



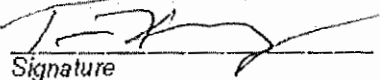
Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Victoria Place	Provider Number	2185
Address	491 DISCOVERY RD ,	Approval Status	Approved
City, State, Zip	Port Townsend, WA	Facility Type	Residential Care

On 03/31/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

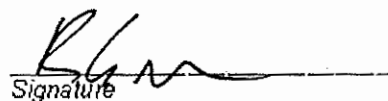
All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative


Signature

TIM KRUEGER BSD
Print Name and Title

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


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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Business Name	Victoria Place	Provider Number	2185
Address	491 DISCOVERY RD ,	Approval Status	Disapproved
City, State, Zip	Port Townsend, WA	Facility Type	Residential Care

On 10/15/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 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)

Findings during the inspection were:

Facility failed to provide report showing kitchen hood is being cleaned twice a year.

2 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)

Findings during the inspection were:

Facility failed to provide documentation showing annual fire-resistance-rated construction (fire wall inspection).

Fire wall penetration in Activity room.

3 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)

Findings during the inspection were:

Facility failed to provide report showing fire/smoke dampers 4-year inspection.



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Code Requirement

Statement of Violation

4 Testing and Maintenance

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

(IFC 903.5 2021)

Findings during the inspection were:

Facility failed to provide the following documentation for the fire sprinkler system;

- Annual inspection report
- 3-year dry system full flow trip test.
- Annual trip test.
- Annual forward flow test on the backflow.
- Quarterly inspection reports.

5 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)

Findings during the inspection were:

Facility failed to provide report showing kitchen suppression system is being serviced twice a year.



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Code Requirement

Statement of Violation

6 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)

Findings during the inspection were:

Facility failed to inspect portable fire extinguishers on a monthly basis.

Facility failed to maintain portable fire extinguisher in activity room, not mounted.

7 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)

Findings during the inspection were:

Fire alarm electrical breaker located in electrical panel was missing electrical breaker lock.



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Code Requirement

Statement of Violation

8 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)

Findings during the inspection were:

Facility failed to provide documentation showing carbon monoxide alarms/detectors are being inspected.

9 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 the inspection were:

Facility failed to maintain exit sign outside of salon area, sign inoperable.

10 Power Test

Battery-powered emergency lighting equipment shall be tested annually by operating the equipment on battery power for not less than 90 minutes.

(IFC 1031.10.2 2021)

Findings during the inspection were:

Facility failed to provide documentation showing 1.5 hour power test for all exit signs and emergency lights.



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Code Requirement

Statement of Violation

11 NFPA 80 Fire Door Inspection and Testing

5.2.1 Inspection and Testing. Upon completion of the installation, door, shutters, and window assemblies shall be inspected and tested in accordance with 5.2.4.
5.2.4 Periodic Inspection and Testing.
5.2.4.1 Periodic inspections and testing shall be performed not less than annually.

5.2.2.4 A record of all inspections and testing shall be provided that includes, but is not limited to, the following information:

1. Date of inspection
2. Name of facility
3. Address of facility
4. Name of person(s) performing inspections and testing
5. Company name and address of inspecting company
6. Signature of inspector of record
7. Individual record of each inspected and tested fire door assembly
8. Opening identifier and location of each inspected and tested fire door assembly
9. Type and description of each inspected and tested fire door assembly
10. Verification of visual inspection and functional operation
11. Listing of deficiencies in accordance with 5.2.3, Section 5.3, and Section 5.4

And the following shall be checked:

1. Labels are clearly visible and legible
2. No open holes or breaks exist in surfaces of either the door or frame
3. Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.
4. The door, frame, hinges, hardware, and non-combustible threshold are secured, aligned and in working order with no visible signs of damage
5. No parts are missing or broken
6. Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7
7. The self-closing device is operational; that is, the active door completely closes when operated from the full open position
8. If a coordinator is installed, the inactive lead close before the active lead

Findings during the inspection were:

Facility failed to provide documentation showing fire doors are being inspected annually.

The following doors failed to latch;

- Employee bathroom by Salon.
- Employee break room.



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9. Latching hardware operates and secures the door when it is in the closed position
10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame
11. No field modification to the door assembly have been performed that void the label.
12. Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and intertie
13. Signage affixed to a door meets the requirements listed in 4.1.4

Next inspection scheduled on or after: 11/21/2025

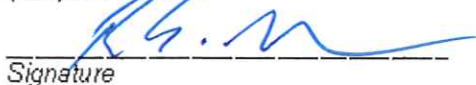
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Owner or Authorized Representative


Signature

Tim KREYGER BSO
Print Name and Title

Deputy State Fire Marshal Raul Murcia
PO BOX 42642
Olympia WA 98504
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