN: CATHERINE LINGERFELT  
4198 COX RD SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**  
WESTGATE I  
100 WESTGATE PKWY  
HENRICO, VA 23233-7788

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00841	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
FVD REAL ESTATE CORP  
ATTN: CATHERINE LINGERFELT  
4198 COX RD SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**  
WESTGATE I  
100 WESTGATE PKWY  
HENRICO, VA 23233-7788

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

**Elevator Location ID:** ELVLOC-2001-00841      **Code in Effect:** 1993  
**Equipment Sequence:** 2      **Key Location:** SECURITY DESK  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** **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:**  
INNSBROOK LLC  
ATTN: CATHERINE LINGERFELT  
4198 COX RD SUITE 200  
GLEN ALLEN, VA 23060

**Building Location:**  
WESTGATE II  
200 WESTGATE PKWY  
HENRICO, VA 23233-7794

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00846	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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



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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 WESTGATE II  
 200 WESTGATE PKWY  
 HENRICO, VA 23233-7794

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

**Elevator Location ID:** ELVLOC-2001-00846      **Code in Effect:** 1993  
**Equipment Sequence:** 2      **Key Location:** SECURITY DESK  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** **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:**  
 UNITED BANK  
 ATTN: SHELBY TOLLIVER  
 9951 BROOK RD  
 GLEN ALLEN, VA 23060

**Building Location:**  
 UNITED BANK  
 9951 BROOK RD  
 GLEN ALLEN, VA 23059

Phone: (804) 262-3991

Email: shelby.tolliver@bankwithunited.co

**Elevator Location ID:** ELVLOC-2001-00857  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

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

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

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

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

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

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

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 DONEGAL INSURANCE GROUP  
 ATTN: NOLAND DEAS  
 801 VIRGINIA VILLAGE DR  
 GLEN ALLEN, VA 23059

**Building Location:**  
 DONEGAL INSURANCE BLDG.  
 801 VIRGINIA VILLAGE DR  
 GLEN ALLEN, VA 23059

Phone: (804) 266-7012  
 Email: nolanddeas@donegalgroup.com

**Elevator Location ID:** ELVLOC-2001-00862  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

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

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COLLIERS INTERNATIONAL  
ATTN: Carrington Parrish  
PO BOX 13470  
RICHMOND, VA 23225

**Building Location:**  
INNSBROOK PLACE  
5020 SADLER PL  
GLEN ALLEN, VA 23060

Phone: (804) 741-1368  
Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2001-00891  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

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

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

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

Inspection / Test Results  
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:**  
VITALITY LIVING WEST END  
ATTN: JENNIE HADEN  
1800 GASKINS RD  
HENRICO, VA 23238

**Building Location:**  
VITALITY LIVING WEST END  
1800 GASKINS RD  
HENRICO, VA 23238

Phone: (804) 741-8880  
Email: jhaden@myvitalityliving.com

**Elevator Location ID:** ELVLOC-2001-00897  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

**Owner / Agent:**  
 VITALITY LIVING WEST END  
 ATTN: JENNIE HADEN  
 1800 GASKINS RD  
 HENRICO, VA 23238

**Building Location:**  
 VITALITY LIVING WEST END  
 1800 GASKINS RD  
 HENRICO, VA 23238

Phone: (804) 741-8880  
 Email: jhaden@myvitalityliving.com

**Elevator Location ID:** ELVLOC-2001-00897  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ST MARY'S CHURCH  
 ATTN: JEFF SEACHRIST  
 9505 GAYTON RD  
 HENRICO, VA 23229

**Building Location:**  
 ST MARYS CHURCH  
 9505 GAYTON RD  
 HENRICO, VA 23229

Phone: (804) 740-4044  
 Email: jseachrist@stmarysrichmond.org

**Elevator Location ID:** ELVLOC-2001-00898  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** FIRE BOX AT L.L.  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
 THALHIMERS INC.  
 ATTN: NATHAN VAN ARSDALE  
 PO BOX 5160  
 GLEN ALLEN, VA 23058

**Building Location:**  
 WESTMARK I  
 11011 W BROAD ST  
 HENRICO, VA 23233

Phone: (804) 697-3568  
 Email: nathan.vanarsdale@thalhimer.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00900	<b>Code in Effect:</b>	1971
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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**County of Henrico, Virginia**  
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Henrico, VA 23273-0775

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
THALHIMERS INC.  
ATTN: NATHAN VAN ARSDALE  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**  
WESTMARK I  
11011 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 697-3568  
Email: nathan.vanarsdale@thalhimer.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00900	<b>Code in Effect:</b>	1971
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
THALHIMERS INC.  
ATTN: NATHAN VAN ARSDALE  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**  
WESTMARK I  
11011 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 697-3568  
Email: nathan.vanarsdale@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00900  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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



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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
THALHIMERS INC.  
ATTN: NATHAN VAN ARSDALE  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**  
WESTMARK I  
11011 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 697-3568  
Email: nathan.vanarsdale@thalhimer.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00900	<b>Code in Effect:</b>	1971
<b>Equipment Sequence:</b>	4	<b>Key Location:</b>	SECURITY
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 THALHIMERS INC.  
 ATTN: NATHAN VAN ARSDALE  
 PO BOX 5160  
 GLEN ALLEN, VA 23058

**Building Location:**  
 WESTMARK I  
 11011 W BROAD ST  
 HENRICO, VA 23233

Phone: (804) 697-3568  
 Email: nathan.vanarsdale@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00900  
**Equipment Sequence:** 5  
**Elevator Type:** Electric Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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



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

# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
REGIONAL HEADQUARTERS, INC.  
ATTN: JOHN REED  
4201 DOMINION BLVD  
GLEN ALLEN, VA 23060

**Building Location:**  
ELECTRICAL COOPERATIVES BLDG.  
4201 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 968-4013  
Email: jreed@odec.com

