



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

Business Name	Aegis Lodge of Kirkland	Provider Number	2492
Address	12629 116TH AVE NE,	Approval Status	Disapproved
City, State, Zip	Kirkland, WA 98034	Facility Type	Residential Care

On 04/29/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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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.

Corrected

(IFC 315.3.2 2021)

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.

Corrected

(IFC 315.3.3 2021)

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3 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 405.5 2021)

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 2
- 2nd Shift - Quarter 2 and 3
- 3rd Shift - Quarter 2

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

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4 Working Space and Clearance

Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment.

Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space.

(IFC 603.4, 2021)

Corrected

5 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

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6 Where Required

606.2 Where required. A Type I hood shall be installed at or above all commercial cooking appliances and domestic cooking appliances used for commercial purposes that produce grease laden vapors.

EXCEPTIONS:

1. Factory-built commercial exhaust hoods that are listed and labeled in accordance with UL 710, and installed in accordance with Section 304.1 of the International Mechanical Code, shall not be required to comply with Sections 507.1.5, 507.2.3, 507.2.5, 507.2.8, 507.3.1, 507.3.3, 507.4, and 507.5 of the International Mechanical Code.
2. Factory-built commercial cooking recirculating systems that are listed and labeled in accordance with UL 710B, and installed in accordance with Section 304.1 of the International Mechanical Code, shall not be required to comply with Sections 507.1.5, 507.2.3, 507.2.5, 507.2.8, 507.3.1, 507.3.3, 507.4, and 507.5 of the International Mechanical Code. Spaces in which such systems are located shall be considered to be kitchens and shall be ventilated in accordance with Table 403.3.1.1 of the International Mechanical Code. For the purpose of determining the floor area required to be ventilated, each individual appliance shall be considered as occupying not less than 100 square feet (9.3 m²).
3. Where cooking appliances are equipped with integral down-draft exhaust systems and such appliances and exhaust systems are listed and labeled for the application in accordance with NFPA 96, a hood shall not be required at or above them.
4. A Type I hood shall not be required for an electric cooking appliance where an approved testing agency provides documentation that the appliance effluent contains 5 mg/m³ or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m³/s) in accordance with UL 710B.
5. A Type I hood shall not be required to be installed in an R-2 occupancy with not more than 16 residents.

At time of inspection the following was observed:

1. Found oven located outside of covered type 1 hood in use
 - a. Facility will need to show paperwork from Department of Health (DoH), Construction Review Services (CRS) for approval of work
 - b. Facility will need to show paper work from manufacture for UL rating until requirements are meet oven shall not be in use



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Statement of Violation

(IFC 60.2 2021 WAC 51-54A)

7 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.

8 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)

Corrected



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9 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 2021)

At time of inspection the following was observed:

1. Penetration found around sprinkler head, by room 209

10 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. Janitor supply room on 2nd floor will not latch
2. Laundry room in memory care on 1st floor will not latch

11 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. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2)
2. Annual forward flow test (NFPA 25 13.7.2)
3. 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. Deficiencies found on 3/24/2023 report
2. Loaded sprinkler heads found all through kitchen

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Code Requirement

Statement of Violation

12 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:

- Corrected 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.

At time of inspection the following was observed:

Corrected 1. Will need to have vendor perform inspection regarding heavy grease build up.

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Code Requirement

Statement of Violation

13 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.

2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:

2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.

2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.

2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.

2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed.

2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.

3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

(IFC 906.2 2021)

At time of inspection the following was observed:

1. Fire extinguisher found past its 12 month annual inspection by room 341

Corrected 2. Fire extinguisher in kitchen has does not show monthly inspection

14 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)

At time of inspection the following was observed:

1. Will need to see if system monitors sensitivity on smoke detectors. if not, will need to show if a sensitivity test has been performed.

2. System is in trouble status

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Code Requirement	Statement of Violation
15 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 an 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. CO detector found not working in water heater room 3rd floor
16 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
17 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)	Corrected

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18 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 2021)

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

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

- Corrected 1. Log of weekly inspections
- 2. Monthly 30-minute full load test

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

19 Security

Compressed gas containers, cylinders, tanks and systems shall be secured against accidental dislodgement and against access by unauthorized personnel in accordance with Sections 5303.5.1 through 5303.5.3.

(IFC 5303.5 2021)

Corrected

20 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.

