GOOCHLAND COUNTY

DEPARTMENT OF BUILDING INSPECTION

Goochland County Elevator Inspection Report

Location Name & Address: Name:		**Inspection Company:** Name:
Address:		Address:
City, State, Zip:		City, State, Zip:
Location Contact: Name:		**Elevator Inspector:** Name:
Title:		Phone:
Phone:		QEI # VA EIG #
Email:		Email:
Current Elevator Certificates:	☐YES ☐NO	**Elevator Manufacturer:**
Expiration Date:		Code Year:
Permit Number:		Number of stories:
Jurisdiction:	**Goochland**	**Elevator Mechanic**:
Send report to jurisdiction:	☒Yes, ☐No ☐NA	DPOR #: Expiration:

Unit #								
Type: Passenger or Freight								
Capacity								
Speed								
Gov{Trip) Mech and Elec								
Working Pressure Relief Pressure								

Inspection Type (Check One) ☐ **Initial Acceptance** ☐ **Annual** ☐ **Reinspection** ☐ **Periodic**

Code Violations/ Recommendations/Comments

This inspection is: ☐ **Approved** ☐ **Rejected.**

Inspector Signature: _____ **Date:** _____

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