Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Sharon Care Center Assisted Living	***Provider Number***	001428
Address	1509 Harrison AVE ,	***Approval Status***	Approved
City, State, Zip	Centralia, WA 98531	***Facility Type***	Residential Care

On 07/12/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative

Terry Myers
Signature

Terry Myers, Campus Administrator
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden
1823 BAKER WAY
Kelso WA 98626
(360) 852-0966

Signature

This document was prepared by Residential Care Services for the Locator website.

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Initials of Authorized Facility Representative: _____

Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Sharon Care Center Assisted Living	***Provider Number***	001428
Address	1509 Harrison AVE ,	***Approval Status***	Disapproved
City, State, Zip	Centralia, WA 98531	***Facility Type***	Residential Care

On 06/07/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Commercial Cooking Systems

The automatic fire-extinguishing system for commercial cooking systems shall be of a type recognized for protection of commercial cooking equipment and exhaust systems of the type and arrangement protected. Preengineered automatic dry- and wet-chemical extinguishing systems shall be tested in accordance with UL 300 and listed and labeled for the intended application. Other types of automatic fire-extinguishing systems shall be listed and labeled for specific use as protection for commercial cooking operations. The system shall be installed in accordance with this code, its listing and the manufacturer's installation instructions. Signage shall be provided on the exhaust hood or system cabinet, indicating the type and arrangement of cooking appliances protected by the automatic fire extinguishing system. Signage shall indicate appliances from left to right, be durable and the size, color, and lettering shall be approved. Automatic fire-extinguishing systems of the following types shall be installed in accordance with the referenced standard indicated, as follows: 1. Carbon dioxide extinguishing systems, NFPA 12. 2. Automatic sprinkler systems, NFPA 13. 3. Foam-water sprinkler system or foam-water spray systems, NFPA 16. 4. Dry-chemical extinguishing systems, NFPA 17. 5. Wet-chemical extinguishing systems, NFPA 17A. Exception: Factory-built commercial cooking recirculating systems that are tested in accordance with UL 710B and listed, labeled and installed in accordance with Section 304.1 of the International Mechanical Code. (IFC 904.12 2015, 2018)	Cooking appliance under hood shall be in alignment with nozzle configuration Signage shall indicate appliances from left to right, be durable and the size, color, and lettering shall be approved.

Initials of Authorized Facility Representative: JM

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On 06/07/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement — Statement of Violation

Next inspection scheduled on or after: 07/07/2023

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative

Terry Myers
Signature

Terry Myers, Campus Administrator
Print Name and Title

Deputy State Fire Marshal Nicholas Wolden
1823 BAKER WAY
Kelso WA 98626
(360) 852-0966

Signature

Initials of Authorized Facility Representative: TM