



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

Business Name	Peters Creek Retirement Community	Provider Number	2245
Address	14431 Redmond WAY ,	Approval Status	Approved
City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 10/01/2024 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

Carissa Brumell
Signature

Carissa Brumell, Executive Director
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Jason E Van Gorkum
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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Phone: (360) 596-3900

Business Name	Peters Creek Retirement Community	Provider Number	2245
Address	14431 Redmond WAY ,	Approval Status	Disapproved
City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 08/07/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Equipment Rooms

Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5.

(IFC 315.2.3 2021)

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)

Records shall be maintained of required emergency evacuation drills and include the following information:

1. Identity of the person conducting the drill.
2. Date and time of the drill.
3. Notification method used.
4. Employees on duty and participating.
5. Number of occupants evacuated.
6. Special conditions simulated.
7. Problems encountered.
8. Weather conditions when occupants were evacuated.
9. Time required to accomplish complete evacuation.

(IFC 0405.6 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.

The following drills are missing.

- 1st Shift - Quarter 1, 2, 3 and 4
- 2nd Shift - Quarter 1, 2, 3 and 4
- 3rd Shift - Quarter 1, 2, 3 and 4

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



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

Business Name	Peters Creek Retirement Community	Provider Number	2245
Address	14431 Redmond WAY ,	Approval Status	Disapproved
City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 08/07/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
3 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)	Corrected
4 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)	Corrected
5 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 deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Facility will need to identify and establish a schedule for inspection of Fire-Rated construction. Annual inspection of fire-resistance-rated construction will need to be performed and completed. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
6 Door Operation	
Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	At time of inspection the following was observed: 1. 2nd floor double doors will not latch 2. 2nd floor stairwell door will not latch (corrected) 3. 2nd floor double door held open with door wedge 4. 3rd floor room 301 door held open with door wedge



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Business Name Peters Creek Retirement Community
Address 14431 Redmond WAY ,
City, State, Zip Redmond, WA 98052

Provider Number 2245
Approval Status Disapproved
Facility Type Residential Care

On 08/07/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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7 Testing and Maintenance

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

(IFC 903.5 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Annual report (corrected)
2. 5-Year internal pipe Testing (NFPA 25 14.2.1.1) (corrected)
3. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2) (corrected)
4. Annual Trip Test (NFPA 25 13.1.1.2) (corrected)
5. Annual forward flow test (NFPA 25 13.7.2)
6. 5-Year FDC Hydro testing (NFPA 25 13.8.5) (corrected)
7. Quarterly inspections

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

At time of inspection the following was observed:

1. sprinkler heads found in kitchen have loaded dust
2. sprinkler riser in stairwell found with inspection tags not past year 2014

8 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 deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. First semi-annual servicing
2. Second semi-annual service

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



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On 08/07/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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9 Hangers and Brackets

Hand-held portable fire extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions.

(IFC 906.7 2021)

At time of inspection the following was observed:

1. fire extinguisher found on floor in kitchen (corrected)
2. fire extinguisher is found past due for inspection

10 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 deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Annual report (corrected)
2. Sensitivity Testing (IFC 907.8.3)
3. Monthly single and multiple station alarms test (IFC 907.8) (corrected)

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

11 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 9015.1 2021 WAC 51-54A)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Carbon Monoxide Alarms and Detectors will need to be tested, maintained and documented on a monthly schedule

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

CB



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On 08/07/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
------------------	------------------------

12 Activation Test

Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired.

(IFC 1032.10.1 2021)

Corrected

13 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)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Annual 90 minute power test had not been performed and documented

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

14 NFPA 80 Fire /Smoke Dampers Inspection and Testing

19.4 Periodic Inspection and Testing.

19.4.1 Each damper shall be tested and inspected 1 year after installation.

19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Fire/smoke damper inspection will need to be performed and documented

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

CB



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On 08/07/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

15 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 wither 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

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Facility will need to identify and establish a schedule for inspection of Fire Doors. Annual inspection of fire doors will need to be performed and completed.

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



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On 08/07/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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 integrity 13. Signage affixed to a door meets the requirements listed in 4.1.4	

Next inspection scheduled on or after: 09/09/2024

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

Carissa Brunell
Signature

Carissa Brunell, Executive Director
Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Jason E Van Gorkum
Signature



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Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Peters Creek Retirement Community	Provider Number	2245
Address	14431 Redmond WAY ,	Approval Status	Disapproved
City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 06/24/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Equipment Rooms

Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5.

(IFC 315.2.3 2021)

At time of inspection the following was observed:

1. 1st floor storage found in sprinkler riser room

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)

Records shall be maintained of required emergency evacuation drills and include the following information:

1. Identity of the person conducting the drill.
2. Date and time of the drill.
3. Notification method used.
4. Employees on duty and participating.
5. Number of occupants evacuated.
6. Special conditions simulated.
7. Problems encountered.
8. Weather conditions when occupants were evacuated.
9. Time required to accomplish complete evacuation.

