



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

Business Name Brookdale Yakima
Address 4100 ENGLEWOOD AVE,
City, State, Zip Yakima, WA 98908

Provider Number 001695
Approval Status Approved
Facility Type Residential Care

On 10/1/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings.

Exceptions:

1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings.
2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.

(IFC 315.2.1 2021)

The following violations were observed:

1. The 3rd floor storage room failed to maintain 18" of clearance to the ceiling. (corrected on site)
2. Room 334 failed to maintain 18" of clearance to the ceiling in the closet. (corrected)

2 Time

Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.

Exceptions:

1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency.
2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms.

(IFC 405.2 2018)

The following violation was observed:

Facility was unable to provide documentation of fire drills for the past twelve months. (corrected)



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On 10/1/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
3 Working Space and Clearance Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space. (IFC 603.4, 2021)	 The following violations were observed: 1. The 3rd floor East storage room had combustible storage blocking the fire damper access doors. (corrected) 2. The 3rd floor West storage room had combustible storage blocking the fire damper access doors. (corrected) 3. The 2nd floor West storage room had combustible storage blocking the fire damper access doors. (corrected)
4 Relocatable power taps and current taps Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code. (IFC 603.5, 2021)	 The following violations were observed: 1. There was a unfused multiplug adaptor in Room 334 near the cat tree. (corrected) 2. There was a unfused multiplug adaptor in Room 218 near the TV area on the back wall. (corrected) 3. There was a unfused multiplug adaptor in Room 250 near the TV and the table next to the restroom. (corrected) 4. There was a unfused multiplug adaptor to an extension cord in Room 144. (corrected) 5. There was a power strip plugged into a multiplug adaptor in the Health & Wellness Office. (corrected)
5 Cleaning Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3. (IFC 606.3.3 2021)	 The following violation was observed: Facility was unable to provide documentation of the second semi annual kitchen hood inspection and cleaning within the past twelve months. First service was completed on 10/23/2023. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. (corrected)



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6 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space.

(IFC 701.6 2021)

The following violations were observed:

1. In Room 310 there was a penetration next to the sprinkler head. (corrected)
2. In the Kitchen there was a penetration next to the freezer. (corrected)

7 Hold-Open Devices and Closers

Hold-open devices and automatic door closers, where provided, shall be maintained. During the period that such device is out of service for repairs, the door it operates shall remain in the closed position.

(IFC 705.2.3 2021)

The following violations were observed:

1. The 3rd floor corridor (east) door did not latch and close. (corrected)
2. The 3rd floor corridor (west) door did not latch and close. (corrected)
3. The 3rd floor Resident Laundry Room door did not latch and close. (corrected)
4. The 2nd floor Conference Room doors did not latch and close. (corrected)
5. The 1st floor TV/Game Room doors did not latch and close. (corrected)
6. The 1st floor Employee Lounge Room door did not latch and close. (corrected)
7. In the Kitchen the fire door to the storage did not latch and close. (corrected)
8. In the Laundry Room the fire door did not latch and close. (corrected)



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8 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically.

(IFC 705.2.4 2021)

The following violations were observed:

1. Room 334 was propped open with a door wedge. (corrected)
2. The 3rd floor Resident Laundry Room was propped open with a door wedge. (corrected)
3. In Room 151 the door was propped open with a bag. (corrected on site)

9 Duct and Air Transfer Openings - Maintaining Protection

Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Other products or materials used to protect the openings for ducts and air transfer openings shall be securely attached to or bonded to the construction containing the duct or air transfer opening, without visible openings through or into the cavity of the construction. Any damaged products or materials protecting duct and air transfer openings shall be repaired, restored or replaced.

(IFC 706.1 2018)

The following violation was observed:

Facility was unable to provide documentation of fire and smoke damper inspection and testing within the past four years per NFPA 80 19.4. Last service shown on 06/21/2019. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. (corrected)



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10 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.

(IFC 903.5 2021)

The following violations were observed:

1. Facility was unable to provide documentation of the annual sprinkler system maintenance testing within the last twelve months. (corrected)
 2. Facility was unable to provide documentation of the annual trip test of the fire sprinkler dry system per NFPA 13.1.1.2. (corrected)
 3. Facility was unable to provide documentation of the annual forward flow testing within the last 12 months per NFPA 25 13.7.2. (corrected and scheduled for 10/24, report must be sent to our office for review)
 4. Facility was unable to provide documentation of the 5-year FDC Hydro Testing per NFPA 25 13.8.5. (corrected)
 5. Facility was unable to provide documentation of quarterly fire sprinkler system inspection reports for the fourth and first quarter within the past twelve months. (corrected)
- All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

11 Extinguishing System Service

Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.

