



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

Business Name	Island House	Provider Number	2375
Address	7810 SE 30TH ST ,	Approval Status	Approved
City, State, Zip	Mercer Island, WA 98040	Facility Type	Residential Care

On 04/09/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

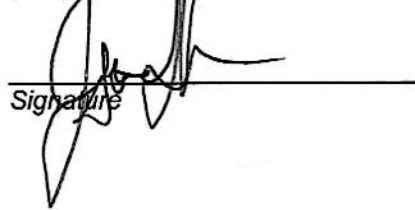
All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative


Signature


YOVAN LUYT
Print Name and Title

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


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.



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Phone: (360) 596-3900

Business Name Island House	Provider Number 2375
Address 7810 SE 30TH ST ,	Approval Status Disapproved
City, State, Zip Mercer Island, WA 98040	Facility Type Residential Care

On 02/13/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Means of Egress - Storage in Buildings

Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3.

(IFC 315.3.1 2018)

At time of inspection the following was observed:

1. 1st floor outside of gate blocked



2 Equipment Rooms - Storage in Buildings

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 315.3.3 2018)

At time of inspection the following was observed:

1. 2nd floor electrical room, West
2. 3rd floor mechanical room by 309, East

3 Record Keeping

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 0405.5 2018)

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.

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

will be making crit

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Code Requirement	Statement of Violation
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4 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 607.3.3.1 through 607.3.3.3.

(IFC 607.3.3 2018)

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.

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 2018 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. 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 2018)

At time of inspection the following was observed:

1. 3rd floor double doors will not latch, West
2. 2nd floor storage room will not latch, West
3. 3rd floor elevator fire door will not latch, East
4. 2nd floor double doors will not latch by room 205, East
5. 2nd floor double doors elevator will not latch, East
6. 1st floor double doors in living room will not latch
7. employee office door will not latch
8. Fire alarm door in Garage will not latch



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Statement of Violation

7 Testing and Maintenance

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

(IFC 903.5 2009, 2012, 2015, 2018)

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

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

1. 5-Year internal pipe Testing (NFPA 25 14.2.1.1)
2. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2)
3. Annual forward flow test (NFPA 25 13.7.2)
4. 5-years Backflow internal pipe (IFC 901.6)
5. 5-Year FDC Hydro testing (IFC 912.7)
6. Quarterly inspections
7. Annual Inspection

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. Kitchen has blocked sprinkler head
2. Garage storage has 2 blocked sprinkler heads
3. missing Escutcheon ring in dining room
4. missing Escutcheon ring in living room

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 904.12.5.2 2018)

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
3. Annual replacement of fusible links/auto sprinkler heads (IFC 904.12.5.3)
4. NAFED certification (IFC 904.1.1/WAC 51-54A-0904)

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



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Code Requirement

Statement of Violation

9 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 2015, 2018)

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

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

1. Monthly Inspection by Facility Maintenance Log Provided (NFPA 10.7.2)

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



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Code Requirement

Statement of Violation

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 2018)

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. Nuisance Log (IFC 907.8.3)
4. Monthly single and multiple station alarms test (IFC 907.8)
5. NICET or ES/NTS Certification (IFC 907.10.1/WAC 51-54A-0907)

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 0915.1 2015, 2018 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.

At time of inspection the following was observed:

1. Needed on the 4th floor mechanical room, West
2. Needed on the 3rd floor mechanical room, West
3. Needed on the 3rd floor mechanical room, East
4. Need on the 3rd floor library, East
5. 1st floor dining room



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Code Requirement

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12 Special-Purpose Horizontal Sliding Accordion or Folding Doors

In other than Group H occupancies, special-purpose horizontal sliding, accordion, or folding door assemblies permitted to be a component of a means of egress in accordance with Exception 6 to Section 1010.1.2 shall comply with all of the following criteria:

1. The doors shall be power operated and shall be capable of being operated manually in the event of power failure.
2. The doors shall be openable by a simple method from both sides without special knowledge or effort.
3. The force required to operate the door shall not exceed 30 pounds (133 N) to set the door in motion and 15 pounds (67 N) to close the door or open it to the minimum required width.
4. The door shall be openable with a force not to exceed 15 pounds (67 N) when a force of 250 pounds (1100 N) is applied perpendicular to the door adjacent to the operating device.
5. The door assembly shall comply with the applicable fire protection rating and, where rated, shall be self-closing or automatic closing by smoke detection in accordance with Section 716.2.6.6 of the International Building Code, shall be installed in accordance with NFPA 80 and shall comply with Section 716 of the International Building Code.
6. The door assembly shall have an integrated standby power supply.
7. The door assembly power supply shall be electrically supervised.
8. The door shall open to the minimum required width within 10 seconds after activation of the operating device.