At time of inspection the following was observed:

- 1. Deficiencies found on 4/1/2019

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Code Requirement

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21 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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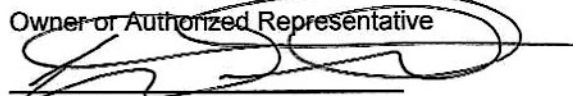
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Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed position 10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame 11. No field modification 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: 05/29/2024

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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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 315.3.2 2021)

At time of inspection the following was observed:

1. Combustible materials found in Stairwell # 2, 3rd floor
2. Combustible materials found in Stairwell # 2, 3rd floor
3. Combustible materials found in Stairwell # 3, 2nd floor
4. Blocked path of egress found in kitchen

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 2021)

At time of inspection the following was observed:

1. 1st floor electrical room found with combustible materials

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3 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 405.5 2021)

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 2
- 2nd Shift - Quarter 2 and 3
- 3rd Shift - Quarter 2

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

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4 Working Space and Clearance

Working space and clearances. Working space around electrical equipment shall be provided in accordance with Section 110.26 of NFPA 70 for electrical equipment rated 1,000 volts or less, and Section 110.32 of NFPA 70 for electrical equipment rated over 1,000 volts. The minimum required working space shall be not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the minimum working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space. (IFC 603.4, 2021)	At time of inspection the following was observed: 1. Electrical panel blocked
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5 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. per code, in-correct multi plug in use 1st floor music room
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6 Where Required

606.2 Where required. A Type I hood shall be installed at or above all commercial cooking appliances and domestic cooking appliances used for commercial purposes that produce grease laden vapors.

EXCEPTIONS:

1. Factory-built commercial exhaust hoods that are listed and labeled in accordance with UL 710, and installed in accordance with Section 304.1 of the International Mechanical Code, shall not be required to comply with Sections 507.1.5, 507.2.3, 507.2.5, 507.2.8, 507.3.1, 507.3.3, 507.4, and 507.5 of the International Mechanical Code.
2. Factory-built commercial cooking recirculating systems that are listed and labeled in accordance with UL 710B, and installed in accordance with Section 304.1 of the International Mechanical Code, shall not be required to comply with Sections 507.1.5, 507.2.3, 507.2.5, 507.2.8, 507.3.1, 507.3.3, 507.4, and 507.5 of the International Mechanical Code. Spaces in which such systems are located shall be considered to be kitchens and shall be ventilated in accordance with Table 403.3.1.1 of the International Mechanical Code. For the purpose of determining the floor area required to be ventilated, each individual appliance shall be considered as occupying not less than 100 square feet (9.3 m2).
3. Where cooking appliances are equipped with integral down-draft exhaust systems and such appliances and exhaust systems are listed and labeled for the application in accordance with NFPA 96, a hood shall not be required at or above them.
4. A Type I hood shall not be required for an electric cooking appliance where an approved testing agency provides documentation that the appliance effluent contains 5 mg/m3 or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m3/s) in accordance with UL 710B.
5. A Type I hood shall not be required to be installed in an R-2 occupancy with not more than 16 residents.

At time of inspection the following was observed:

1. Found oven located outside of covered type 1 hood in use

- a. Facility will need to show paperwork from Department of Health (DoH), Construction Review Services (CRS) for approval of work
- b. Facility will need to show paper work from manufacture for UL rating

until requirements are meet oven shall not be in use

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(IFC 60.2 2021 WAC 51-54A)

7 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.

8 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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Address	12629 116TH AVE NE,	Approval Status	Disapproved
City, State, Zip	Kirkland, WA 98034	Facility Type	Residential Care

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Code Requirement

Statement of Violation

9 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 2021)	At time of inspection the following was observed: 1. Penetration found around sprinkler head, by room 209
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10 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. Janitor supply room on 2nd floor will not latch 2. Laundry room in memory care on 1st floor will not latch
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11 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. 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2) 2. Annual forward flow test (NFPA 25 13.7.2) 3. 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. Deficiencies found on 3/24/2023 report 2. Loaded sprinkler heads found all through kitchen
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Statement of Violation

12 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. At time of inspection the following was observed: 1. Will need to have vendor perform inspection regarding heavy grease build up.
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Code Requirement

Statement of Violation

13 Portable Fire Extinguishers - General Requirements

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10. Exceptions: 1. The distance of travel to reach an extinguisher shall not apply. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies. 2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met: 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed. 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal. 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment. 2.4. Electronic monitoring devices and supervisory circuits shall be tested every 3 years when extinguisher maintenance is performed. 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10. 3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations. (IFC 906.2 2021)	At time of inspection the following was observed: 1. Fire extinguisher found past its 12 month annual inspection 2. Fire extinguisher in kitchen has does not show monthly inspection
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14 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)	At time of inspection the following was observed: 1. Will need to see if system monitors sensitivity on smoke detectors. if not, will need to show if a sensitivity test has been performed. 2. System is in trouble statis
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Code Requirement

Statement of Violation

15 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.

At time of inspection the following was observed:

1. CO detector found not working in water heater room 3rd floor

16 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 test

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 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

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

18 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 2021)

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

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

1. Log of weekly inspections
2. Monthly 30-minute full load test

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

19 Security

Compressed gas containers, cylinders, tanks and systems shall be secured against accidental dislodgement and against access by unauthorized personnel in accordance with Sections 5303.5.1 through 5303.5.3.

(IFC 5303.5 2021)

At time of inspection the following was observed:

1. Located in kitchen 4 tanks were found unsecured

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Code Requirement

Statement of Violation

20 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. At time of inspection the following was observed: 1. Deficiencies found on 4/1/2019
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Code Requirement

Statement of Violation

21 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: 04/24/2024

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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