**Elevator Location ID:** ELVLOC-2001-00906  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
REGIONAL HEADQUARTERS, INC.  
ATTN: JOHN REED  
4201 DOMINION BLVD  
GLEN ALLEN, VA 23060

**Building Location:**  
ELECTRICAL COOPERATIVES BLDG.  
4201 DOMINION BLVD  
GLEN ALLEN, VA 23060

Phone: (804) 968-4013  
Email: jreed@odec.com

**Elevator Location ID:** ELVLOC-2001-00906  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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:**  
ACE USA BUILDING  
4198 COX RD  
GLEN ALLEN, VA 23060

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

**Elevator Location ID:** ELVLOC-2001-00908

**Code in Effect:** 1978

**Equipment Sequence:** 1

**Key Location:** BRK.GLASS KEYBOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 COLLIERS INTERNATIONAL  
 ATTN: MIKE JAMES  
 2221 EDWARD HOLLAND DR  
 SUITE 600  
 RICHMOND, VA 23230

**Building Location:**  
 BENCHMARK MORTGAGE  
 4235 INNSLAKE DR  
 GLEN ALLEN, VA 23060

Phone: (804) 796-0500  
 Email: mike.james@collier.com

<b>Elevator Location ID:</b> ELVLOC-2001-00909	<b>Code in Effect:</b> 1981
<b>Equipment Sequence:</b> 1	<b>Key Location:</b> 2ND\FL RECPT.
<b>Elevator Type:</b> Hydraulic Elevator	<b>Alarm Status:</b> Not Alarmed
<b>Inspections for May:</b> <b>Periodic</b>	

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
INDEPENDENT CONTAINER LINE  
ATTN: LISA MORGAN  
5620 COX RD  
GLEN ALLEN, VA 23060

**Building Location:**  
INDEPENDENT CONTAINER LINE  
4222 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 222-2220  
Email: [lisa.morgan@icl-ltd.com](mailto:lisa.morgan@icl-ltd.com)

**Elevator Location ID:** ELVLOC-2001-00910  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
ST MARY'S WOODS  
ATTN: JOTANYA BELTON  
1257 MARYWOOD LN  
HENRICO, VA 23229

**Building Location:**  
ST. MARYS WOODS APARTMENTS  
1257 MARYWOOD LN  
HENRICO, VA 23229

Phone: (804) 741-8624  
Email: jotanya.belton@stmaryswoods.com

**Elevator Location ID:** ELVLOC-2001-00922      **Code in Effect:** 1987  
**Equipment Sequence:** 1      **Key Location:** OFFICE  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:**      **Periodic, Category 1**

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

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

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

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**County of Henrico, Virginia**

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
ST MARY'S WOODS  
ATTN: JOTANYA BELTON  
1257 MARYWOOD LN  
HENRICO, VA 23229

**Building Location:**  
ST. MARYS WOODS APARTMENTS  
1257 MARYWOOD LN  
HENRICO, VA 23229

Phone: (804) 741-8624  
Email: jotanya.belton@stmaryswoods.com

**Elevator Location ID:** ELVLOC-2001-00922  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 MARYWOOD APARTMENTS  
 ATTN: Jason Waller  
 1261 Marywood Ln  
 Henrico, VA 23229

**Building Location:**  
 MARYWOOD APARTMENTS  
 1261 MARYWOOD LN  
 HENRICO, VA 23229

Phone: (804) 740-5567  
 Email: jwaller@marywoodapartments.org

**Elevator Location ID:** ELVLOC-2001-00923      **Code in Effect:** 1981/2013  
**Equipment Sequence:** 1      **Key Location:** OFFICE  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** **Periodic**

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

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

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

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**County of Henrico, Virginia**  
Department of Building Construction and Inspections  
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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:**  
MARYWOOD APARTMENTS  
ATTN: Jason Waller  
1261 Marywood Ln  
Henrico, VA 23229

**Building Location:**  
MARYWOOD APARTMENTS  
1261 MARYWOOD LN  
HENRICO, VA 23229

Phone: (804) 740-5567  
Email: [jwaller@marywoodapartments.org](mailto:jwaller@marywoodapartments.org)

<b>Elevator Location ID:</b>	ELVLOC-2001-00923	<b>Code in Effect:</b>	1981/2013
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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



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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 THIRD CHURCH INC  
 ATTN: VALERIE HOLLAND  
 500 FOREST AVE  
 HENRICO, VA 23229

**Building Location:**  
 THIRD CHURCH INC  
 500 FOREST AVE  
 HENRICO, VA 23229

Phone: (804) 282-4645  
 Email: finance@third.org

**Elevator Location ID:** ELVLOC-2001-00930  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**Code in Effect:** 1984  
**Key Location:** 1ST. FLOOR  
**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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:**  
ROWE PLAZA  
4510 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 433-1804  
Email: phogan@commonwealthcommercial.com

**Elevator Location ID:** ELVLOC-2001-00937      **Code in Effect:** 1984  
**Equipment Sequence:** 1      **Key Location:** ROOM 103  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:**      **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:**  
 INNSBROOK LLC  
 ATTN: CATHERINE LINGERFELT  
 4198 COX RD SUITE 200  
 GLEN ALLEN, VA 23060

**Building Location:**  
 ROWE PLAZA  
 4510 COX RD  
 GLEN ALLEN, VA 23060

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

**Elevator Location ID:** ELVLOC-2001-00937  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1984  
**Key Location:** ROOM 103  
**Alarm Status:** Not Alarmed

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
TOWNE BANK  
ATTN: JIMMY FITCH  
4501 COX RD  
GLEN ALLEN, VA 23060

**Building Location:**  
TOWNE BANK  
4501 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 249-2279  
Email: jimmy.fitch@colliers.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00947	<b>Code in Effect:</b>	1987/2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	Annette Osterbind
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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