(IFC 904.13.5.2 2021)

The following violation was observed:

Facility was unable to provide documentation of the second semi annual kitchen hood service inspection within the last twelve months. First service was completed on 10/04/2023. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. (corrected)



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12 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10. Exceptions: 1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies. 2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met: 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed. 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal. 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment. 2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed. 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10. 3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations. (IFC 906.2 2021)	The following violation was observed: The fire extinguisher located near Room 208 was undercharged. (corrected)
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13 Inspection, Testing and Maintenance

The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained.

(IFC 907.8 2021)

The following violations were observed:

1. Facility was unable to provide documentation of annual fire alarm system service within the past twelve months. (corrected)

2. Facility was unable to provide documentation of monthly single station alarm testing from January 2024 to July of 2024 (corrected)

All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.

3. In Room 203 the smoke detector was removed from the ceiling. (corrected)

14 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced.

(IFC 915.6 2021 WAC)

The following violations were observed:

1. Facility was unable to provide documentation of monthly testing of carbon monoxide alarms from January 2024 to July of 2024. (corrected)

2: The West Mechanical Room was missing the CO detector. (corrected)

15 Maintenance

Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.

(IFC 1203.4 2021)

The following violation was observed:

Facility was unable to provide documentation of the emergency generator weekly test log and 30 minute monthly load test within the last twelve months required per NFPA 110.8.4.2.3. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. (corrected)



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16 Marking

Stationary and portable compressed gas containers, cylinders, tanks and systems shall be marked in accordance with Sections 5303.4.1 through 5303.4.3.

(IFC 5303.4 2021)

The following violations were observed:

1. In Room 218 there was no "Oxygen In Use" sign on the door. (corrected)
2. In Room 151 there was no "Oxygen In Use" sign on the door. (corrected)

17 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

The following violation was observed:

In Room 151 there was an unsecured oxygen tank in the closet. (corrected)



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Next inspection scheduled on or after: 10/31/2025

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

Lisa Owen
Signature

Lisa Owen Executive Director
Print Name and Title

Deputy State Fire Marshal Andrea Ely
2715 RUDKIN RD
Union Gap WA
(509) 531-3384

Andrea Ely
Signature



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Code Requirement	Statement of Violation
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1 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings.

Exceptions:

1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings.
2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.

(IFC 315.2.1 2021)

The following violations were observed:

1. The 3rd floor storage room failed to maintain 18" of clearance to the ceiling. (corrected on site)
2. Room 334 failed to maintain 18" of clearance to the ceiling in the closet.

2 Time

Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.

Exceptions:

1. In severe climates, the fire code official shall have the authority to modify the emergency evacuation drill termination points and frequency.
2. In Groups I-1, I-2, I-3 and R-4, where staff-only emergency evacuation drills are conducted after visiting hours or where care recipients are expected to be asleep, a coded announcement shall be an acceptable alternative to audible alarms.

(IFC 405.2 2018)

The following violation was observed:

Facility was unable to provide documentation of fire drills for the past twelve months.



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3 Working Space and Clearance

Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

(IFC 603.4, 2021)

The following violations were observed:

1. The 3rd floor East storage room had combustible storage blocking the fire damper access doors.
2. The 3rd floor West storage room had combustible storage blocking the fire damper access doors.
3. The 2nd floor West storage room had combustible storage blocking the fire damper access doors.

4 Relocatable power taps and current taps

Relocatable power taps and current taps. The construction and use of current taps and relocatable power taps shall be in accordance with NFPA 70 and this code.

(IFC 603.5, 2021)

The following violations were observed:

1. There was a unfused multiplug adaptor in Room 334 near the cat tree.
2. There was a unfused multiplug adaptor in Room 218 near the TV area on the back wall.
3. There was a unfused multiplug adaptor in Room 250 near the TV and the table next to the restroom.
4. There was a unfused multiplug adaptor to an extension cord in Room 144.
5. There was a power strip plugged into a multiplug adaptor in the Health & Wellness Office.

5 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 606.3.3.1 through 606.3.3.3.

(IFC 606.3.3 2021)

The following violation was observed:

Facility was unable to provide documentation of the second semi annual kitchen hood inspection and cleaning within the past twelve months. First service was completed on 10/23/2023. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.



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6 Owner's Responsibility

The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space.

(IFC 701.6 2021)

The following violations were observed:

1. In Room 310 there was a penetration next to the sprinkler head.
2. In the Kitchen there was a penetration next to the freezer.

