



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

Business Name	Pacifica Senior Living Ellensburg	Provider Number	2376
Address	818 E Mountian View AVE ,	Approval Status	Disapproved
City, State, Zip	Ellensburg, WA 989263866	Facility Type	Residential Care

On 02/07/2024 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)

Corrected

2 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.

The following Drills are missing.

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

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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3 Working Space and Clearance

A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space. Exceptions: 1. Where other dimensions are required or allowed by NFPA 70. 2. Access openings into attics or under-floor areas that provide a minimum clear opening of 22 inches (559 mm) by 30 inches (762 mm). (IFC 604.3 2018)	Corrected
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4 Extension Cords

Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors. (IFC 604.5 2018)	Corrected
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5 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. 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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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 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 by 30 days of this inspection.

Annual inspection of fire-resistance-rated construction will need to be performed and completed by end of 2024.

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

7 Penetrations - Maintaining Protection

Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions.

(IFC 703.1 2018)

At time of inspection the following was observed:

1. Penetration found in 2nd floor storage room

8 Door Operation

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

(IFC 705.2.4 2018)

Corrected



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Code Requirement

Statement of Violation

9 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. 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 forward flow test (NFPA 25 13.7.2)
5. 5-years Backflow internal pipe (IFC 901.6)
6. 5-Year FDC Hydro testing (IFC 912.7)
7. Quarterly inspections

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

10 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

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

11 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.

12 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)

Corrected

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 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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Code Requirement

Statement of Violation

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 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.

15 Circuit Identification and Accessibility

10.6.5.2 Circuit Identification and Accessibility.
10.6.5.2.1 The location of the branch circuit disconnecting means shall be permanently identified at the control unit.
10.6.5.2.2 System circuit disconnecting means shall be permanently identified as to its purpose in accordance with the following:

- (1) "FIRE ALARM" for fire alarm systems
- (2) "EMERGENCY COMMUNICATIONS" for emergency communications systems
- (3) "FIRE ALARM/ECS" for combination fire alarm and emergency communications systems

10.6.5.2.3 For fire alarm and/or signaling systems, the circuit disconnecting means shall have a red marking.
10.6.5.2.4 The red marking shall not damage the overcurrent protective devices or obscure the manufacturer's markings.
10.6.5.2.5 The circuit disconnecting means shall be accessible only to authorized personnel.

10.6.5.3 Mechanical Protection. The branch circuit(s) and connections shall be protected against physical damage.
10.6.5.4 Circuit Breaker Lock. Where a circuit breaker is the disconnecting means, a listed breaker locking device shall be installed.

10.6.5.5 Overcurrent Protection. An overcurrent protective device of suitable current-carrying capacity that is capable of interrupting the maximum short-circuit current to which it can be subject shall be provided in each ungrounded conductor.

(NFPA 72 10.6.5.2)

At time of inspection the following was observed:

1. Fire alarm circuit breaker in the electrical room is missing the required lock device - locking breaker in the "ON" position.



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Code Requirement

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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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Facility Type Residential Care

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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 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 by 30 days of this inspection. Annual inspection of fire doors will need to be performed and completed by end of 2024.

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

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

Next inspection scheduled on or after: 03/08/2024

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

Brian Sorenson Executive D.

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

Signature



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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. storage found in #3 stairwell

2 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.

The following Drills are missing.

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

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

3 Working Space and Clearance

A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

Exceptions:

1. Where other dimensions are required or allowed by NFPA 70.
2. Access openings into attics or under-floor areas that provide a minimum clear opening of 22 inches (559 mm) by 30 inches (762 mm).

(IFC 604.3 2018)

At time of inspection the following was observed:

1. MC2 in dining room has blocked electrical panel

4 Extension Cords

Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors.

(IFC 604.5 2018)

At time of inspection the following was observed:

1. Communication room had an extension cord in use

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Code Requirement

Statement of Violation

5 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. 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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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 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 by 30 days of this inspection. Annual inspection of fire-resistance-rated construction will need to be performed and completed by end of 2024. 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

7 Penetrations - Maintaining Protection

Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions. (IFC 703.1 2018)	At time of inspection the following was observed: 1. Penetration found in 2nd floor storage room
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8 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. MC2 double doors will not latch
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9 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. 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 forward flow test (NFPA 25 13.7.2) 5. 5-years Backflow internal pipe (IFC 901.6) 6. 5-Year FDC Hydro testing (IFC 912.7) 7. Quarterly inspections All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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10 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 All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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11 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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Code Requirement

Statement of Violation

12 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. Need on the 2nd floor in the communication room
2. There were missing Carbon Monoxide alarms from the corridors/common areas that had HVAC duct work directly connecting to a fossil fuel burning central heating appliance.

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 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.

At time of inspection the following was observed:

1. Exit sign found broken located next to wellness room



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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 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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15 Circuit identification and Accessibility

10.6.5.2 Circuit Identification and Accessibility. 10.6.5.2.1 The location of the branch circuit disconnecting means shall be permanently identified at the control unit. 10.6.5.2.2 System circuit disconnecting means shall be permanently identified as to its purpose in accordance with the following: (1) "FIRE ALARM" for fire alarm systems (2) "EMERGENCY COMMUNICATIONS" for emergency communications systems (3) "FIRE ALARM/ECS" for combination fire alarm and emergency communications systems 10.6.5.2.3 For fire alarm and/or signaling systems, the circuit disconnecting means shall have a red marking. 10.6.5.2.4 The red marking shall not damage the overcurrent protective devices or obscure the manufacturer's markings. 10.6.5.2.5 The circuit disconnecting means shall be accessible only to authorized personnel. 10.6.5.3 Mechanical Protection. The branch circuit(s) and connections shall be protected against physical damage. 10.6.5.4 Circuit Breaker Lock. Where a circuit breaker is the disconnecting means, a listed breaker locking device shall be installed. 10.6.5.5 Overcurrent Protection. An overcurrent protective device of suitable current-carrying capacity that is capable of interrupting the maximum short-circuit current to which it can be subject shall be provided in each ungrounded conductor. (NFPA 72 10.6.5.2)	At time of inspection the following was observed: 1. Fire alarm circuit breaker in the electrical room is missing the required lock device - locking breaker in the 'ON' position.
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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	Pacifica Senior Living Ellensburg	Provider Number	2376
Address	818 E Mountian View AVE ,	Approval Status	Disapproved
City, State, Zip	Ellensburg, WA 989263866	Facility Type	Residential Care

On 01/02/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

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 by 30 days of this inspection. Annual inspection of fire doors will need to be performed and completed by end of 2024.

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: 02/01/2024

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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