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

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

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

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

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

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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
TOWNE BANK  
ATTN: JIMMY FITCH  
4501 COX RD  
GLEN ALLEN, VA 23060

**Building Location:**  
TOWNE BANK  
4501 COX RD  
GLEN ALLEN, VA 23060

Phone: (804) 249-2279  
Email: jimmy.fitch@colliers.com

**Elevator Location ID:** ELVLOC-2001-00947  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 THALHIMERS  
 ATTN: NATHAN VAN ARSDALE  
 PO BOX 5160  
 GLEN ALLEN, VA 23058

**Building Location:**  
 WESTMARK II  
 11013 W BROAD ST  
 HENRICO, VA 23233

Phone: (804) 648-5881  
 Email: nathan.vanarsdale@thalhimer.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00950	<b>Code in Effect:</b>	1971
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	GUARD DESK
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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**County of Henrico, Virginia**

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

**Owner / Agent:**

THALHIMERS  
ATTN: NATHAN VAN ARSDALE  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

WESTMARK II  
11013 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 648-5881

Email: nathan.vanarsdale@thalhimer.com

**Elevator Location ID:**

ELVLOC-2001-00950

**Code in Effect:** 1971

**Equipment Sequence:**

2

**Key Location:** GUARD DESK

**Elevator Type:**

Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for May:**

**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:**  
 THALHIMERS  
 ATTN: NATHAN VAN ARSDALE  
 PO BOX 5160  
 GLEN ALLEN, VA 23058

**Building Location:**  
 WESTMARK II  
 11013 W BROAD ST  
 HENRICO, VA 23233

Phone: (804) 648-5881  
 Email: nathan.vanarsdale@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00950  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1971  
**Key Location:** GUARD DESK  
**Alarm Status:** Not Alarmed

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

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

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

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Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

THALHIMERS  
ATTN: NATHAN VAN ARSDALE  
PO BOX 5160  
GLEN ALLEN, VA 23058

**Building Location:**

WESTMARK II  
11013 W BROAD ST  
HENRICO, VA 23233

Phone: (804) 648-5881

Email: nathan.vanarsdale@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00950

**Code in Effect:** 1971

**Equipment Sequence:** 4

**Key Location:** GUARD DESK

**Elevator Type:** Electric Elevator

**Alarm Status:** Not Alarmed

**Inspections for May:** **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:**  
 THALHIMERS  
 ATTN: NATHAN VAN ARSDALE  
 PO BOX 5160  
 GLEN ALLEN, VA 23058

**Building Location:**  
 WESTMARK II  
 11013 W BROAD ST  
 HENRICO, VA 23233

Phone: (804) 648-5881  
 Email: nathan.vanarsdale@thalhimer.com

**Elevator Location ID:** ELVLOC-2001-00950      **Code in Effect:** 1971  
**Equipment Sequence:** 5      **Key Location:** GUARD DESK  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:**      **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:**  
 SUNRISE SENIOR LIVING  
 ATTN: Charles Meade  
 12401 Gayton Rd.  
 Henrico, VA 23238

**Building Location:**  
 SUNRISE VILLA TUCKAHOE  
 12401 GAYTON RD  
 HENRICO, VA 23238-2291

Phone: (804) 741-1011  
 Email: tuckahoe.des@sunriseseniorliving.c

<b>Elevator Location ID:</b>	ELVLOC-2001-00960	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic, Category 1</b>		

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

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

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

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**County of Henrico, Virginia**

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
SUNRISE SENIOR LIVING  
ATTN: Charles Meade  
12401 Gayton Rd.  
Henrico, VA 23238

**Building Location:**  
SUNRISE VILLA TUCKAHOE  
12401 GAYTON RD  
HENRICO, VA 23238-2291

Phone: (804) 741-1011

Email: tuckahoe.des@sunriseseniorliving.c

**Elevator Location ID:** ELVLOC-2001-00960

**Code in Effect:** 1981

**Equipment Sequence:** 2

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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**County of Henrico, Virginia**  
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Phone: (804) 501-4360  
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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 SUNRISE SENIOR LIVING  
 ATTN: Charles Meade  
 12401 Gayton Rd.  
 Henrico, VA 23238

**Building Location:**  
 SUNRISE VILLA TUCKAHOE  
 12401 GAYTON RD  
 HENRICO, VA 23238-2291

Phone: (804) 741-1011  
 Email: tuckahoe.des@sunriseseniorliving.c

**Elevator Location ID:** ELVLOC-2001-00960      **Code in Effect:** 2004  
**Equipment Sequence:** 3      **Key Location:** FRONT DESK  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:**      **Periodic, Category 1, Category 5**

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 SUNRISE SENIOR LIVING  
 ATTN: Charles Meade  
 12401 Gayton Rd.  
 Henrico, VA 23238

**Building Location:**  
 SUNRISE VILLA TUCKAHOE  
 12401 GAYTON RD  
 HENRICO, VA 23238-2291

Phone: (804) 741-1011  
 Email: tuckahoe.des@sunriseseniorliving.c

<b>Elevator Location ID:</b>	ELVLOC-2001-00960	<b>Code in Effect:</b>	2004
<b>Equipment Sequence:</b>	4	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic, Category 1, Category 5</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
SUNRISE SENIOR LIVING  
ATTN: Charles Meade  
12401 Gayton Rd.  
Henrico, VA 23238

**Building Location:**  
SUNRISE VILLA TUCKAHOE  
12401 GAYTON RD  
HENRICO, VA 23238-2291

Phone: (804) 741-1011  
Email: tuckahoe.des@sunriseseniorliving.c

**Elevator Location ID:** ELVLOC-2001-00960      **Code in Effect:** 2004  
**Equipment Sequence:** 5      **Key Location:** FRONT DESK  
**Elevator Type:** Electric Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** **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

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**County of Henrico, Virginia**