(IFC 1010.1.4.3 2018)

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

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. Would not work at time of inspection

13 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 1031.10.1 2018)

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 test (IFC 1031.10.1)

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



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14 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 2018)	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 (IFC 1031.10.2) All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been 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 2018)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Annual service 2. Log of weekly inspections 3. Monthly 30-minute full load test or an Annual 4 hour load test 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. Will need to see what is on the generator panel

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16 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 4-year 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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17 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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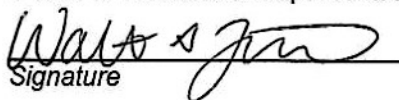
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Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed position 10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame 11. No field modification 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: 03/14/2024

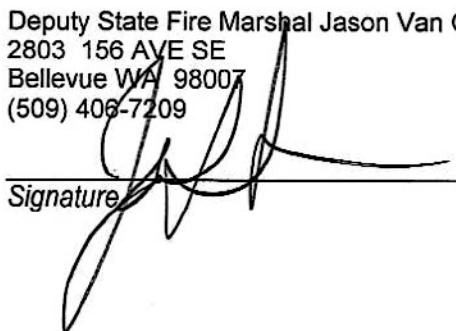
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature

Walter Johnson
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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Business Name	Island House	Provider Number	2375
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On 12/26/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Means of Egress - Storage in Buildings

Combustible materials shall not be stored in exits or enclosures for stairways and ramps. Combustible materials in the means of egress during construction, demolition, remodeling or alterations shall comply with Section 3311.3.

(IFC 315.3.1 2018)

At time of inspection the following was observed:

1. 1st floor outside of gate blocked

2 Equipment Rooms - Storage in Buildings

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 315.3.3 2018)

At time of inspection the following was observed:

1. 2nd floor electrical room, West
2. 3rd floor mechanical room by 309, East

3 Record Keeping

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 0405.5 2018)

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.

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

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Code Requirement

Statement of Violation

4 Cleaning

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be cleaned at intervals as required by Sections 607.3.3.1 through 607.3.3.3. (IFC 607.3.3 2018)	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 2018 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. 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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6 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2018)	At time of inspection the following was observed: 1. 3rd floor double doors will not latch, West 2. 2nd floor storage room will not latch, West 3. 3rd floor elevator fire door will not latch, East 4. 2nd floor double doors will not latch by room 205, East 5. 2nd floor double doors elevator will not latch, East 6. 1st floor double doors in living room will not latch 7. employee office door will not latch 8. Fire alarm door in Garage will not latch
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Code Requirement

Statement of Violation

7 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2009, 2012, 2015, 2018)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. 5-Year internal pipe Testing (NFPA 25 14.2.1.1) 2. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2) 3. Annual forward flow test (NFPA 25 13.7.2) 4. 5-years Backflow internal pipe (IFC 901.6) 5. 5-Year FDC Hydro testing (IFC 912.7) 6. 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. Kitchen has blocked sprinkler head 2. Garage storage has 2 blocked sprinkler heads 3. missing Escutcheon ring in dining room 4. missing Escutcheon ring in living room
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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 904.12.5.2 2018)	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 3. Annual replacement of fusible links/auto sprinkler heads (IFC 904.12.5.3) 4. NAFED certification (IFC 904.1.1/WAC 51-54A-0904) All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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Code Requirement

Statement of Violation

9 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 2015, 2018)	The following deficiencies were cited as a result of this inspection: At the time of inspection the following paperwork was not provided: 1. Monthly Inspection by Facility Maintenance Log Provided (NFPA 10.7.2) All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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Statement of Violation

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 2018)	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. Nuisance Log (IFC 907.8.3) 4. Monthly single and multiple station alarms test (IFC 907.8) 5. NICET or ES/NTS Certification (IFC 907.10.1/WAC 51-54A-0907) All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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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 2015, 2018 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 am monthly schedule 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. Needed on the 4th floor mechanical room, West 2. Needed on the 3rd floor mechanical room, West 3. Needed on the 3rd floor mechanical room, East 4. Need on the 3rd floor library, East 5. 1st floor dining room
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Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Island House	Provider Number	2375
Address	7810 SE 30TH ST ,	Approval Status	Disapproved
City, State, Zip	Mercer Island, WA 98040	Facility Type	Residential Care

On 12/26/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

12 Special-Purpose Horizontal Sliding Accordion or Folding Doors

In other than Group H occupancies, special-purpose horizontal sliding, accordion, or folding door assemblies permitted to be a component of a means of egress in accordance with Exception 6 to Section 1010.1.2 shall comply with all of the following criteria:

1. The doors shall be power operated and shall be capable of being operated manually in the event of power failure.
2. The doors shall be openable by a simple method from both sides without special knowledge or effort.
3. The force required to operate the door shall not exceed 30 pounds (133 N) to set the door in motion and 15 pounds (67 N) to close the door or open it to the minimum required width.
4. The door shall be openable with a force not to exceed 15 pounds (67 N) when a force of 250 pounds (1100 N) is applied perpendicular to the door adjacent to the operating device.
5. The door assembly shall comply with the applicable fire protection rating and, where rated, shall be self-closing or automatic closing by smoke detection in accordance with Section 716.2.6.6 of the International Building Code, shall be installed in accordance with NFPA 80 and shall comply with Section 716 of the International Building Code.
6. The door assembly shall have an integrated standby power supply.
7. The door assembly power supply shall be electrically supervised.
8. The door shall open to the minimum required width within 10 seconds after activation of the operating device.

(IFC 1010.1.4.3 2018)

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

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. Would not work at time of inspection

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Code Requirement

Statement of Violation

13 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 1031.10.1 2018)	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 test (IFC 1031.10.1) All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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14 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 2018)	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 (IFC 1031.10.2) All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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Code Requirement

Statement of Violation

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 2018)

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

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

1. Annual service
2. Log of weekly inspections
3. Monthly 30-minute full load test or an Annual 4 hour load test

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. Will need to see what is on the generator panel

16 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 4-year 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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Code Requirement

Statement of Violation

17 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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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: 01/29/2024

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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