



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

Business Name Alpine Way Retirement Apartments	Provider Number 2141
Address 900 W ALPINE WAY ,	Approval Status Approved
City, State, Zip Shelton, WA	Facility Type Residential Care

On 02/02/2026 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

Rod Davis

Signature

Rod Davis P.O.D.

Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

[Signature]

Signature

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



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

Business Name	Alpine Way Retirement Apartments	Provider Number	2141
Address	900 W ALPINE WAY ,	Approval Status	Disapproved
City, State, Zip	Shelton, WA	Facility Type	Residential Care

On 10/13/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Abatement of Electrical Hazards

Abatement of unsafe conditions and electrical hazards. Conditions that constitute an electrical shock or fire hazard shall be abated..
(IFC 603.2 2021)

Findings during inspection were:

Facility failed to maintain electrical outlets in room 116, two outlets with broken grounds.

2 Appliance Connection to Building Piping

Gas-fired commercial cooking appliances installed on casters and appliances that are moved for cleaning and sanitation purposes shall be connected to the piping system with an appliance connector listed as complying with ANSI Z21.69/CSA 6.16. The commercial cooking appliance connector installation shall be configured in accordance with the manufacturer's installation instructions. Movement of appliances with casters shall be limited by a restraining device installed in accordance with the connector and appliance manufacturer's instructions.
(IFC 606.4 2021)

Findings during inspection were:

Facility failed to maintain kitchen appliances, gas fired appliances need to be tethered.

3 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901.
(IFC 903.5 2021)

Findings during inspection were:

Facility failed to provide documentation showing fire department connection hydrostatic test.

4 Emergency Lighting Equipment Inspection and Testing

Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2.
(IFC 1032.10 2021)

Findings during inspection were:

Facility failed to maintain exit sign by life enrichment room, did not operate when tested.



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Business Name	Alpine Way Retirement Apartments	Provider Number	2141
Address	900 W ALPINE WAY ,	Approval Status	Disapproved
City, State, Zip	Shelton, WA	Facility Type	Residential Care

On 10/13/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

Next inspection scheduled on or after: 11/14/2025

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

Rod Davis
Signature

Rod Davis P.O.D.
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
(360) 819-0067

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