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
BEN HUMPHREYS  
ATTN: BEN HUMPHREYS  
1129 GASKINS RD SUITE 200  
HENRICO, VA 23238

**Building Location:**  
GASKINS CENTER  
1129 GASKINS RD  
HENRICO, VA 23238

Phone: (804) 761-3857  
Email: bhumphreys@comtelcommunicatio

<b>Elevator Location ID:</b>	ELVLOC-2001-00970	<b>Code in Effect:</b>	1981
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	RMG.OFFICE\JAINT.CL.
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic, Category 1</b>		

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 SECOND BAPTIST CHURCH  
 ATTN: JOSHUA HARTGROVE  
 9614 RIVER RD  
 HENRICO, VA 23229

**Building Location:**  
 SECOND BAPTIST CHURCH  
 9614 RIVER RD  
 HENRICO, VA 23229

Phone: (804) 740-7101  
 Email: jhartgrove@secondbaptistrva.org

<b>Elevator Location ID:</b>	ELVLOC-2001-00971	<b>Code in Effect:</b>	1984
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	CHURCH OFFICE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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Phone: (804) 501-4360

Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

SECOND BAPTIST CHURCH  
ATTN: JOSHUA HARTGROVE  
9614 RIVER RD  
HENRICO, VA 23229

**Building Location:**

SECOND BAPTIST CHURCH  
9614 RIVER RD  
HENRICO, VA 23229

Phone: (804) 740-7101

Email: [jhartgrove@secondbaptistrva.org](mailto:jhartgrove@secondbaptistrva.org)

**Elevator Location ID:** ELVLOC-2001-00971

**Code in Effect:** 1993

**Equipment Sequence:** 2

**Key Location:** CHURCH OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for May:** Periodic

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

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

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

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

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

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

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

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

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



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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

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

**Building Location:**

HIGHWOODS V  
 4820 LAKE BROOK DR  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: [monique.doucette@highwoods.com](mailto:monique.doucette@highwoods.com)

**Elevator Location ID:** ELVLOC-2001-00973

**Code in Effect:** 1993/2010

**Equipment Sequence:** 1

**Key Location:** KEY BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

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# 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 V  
4820 LAKE BROOK DR  
GLEN ALLEN, VA 23060

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

**Elevator Location ID:** ELVLOC-2001-00973

**Code in Effect:** 1993/2010

**Equipment Sequence:** 2

**Key Location:** KEY BOX

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

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

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 HIGHWOODS PROPERTIES  
 ATTN: KAYLA BLAIR  
 4501 Highwoods Pkwy, Suite 400  
 GLEN ALLEN, VA 23060

**Building Location:**  
 MARKEL 4501  
 4501 HIGHWOODS PKWY  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2174  
 Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00978  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** BOX AT FRT. ENTRANCE  
**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:**  
 HIGHWOODS PROPERTIES  
 ATTN: KAYLA BLAIR  
 4501 Highwoods Pkwy, Suite 400  
 GLEN ALLEN, VA 23060

**Building Location:**  
 MARKEL 4501  
 4501 HIGHWOODS PKWY  
 GLEN ALLEN, VA 23060

Phone: (804) 290-2174  
 Email: Kayla.Blair@highwoods.com

<b>Elevator Location ID:</b>	ELVLOC-2001-00978	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	BOX AT FRT.ENTRANCE
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic, Category 1</b>		

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

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

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

**Owner / Agent:**  
HIGHWOODS PROPERTIES  
ATTN: KAYLA BLAIR  
4501 Highwoods Pkwy, Suite 400  
GLEN ALLEN, VA 23060

**Building Location:**  
MARKEL 4501  
4501 HIGHWOODS PKWY  
GLEN ALLEN, VA 23060

Phone: (804) 290-2174  
Email: Kayla.Blair@highwoods.com

**Elevator Location ID:** ELVLOC-2001-00978  
**Equipment Sequence:** 3  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

**Code in Effect:** 1993  
**Key Location:** BOX AT FRT. ENTRANCE  
**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:**

EXTENDED STAY AMERICA  
ATTN: STEVEN PATTERSON  
4231 PARK PLACE CT  
GLEN ALLEN, VA 23060

**Building Location:**

EXTENDED STAY AMERICA  
4231 PARK PLACE CT  
GLEN ALLEN, VA 23060

Phone: (804) 747-5253

Email: steve.patterson@marriott.com

**Elevator Location ID:** ELVLOC-2001-00982

**Code in Effect:** 1993

**Equipment Sequence:** 1

**Key Location:** MANAGERS OFFICE

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for May:** **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

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**Owner / Agent:**  
 EXTENDED STAY AMERICA  
 ATTN: STEVEN PATTERSON  
 4231 PARK PLACE CT  
 GLEN ALLEN, VA 23060

**Building Location:**  
 EXTENDED STAY AMERICA  
 4231 PARK PLACE CT  
 GLEN ALLEN, VA 23060

Phone: (804) 747-5253  
 Email: steve.patterson@marriott.com

**Elevator Location ID:** ELVLOC-2001-00982      **Code in Effect:** 1993  
**Equipment Sequence:** 2      **Key Location:** MANAGERS OFFICE  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** **Category 1, Periodic**

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 ESA CERT MGMT  
 ATTN: LERCH BATES  
 9780 S MERIDIAN BLVD SUITE 450  
 ENGLEWOOD, CO 80112

**Building Location:**  
 EXTENDED STAY HOTEL  
 6807 PARAGON PL  
 HENRICO, VA 23230

Phone: (303) 795-7956  
 Email: extendedstay.elevators@lerchbates

<b>Elevator Location ID:</b>	ELVLOC-2001-00985	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Category 1, Periodic</b>		

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

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
FRANKLIN COMMONS I  
5600 COX RD  
GLEN ALLEN, VA 23060