7 Hold-Open Devices and Closers

Hold-open devices and automatic door closers, where provided, shall be maintained. During the period that such device is out of service for repairs, the door it operates shall remain in the closed position.

(IFC 705.2.3 2021)

The following violations were observed:

1. The 3rd floor corridor (east) door did not latch and close.
2. The 3rd floor corridor (west) door did not latch and close.
3. The 3rd floor Resident Laundry Room door did not latch and close.
4. The 2nd floor Conference Room doors did not latch and close.
5. The 1st floor TV/Game Room doors did not latch and close.
6. The 1st floor Employee Lounge Room door did not latch and close.
7. In the Kitchen the fire door to the storage did not latch and close.
8. In the Laundry Room the fire door did not latch and close.



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8 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically.

(IFC 705.2.4 2021)

The following violations were observed:

1. Room 334 was propped open with a door wedge.
2. The 3rd floor Resident Laundry Room was propped open with a door wedge.
3. In Room 151 the door was propped open with a bag. (corrected on site)

9 Duct and Air Transfer Openings - Maintaining Protection

Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Other products or materials used to protect the openings for ducts and air transfer openings shall be securely attached to or bonded to the construction containing the duct or air transfer opening, without visible openings through or into the cavity of the construction. Any damaged products or materials protecting duct and air transfer openings shall be repaired, restored or replaced.

(IFC 706.1 2018)

The following violation was observed:

Facility was unable to provide documentation of fire and smoke damper inspection and testing within the past four years per NFPA 80 19.4. Last service shown on 06/21/2019. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.



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10 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The following violations were observed: 1. Facility was unable to provide documentation of the annual sprinkler system maintenance testing within the last twelve months. 2. Facility was unable to provide documentation of the annual trip test of the fire sprinkler dry system per NFPA 13.1.1.2. 3. Facility was unable to provide documentation of the annual forward flow testing within the last 12 months per NFPA 25 13.7.2. 4. Facility was unable to provide documentation of the 5-year FDC Hydro Testing per NFPA 25 13.8.5. 5. Facility was unable to provide documentation of quarterly fire sprinkler system inspection reports for the fourth and first quarter within the past twelve months. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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11 Extinguishing System Service

Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion. (IFC 904.13.5.2 2021)	The following violation was observed: Facility was unable to provide documentation of the second semi annual kitchen hood service inspection within the last twelve months. First service was completed on 10/04/2023. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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12 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.
2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:
 - 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.
 - 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.
 - 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.
 - 2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.
 - 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.
3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

The following violation was observed:

The fire extinguisher located near Room 208 was undercharged.



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Code Requirement	Statement of Violation
13 Inspection, Testing and Maintenance	
The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained. (IFC 907.8 2021)	The following violations were observed: 1. Facility was unable to provide documentation of annual fire alarm system service within the past twelve months. 2. Facility was unable to provide documentation of monthly single station alarm testing from January 2024 to July of 2024. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected. 3. In Room 203 the smoke detector was removed from the ceiling.
14 Maintenance	
Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced. (IFC 915.6 2021 WAC)	The following violations were observed: 1. Facility was unable to provide documentation of monthly testing of carbon monoxide alarms from January 2024 to July of 2024. 2: The West Mechanical Room was missing the CO detector.
15 Maintenance	
Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required. (IFC 1203.4 2021)	The following violation was observed: Facility was unable to provide documentation of the emergency generator weekly test log and 30 minute monthly load test within the last twelve months required per NFPA 110.8.4.2.3. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
16 Marking	
Stationary and portable compressed gas containers, cylinders, tanks and systems shall be marked in accordance with Sections 5303.4.1 through 5303.4.3. (IFC 5303.4 2021)	The following violations were observed: 1. In Room 218 there was no "Oxygen In Use" sign on the door. 2. In Room 151 there was no "Oxygen In Use" sign on the door.



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17 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods: 1. Securing containers, cylinders and tanks to a fixed object with one or more restraints. 2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks. 3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress. 4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use. Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing. (IFC 5303.5.3 2021)	The following violation was observed: In Room 151 there was an unsecured oxygen tank in the closet.
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This document was prepared by Residential Care Services for the Locator website.



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

Business Name	Brookdale Yakima	Provider Number	001695
Address	4100 ENGLEWOOD AVE ,	Approval Status	Disapproved
City, State, Zip	Yakima, WA 98908	Facility Type	Residential Care

On 8/21/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 9/20/2024

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

Lisa Owen

Signature

Lisa Owen, Executive Director

Print Name and Title

Deputy State Fire Marshal Andrea Ely
2715 RUDKIN RD
Union Gap WA
(509) 531-3384

Signature

Initials of Authorized Facility Representative: _____