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

Business Name	Herons Key at Gig Harbor ALF	***Provider Number***	2425
Address	4340 Borgen BLVD NW,	***Approval Status***	Approved
City, State, Zip	Gig Harbor, WA 98332	***Facility Type***	Residential Care

On 02/06/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 165127 Here's a complaint of space heaters Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? 2. If the sprinklers were activated? 3. If there was an evacuation / how many were evacuated? 4. If there were injuries / how many? 5. Did the fire department respond? Yes, No	On 2/6/25, an off-site investigation was conducted for complaint ID #165127. The complaint was in regards to heating units that were out of service, requiring the use of space heaters in several ALF resident rooms. Upon conducting the telephone investigation, the following key findings were made: 1) All inoperable heating units in apartments 1514, 1516, 1517, 1518, 1529, 1531, 1533, 2614, 2616, 2617, 2618, 2629, and 2631 have been repaired and restored to full functionality. 2) Heating unit in apartment 1534 is waiting for a coil part to arrive and will be fully operational once installed. 3) All pre-approved space heaters have been removed and are no longer in use. No residents were evacuated. No injuries were reported. The incident did not require fire department response. No violations were observed with the facility response to the incident, and no IFC violations were detected.

Initials of Authorized Facility Representative: _____

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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

_____ George Smith, Facilities Director
Signature *Print Name and Title*

Deputy State Fire Marshal Lysandra Davis
2502 112 ST
Tacoma WA 984455104
(360) 890-1622

_____
Signature

Initials of Authorized Facility Representative: _____