(IFC 0405.6 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.

The following drills are missing.

- 1st Shift - Quarter 1, 2, 3 and 4
2nd Shift - Quarter 1, 2, 3 and 4
3rd Shift - Quarter 1, 2, 3 and 4

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

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



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Address	14431 Redmond WAY ,	Approval Status	Disapproved
City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 06/24/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

3 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)	At time of inspection the following was observed: 1. 2nd floor near nurses cart multi plug found in-use
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4 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 deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. First semi-annual hood cleaning 2. Second semi-annual hood cleaning All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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5 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 deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Facility will need to identify and establish a schedule for inspection of Fire-Rated construction. Annual inspection of fire-resistance-rated construction will need to be performed and completed. All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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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 Peters Creek Retirement Community

Provider Number 2245

Address 14431 Redmond WAY ,

Approval Status Disapproved

City, State, Zip Redmond, WA 98052

Facility Type Residential Care

On 06/24/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

6 Door Operation

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

(IFC 705.2.4 2021)

At time of inspection the following was observed:

1. 2nd floor double doors will not latch
2. 2nd floor stairwell door will not latch
3. 2nd floor double door held open with door wedge
4. 3rd floor room 301 door held open with door wedge

7 Testing and Maintenance

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

(IFC 903.5 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Annual report
2. 5-Year internal pipe Testing (NFPA 25 14.2.1.1)
3. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2)
4. Annual Trip Test (NFPA 25 13.1.1.2)
5. Annual forward flow test (NFPA 25 13.7.2)
6. 5-Year FDC Hydro testing (NFPA 25 13.8.5)
7. Quarterly inspections

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

At time of inspection the following was observed:

1. sprinkler heads found in kitchen have loaded dust
2. sprinkler riser in stairwell found with inspection tags not past year 2014

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Business Name Peters Creek Retirement Community
Address 14431 Redmond WAY ,
City, State, Zip Redmond, WA 98052

Provider Number 2245
Approval Status Disapproved
Facility Type Residential Care

On 06/24/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

8 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 deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. First semi-annual servicing
2. Second semi-annual service

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

9 Hangers and Brackets

Hand-held portable fire extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions.

(IFC 906.7 2021)

At time of inspection the following was observed:

1. fire extinguisher found on floor in kitchen

10 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 deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Annual report
2. Sensitivity Testing (IFC 907.8.3)
3. Monthly single and multiple station alarms test (IFC 907.8)

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

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



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Business Name Peters Creek Retirement Community

Provider Number 2245

Address 14431 Redmond WAY ,

Approval Status Disapproved

City, State, Zip Redmond, WA 98052

Facility Type Residential Care

On 06/24/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

11 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 0915.1 2021 WAC 51-54A)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Carbon Monoxide Alarms and Detectors will need to be tested, maintained and documented on a monthly schedule

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

12 Activation Test

Emergency lighting equipment shall be tested monthly for a duration of not less than 30 seconds. The test shall be performed manually or by an automated self-testing and self-diagnostic routine. Where testing is performed by self-testing and self-diagnostics, a visual inspection of the emergency lighting equipment shall be conducted monthly to identify any equipment displaying a trouble indicator or that has become damaged or otherwise impaired.

(IFC 1032.10.1 2021)

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. 30-second monthly activation testing had not been performed and documented

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

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City, State, Zip	Redmond, WA 98052	Facility Type	Residential Care

On 06/24/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

13 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)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Annual 90 minute power test had not been performed and documented All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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14 NFPA 80 Fire /Smoke Dampers Inspection and Testing

19.4 Periodic Inspection and Testing. 19.4.1 Each damper shall be tested and inspected 1 year after installation. 19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Fire/smoke damper inspection will need to be performed and documented All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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This document was prepared by Residential Care Services for the Locator website.



Business Name Peters Creek Retirement Community
Address 14431 Redmond WAY ,
City, State, Zip Redmond, WA 98052

Provider Number 2245
Approval Status Disapproved
Facility Type Residential Care

On 06/24/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

15 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 closes before the active lead

The following deficiencies were cited as a result of this inspection:

At the time of inspection the following paperwork was not provided:

1. Facility will need to identify and establish a schedule for inspection of Fire Doors. Annual inspection of fire doors will need to be performed and completed.

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



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On 06/24/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

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 integrity
13. Signage affixed to a door meets the requirements listed in 4.1.4

Next inspection scheduled on or after: 07/24/2024

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

Signature

Print Name and Title

Deputy State Fire Marshal Jason Van Gorkum
2803 156 AVE SE
Bellevue WA 98007
(509) 406-7209

Signature

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