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

**Elevator Location ID:** ELVLOC-2001-00986      **Code in Effect:** 1993  
**Equipment Sequence:** 1      **Key Location:** FRONT GUARD DESK  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** 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:**  
COLLIERS INTERNATIONAL  
ATTN: JIMMY FITCH  
PO BOX 13470  
RICHMOND, VA 23225

**Building Location:**  
FRANKLIN COMMONS I  
5600 COX RD  
GLEN ALLEN, VA 23060

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

**Elevator Location ID:** ELVLOC-2001-00986  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
FRANKLIN COMMONS I  
5600 COX RD  
GLEN ALLEN, VA 23060

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

<b>Elevator Location ID:</b>	ELVLOC-2001-00986	<b>Code in Effect:</b>	1993
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	FRONT GUARD DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Category 1, Periodic</b>		

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

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

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

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

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

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

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

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

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Henrico, VA 23273-0775

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
PUBLIX SUPER MARKETS INC  
ATTN: VALERIA JACKSON  
PO BOX 32027  
LAKELAND, FL 33802-2027

**Building Location:**  
PUBLIX  
2250 JOHN ROLFE PKWY  
HENRICO, VA 23233-6913

Phone: (863) 688-7407  
Email: valeria.jackson@publix.com

**Elevator Location ID:** ELVLOC-2003-01079  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** CUSTOMER SVC. DESK  
**Alarm Status:** Not Alarmed

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

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

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

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**County of Henrico, Virginia**  
Department of Building Construction and Inspections  
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:**

PUBLIX SUPER MARKETS INC  
ATTN: VALERIA JACKSON  
PO BOX 32027  
LAKELAND, FL 33802-2027

**Building Location:**

PUBLIX  
2250 JOHN ROLFE PKWY  
HENRICO, VA 23233-6913

Phone: (863) 688-7407  
Email: [valeria.jackson@publix.com](mailto:valeria.jackson@publix.com)

**Elevator Location ID:** ELVLOC-2003-01079  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** CUSTOMER SVC. 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**  
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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:**

PUBLIX SUPER MARKETS INC  
ATTN: VALERIA JACKSON  
PO BOX 32027  
LAKELAND, FL 33802-2027

**Building Location:**

PUBLIX SUPER MARKETS #1589  
10250 STAPLES MILL RD  
GLEN ALLEN, VA 23060

Phone: (863) 688-7407  
Email: valeria.jackson@publix.com

**Elevator Location ID:** ELVLOC-2003-01096  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 1993  
**Key Location:** CUSTOMER SERVICE  
**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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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:**  
TWC HOLDINGS LLC  
ATTN: Carrington Parrish  
PO BOX 13470  
RICHMOND, VA 23225

**Building Location:**  
WILTON PARK OFFICE II  
4905 DICKENS RD  
HENRICO, VA 23230

Phone: (804) 741-1368  
Email: carrington.parrish@colliers.com

**Elevator Location ID:** ELVLOC-2008-01317  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**Code in Effect:** 2000  
**Key Location:** LOCKBOX ON 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: \_\_\_\_\_

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:**  
 MID ATLANTIC MGT. CO  
 ATTN: KARI FORDEN  
 2800 PATTERSON AVE SUITE 101  
 RICHMOND, VA 23221

**Building Location:**  
 WILLOW LAWN CENTER  
 1700 WILLOW LAWN DR  
 HENRICO, VA 23230

Phone: (804) 419-0752  
 Email: kforden@midatlanticmc.com

**Elevator Location ID:** ELVLOC-2008-01319      **Code in Effect:** 2000  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for May:** **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:**  
RIC HOTEL LLC  
ATTN: DEVANG THAKAR  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**  
HILTON GARDEN INN  
441 INTERNATIONAL CENTRE DR  
SANDSTON, VA 23150

Phone: (804) 777-9000  
Email: devang.thakar@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01325      **Code in Effect:** 2000  
**Equipment Sequence:** 1      **Key Location:** FRONT DESK  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:** Not Alarmed  
**Inspections for May:** **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:**

RIC HOTEL LLC  
ATTN: DEVANG THAKAR  
300 E. FRANKLIN ST.  
RICHMOND, VA 23219

**Building Location:**

HILTON GARDEN INN  
441 INTERNATIONAL CENTRE DR  
SANDSTON, VA 23150

Phone: (804) 777-9000

Email: devang.thakar@shaminhotels.com

**Elevator Location ID:** ELVLOC-2008-01325

**Code in Effect:** 2000

**Equipment Sequence:** 2

**Key Location:** FRONT DESK

**Elevator Type:** Hydraulic Elevator

**Alarm Status:** Not Alarmed

**Inspections for May:** **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:**  
 AMERICAN FAMILY FITNESS - S.P.T.C.  
 ATTN: BRITTANY LAMBERT  
 4200 INNSLAKE DR SUITE 104  
 GLEN ALLEN, VA 23060

**Building Location:**  
 AMERICAN FAMILY FITNESS  
 11760 W BROAD ST  
 HENRICO, VA 23233-1005

Phone: (804) 364-1200  
 Email: blambert@amfamfit.com

**Elevator Location ID:** ELVLOC-2008-01326  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

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

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

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

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

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 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:**  
 WESTERRE IV  
 3901 WESTERRE PKWY  
 HENRICO, VA 23233

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

**Elevator Location ID:** ELVLOC-2008-01329  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**Code in Effect:** 2000  
**Key Location:** SUITE 200  
**Alarm Status:** Not Alarmed

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

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

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

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

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

**Building Location:**  
 WESTERRE IV  
 3901 WESTERRE PKWY  
 HENRICO, VA 23233

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

<b>Elevator Location ID:</b>	ELVLOC-2008-01329	<b>Code in Effect:</b>	2000
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	SUITE 200
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic, Category 1</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
GAYTON ROAD PROPERTIES  
ATTN: DEANNE THOMAS  
13991 N GAYTON RD  
HENRICO, VA 23233

**Building Location:**  
WINGATE INN  
13991 N GAYTON RD  
HENRICO, VA 23233-7079

Phone: (804) 421-1600  
Email: gm@wingateshortpump.com

<b>Elevator Location ID:</b>	ELVLOC-2008-01330	<b>Code in Effect:</b>	2000
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	FRONT DESK
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	Not Alarmed
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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

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

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

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

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

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



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

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
GAYTON ROAD PROPERTIES  
ATTN: DEANNE THOMAS  
13991 N GAYTON RD  
HENRICO, VA 23233

**Building Location:**  
WINGATE INN  
13991 N GAYTON RD  
HENRICO, VA 23233-7079

Phone: (804) 421-1600  
Email: gm@wingateshortpump.com

**Elevator Location ID:** ELVLOC-2008-01330  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **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  
Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WEST END PRESBYTERIAN CHURCH  
ATTN: KRISTIN TETTETON  
9008 QUIOCCASIN RD  
HENRICO, VA 23229

**Building Location:**  
WEST END PRESBYTERIAN CHURCH  
9008 QUIOCCASIN RD  
HENRICO, VA 23229

Phone: (804) 741-6562  
Email: kristin@wepc.org

**Elevator Location ID:** ELVLOC-2008-01345  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

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

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 NOBILITY INVESTMENTS LLC  
 ATTN: MAYUR PATEL  
 6627 W BROAD ST SUITE 300  
 RICHMOND, VA 23230

**Building Location:**  
 HAMPTON INN & SUITES  
 5406 GLENSIDE DR  
 HENRICO, VA 23228

Phone: (804) 756-1777  
 Email: mayur.patel@kmhotels.com

**Elevator Location ID:** ELVLOC-2009-01393  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

**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  
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 NOBILITY INVESTMENTS LLC  
 ATTN: MAYUR PATEL  
 6627 W BROAD ST SUITE 300  
 RICHMOND, VA 23230

**Building Location:**  
 HAMPTON INN & SUITES  
 5406 GLENSIDE DR  
 HENRICO, VA 23228

Phone: (804) 756-1777  
 Email: mayur.patel@kmhotels.com

**Elevator Location ID:** ELVLOC-2009-01393  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Category 1, Periodic**

**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  
 Please use a separate sheet for each elevator

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
GLEN ALLEN BAPTIST CHURCH  
ATTN: FORREST MELTON  
3028 MOUNTAIN RD  
GLEN ALLEN, VA 23060-2001

**Building Location:**  
GLEN ALLEN BAPTIST CHURCH  
3028 MOUNTAIN RD  
GLEN ALLEN, VA 23060

Phone: (804) 839-3132  
Email: melton@sent.com

**Elevator Location ID:** ELVLOC-2010-01469  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 2004/2005  
**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](mailto:ElevatorInspectionReports@henrico.us)



County of Henrico, Virginia

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
WOOD SPRING SUITES  
ATTN: TAMMY RADFORD  
7200 GLEN FOREST DR STE 200  
RICHMOND, VA 23226

**Building Location:**  
WOOD SPRING SUITES  
6900 W BROAD ST  
HENRICO, VA 23230

Phone: (804) 269-7746  
Email: gm.va765@woodspring.com

**Elevator Location ID:** ELVLOC-2012-01550  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**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  
Please use a separate sheet for each elevator

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 VEDC  
 ATTN: TERRY MYATT  
 6050 TECHNOLOGY CREEK DR  
 SANDSTON, VA 23150

**Building Location:**  
 BANK OF AMERICA - DATA CENTER  
 6050 TECHNOLOGY CREEK DR  
 SANDSTON, VA 23150

Phone: (804) 553-6208  
 Email: terry.myatt@cbre.com

**Elevator Location ID:** ELVLOC-2012-01555  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic, Category 1**

**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  
 Please use a separate sheet for each elevator

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



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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 VEDC  
 ATTN: TERRY MYATT  
 6050 TECHNOLOGY CREEK DR  
 SANDSTON, VA 23150

**Building Location:**  
 BANK OF AMERICA - DATA CENTER  
 6050 TECHNOLOGY CREEK DR  
 SANDSTON, VA 23150

Phone: (804) 553-6208  
 Email: terry.myatt@cbre.com

<b>Elevator Location ID:</b>	ELVLOC-2012-01555	<b>Code in Effect:</b>	2005
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Periodic, Category 1</b>		

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

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

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

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 Fax: (804) 501-4984

## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 MINI PRICE STORAGE  
 ATTN: MELISSA OXENDINE  
 2900 SABRE ST SUITE 75  
 VIRGINIA BEACH, VA 23452

**Building Location:**  
 MINI PRICE STORAGE  
 3511 PEMBERTON RD  
 HENRICO, VA 23233

Phone: (757) 468-7509  
 Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2016-01786  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 2010  
**Key Location:**  
**Alarm Status:**

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

MINI PRICE STORAGE  
ATTN: MELISSA OXENDINE  
2900 SABRE ST SUITE 75  
VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE STORAGE  
3511 PEMBERTON RD  
HENRICO, VA 23233

Phone: (757) 468-7509

Email: melissa.oxendine@minipricestorag

**Elevator Location ID:** ELVLOC-2016-01786

**Code in Effect:** 2010

**Equipment Sequence:** 2

**Key Location:**

**Elevator Type:** Hydraulic Elevator

**Alarm Status:**

**Inspections for May:** **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:**

MINI PRICE STORAGE  
 ATTN: MELISSA OXENDINE  
 2900 SABRE ST SUITE 75  
 VIRGINIA BEACH, VA 23452

**Building Location:**

MINI PRICE STORAGE  
 3511 PEMBERTON RD  
 HENRICO, VA 23233

Phone: (757) 468-7509  
 Email: melissa.oxendine@minipricestorag

<b>Elevator Location ID:</b>	ELVLOC-2016-01786	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

**Owner / Agent:**  
GAYTON PROPERTIES LLC  
ATTN: JIM BONNELL  
706 OLD STREAM RD  
MANAKIN SABOT, VA 23103

**Building Location:**  
MANORHOUSE ASSISTED LIVING  
13500 N GAYTON RD  
HENRICO, VA 23233-7025

Phone: (804) 270-7255  
Email: jbonnell@manorhouseretirement.c

<b>Elevator Location ID:</b>	ELVLOC-2017-01797	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Category 1, Periodic</b>		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us























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 Fax: (804) 501-4984

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 LIFE STORAGE 06428  
 ATTN: M Loper  
 600 EMERSON RD  
 SUITE 225  
 ST. LOUIS, MO 63141

**Building Location:**  
 LIFE STORAGE 06428  
 4250 TOM LEONARD DR  
 GLEN ALLEN, VA 23060

Phone: (716) 650-6139  
 Email: mloper@lifestorage.com

**Elevator Location ID:** ELVLOC-2017-01834  
**Equipment Sequence:** 2  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 2010  
**Key Location:**  
**Alarm Status:**

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

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

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

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## Elevator Periodic Inspection and Test Report Form

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**Owner / Agent:**  
ROCKETTS BLK 18/PENN REALTY  
ATTN: TIFFANY NOWAK  
2701 E LUZERNE ST  
PHILADELPHIA, PA 19137

**Building Location:**  
ROCKETTS BLOCK 18 LLC  
5101 OLD MAIN ST  
HENRICO, VA 23231

Phone: (804) 335-1413  
Email: tnowak@prgrealestate.com

**Elevator Location ID:** ELVLOC-2017-01870      **Code in Effect:** 2010  
**Equipment Sequence:** 2      **Key Location:**  
**Elevator Type:** Electric Elevator      **Alarm Status:**  
**Inspections for May:**      **Category 1, Periodic**

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

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

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

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

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

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COLLIERS INTERNATIONAL  
ATTN: SERENA MEADOR  
PO BOX 13470  
RICHMOND, VA 23225

**Building Location:**  
GREENGATE OFFICE BUILDING  
3400 HAYDENPARK LN  
HENRICO, VA 23233-7604

Phone: (804) 237-8082  
Email: serena.meador@colliers.com

**Elevator Location ID:** ELVLOC-2018-01881  
**Equipment Sequence:** 1  
**Elevator Type:** Hydraulic Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 2010  
**Key Location:**  
**Alarm Status:**

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

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

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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
COLLIERS INTERNATIONAL  
ATTN: SERENA MEADOR  
PO BOX 13470  
RICHMOND, VA 23225

**Building Location:**  
GREENGATE OFFICE BUILDING  
3400 HAYDENPARK LN  
HENRICO, VA 23233-7604

Phone: (804) 237-8082  
Email: serena.meador@colliers.com

**Elevator Location ID:** ELVLOC-2018-01881      **Code in Effect:** 2010  
**Equipment Sequence:** 2      **Key Location:**  
**Elevator Type:** Hydraulic Elevator      **Alarm Status:**  
**Inspections for May:** **Periodic**

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 AMPLE SELF STORAGE  
 ATTN: DRESHAWN LEWIS  
 4901 NINE MILE RD  
 RICHMOND, VA 23233-5738

**Building Location:**  
 AMPLE SELF STORAGE  
 4901 NINE MILE RD  
 HENRICO, VA 23223

Phone: (804) 222-4901  
 Email: rga@extendedstay.com

<b>Elevator Location ID:</b>	ELVLOC-2018-01912	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 GUMENICK PROPERTIES  
 ATTN: SHELBY WEST  
 5001 LIBBIE MILL EAST BLVD  
 HENRICO, VA 23230

**Building Location:**  
 GUMENICK PROPERTIES  
 5001 LIBBIE MILL EAST BLVD #1  
 HENRICO, VA 23230

Phone: (833) 810-0134  
 Email: [swest@gumprop.com](mailto:swest@gumprop.com)

<b>Elevator Location ID:</b>	ELVLOC-2018-01914	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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

**Owner / Agent:**

GUMENICK PROPERTIES  
ATTN: SHELBY WEST  
5001 LIBBIE MILL EAST BLVD  
HENRICO, VA 23230

**Building Location:**

GUMENICK PROPERTIES  
5001 LIBBIE MILL EAST BLVD #1  
HENRICO, VA 23230

Phone: (833) 810-0134  
Email: [swest@gumprop.com](mailto:swest@gumprop.com)

**Elevator Location ID:** ELVLOC-2018-01914  
**Equipment Sequence:** 2  
**Elevator Type:** Electric Elevator  
**Inspections for May:** **Periodic**

**Code in Effect:** 2010  
**Key Location:**  
**Alarm Status:**

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

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

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

**Owner / Agent:**  
GUMENICK PROPERTIES  
ATTN: SHELBY WEST  
5001 LIBBIE MILL EAST BLVD  
HENRICO, VA 23230

**Building Location:**  
GUMENICK PROPERTIES  
5001 LIBBIE MILL EAST BLVD #1  
HENRICO, VA 23230

Phone: (833) 810-0134  
Email: [swest@gumprop.com](mailto:swest@gumprop.com)

<b>Elevator Location ID:</b>	ELVLOC-2018-01914	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	3	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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



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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 KHUSHAL LLC  
 ATTN: RAVI PATEL  
 5252 AIRPORT SQUARE LN  
 SANDSTON, VA 23150

**Building Location:**  
 FAIRFIELD INN & SUITES  
 5252 AIRPORT SQUARE LN  
 SANDSTON, VA 23150

Phone: (804) 226-1100  
 Email: ravi.patel@sinahospitality.com

<b>Elevator Location ID:</b>	ELVLOC-2018-01940	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Periodic, Category 1</b>		

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

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

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

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## Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
KHUSHAL LLC  
ATTN: RAVI PATEL  
5252 AIRPORT SQUARE LN  
SANDSTON, VA 23150

**Building Location:**  
FAIRFIELD INN & SUITES  
5252 AIRPORT SQUARE LN  
SANDSTON, VA 23150

Phone: (804) 226-1100  
Email: ravi.patel@sinahospitality.com

<b>Elevator Location ID:</b>	ELVLOC-2018-01940	<b>Code in Effect:</b>	2010
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Hydraulic Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Category 1, Periodic</b>		

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

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

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

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



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

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

# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
FOUR MILE CREEK BAPTIST CHURCH  
ATTN: HENRY NELSON  
2950 NEW MARKET RD  
HENRICO, VA 23231-7501

**Building Location:**  
FOUR MILE CREEK BAPTIST CHURCH  
2950 NEW MARKET RD  
HENRICO, VA 23231

Phone: (804) 795-2044  
Email: manels9@verizon.net

**Elevator Location ID:** ELVLOC-2019-01991      **Code in Effect:** 2010  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Roped Hydraulic Elevator      **Alarm Status:**  
**Inspections for May:** **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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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**

GS SHORT PUMP AA APT. OWNER LLC  
ATTN: DAVE ARNETT  
12651 THREE CHOPT RD  
HENRICO, VA 23233

**Building Location:**

EVERLEIGH SHORT PUMP APTS  
12651 THREE CHOPT RD  
HENRICO, VA 23233

Phone: (804) 362-5000

Email: everleighshortpump@greystar.com

**Elevator Location ID:** ELVLOC-2020-02099

**Code in Effect:** 2013

**Equipment Sequence:** 1

**Key Location:**

**Elevator Type:** Electric Elevator

**Alarm Status:**

**Inspections for May:** 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:**  
 GS SHORT PUMP AA APT. OWNER LLC  
 ATTN: DAVE ARNETT  
 12651 THREE CHOPT RD  
 HENRICO, VA 23233

**Building Location:**  
 EVERLEIGH SHORT PUMP APTS  
 12651 THREE CHOPT RD  
 HENRICO, VA 23233

Phone: (804) 362-5000  
 Email: everleighshortpump@greystar.com

<b>Elevator Location ID:</b>	ELVLOC-2020-02099	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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**Owner / Agent:**

GS SHORT PUMP AA APT. OWNER LLC  
 ATTN: DAVE ARNETT  
 12651 THREE CHOPT RD  
 HENRICO, VA 23233

**Building Location:**

EVERLEIGH SHORT PUMP APTS  
 12651 THREE CHOPT RD  
 HENRICO, VA 23233

Phone: (804) 362-5000

Email: everleighshortpump@greystar.com

**Elevator Location ID:** ELVLOC-2020-02099  
**Equipment Sequence:** 3  
**Elevator Type:** Electric Elevator  
**Inspections for May:** **Periodic**

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

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

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

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# Elevator Periodic Inspection and Test Report Form

**Owner / Agent:**  
 1420 N PARHAM ROAD LC  
 ATTN: GARLAND TAYLOR  
 13141 ASHLEYS BOREEN LN  
 GLEN ALLEN, VA 23059

**Building Location:**  
 SLOOP JOHN B  
 1420 N PARHAM RD  
 HENRICO, VA 23229

Phone: (804) 334-1188  
 Email: ggtaylorg4@gmail.com

**Elevator Location ID:** ELVLOC-2021-02157      **Code in Effect:** 2013  
**Equipment Sequence:** 1      **Key Location:**  
**Elevator Type:** Roped Hydraulic Elevator      **Alarm Status:**  
**Inspections for May:** **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:**  
GUMENICK PROPERTIES  
ATTN: ERIN MCGRATH  
5000 LIBBIE MILL EAST BLVD  
HENRICO, VA 23230

**Building Location:**  
WELLSMITH  
5000 LIBBIE MILL EAST BLVD  
HENRICO, VA 23230

Phone: (804) 370-8707  
Email: emcgrath@gumprop.com

<b>Elevator Location ID:</b>	ELVLOC-2022-000011	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	1	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Periodic</b>		

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

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

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

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

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

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

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

Inspection / Test Results  
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**Owner / Agent:**  
 GUMENICK PROPERTIES  
 ATTN: ERIN MCGRATH  
 5000 LIBBIE MILL EAST BLVD  
 HENRICO, VA 23230

**Building Location:**  
 WELLSMITH  
 5000 LIBBIE MILL EAST BLVD  
 HENRICO, VA 23230

Phone: (804) 370-8707  
 Email: emcgrath@gumprop.com

<b>Elevator Location ID:</b>	ELVLOC-2022-000011	<b>Code in Effect:</b>	2013
<b>Equipment Sequence:</b>	2	<b>Key Location:</b>	
<b>Elevator Type:</b>	Electric Elevator	<b>Alarm Status:</b>	
<b>Inspections for May:</b>	<b>Periodic</b>		

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

Inspector Name (Print): \_\_\_\_\_ Inspection Agency: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elevator Contractor: \_\_\_\_\_  
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ATTN: ERIN MCGRATH  
5000 LIBBIE MILL EAST BLVD  
HENRICO, VA 23230

**Building Location:**  
WELLSMITH  
5000 LIBBIE MILL EAST BLVD  
HENRICO, VA 23230

Phone: (804) 370-8707  
Email: emcgrath@gumprop.com

**Elevator Location ID:** ELVLOC-2022-000011     **Code in Effect:** 2013  
**Equipment Sequence:** 3     **Key Location:**  
**Elevator Type:** Electric Elevator     **Alarm Status:**  
**Inspections for May:** **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): \_\_\_\_\_  
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