



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

Business Name Tri-Cities Assisted Living
Address 2000 22ND ,
City, State, Zip Pasco, WA 99301

Provider Number 2549
Approval Status Disapproved
Facility Type Residential Care

On 03/17/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 Burning Objects

Lighted matches, cigarettes, cigars, or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material.

(IFC 310.7 2021)

2 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings.

Exceptions:

1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings.
2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.

(IFC 315.2.1 2021)

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 0405.6 2021)

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4 Abatement of Electrical Hazards

Abatement of unsafe conditions and electrical hazards. Conditions that constitute an electrical shock or fire hazard shall be abated..

(IFC 603.2 2021)

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)

6 Application and Use

603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle.
Exceptions:
1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment.
2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices.

(IFC 603.5.2, 2021)

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7 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension 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 603.6 2021)

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)

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9 Inspection and Maintenance

Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified.

(IFC 705.2 2021)

10 Hold-Open Devices and Closers

Hold-open devices and automatic door closers, where provided, shall be maintained. During the period that such device is out of service for repairs, the door it operates shall remain in the closed position.

(IFC 705.2.3 2021)

11 Door Operation

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

(IFC 705.2.4 2021)

The following violation remained following the reinspection:
Resident Room 112 - door failed to close and latch

12 Duct and Air Transfer Openings - Maintaining Protection

Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Other products or materials used to protect the openings for ducts and air transfer openings shall be securely attached to or bonded to the construction containing the duct or air transfer opening, without visible openings through or into the cavity of the construction. Any damaged products or materials protecting duct and air transfer openings shall be repaired, restored or replaced.

(IFC 706.1 2018)

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13 Testing and Maintenance

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

(IFC 903.5 2009, 2012, 2015, 2018)

The following violation remained following the reinspection:

Closet next to Chemical Room - fire sprinkler escutcheon ring was missing.

14 Unobstructed and Unobscured

Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers.

(IFC 906.6 2021)

15 Extinguishers Weighing 40 Pounds or Less

Portable fire extinguishers having a gross weight not exceeding 40 pounds (18 kg) shall be installed so that their tops are not more than 5 feet (1524 mm) above the floor.

(IFC 906.9.1 2021)

16 Inspection, Testing and Maintenance

The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained.

(IFC 907.8 2021)

The following violations remained following the reinspection:

Single station smoke alarms greater than 10 years old were observed in the following locations:
Resident Room 220

Facility shall audit all rooms to ensure no single station smoke alarms are greater than ten years old prior to reinspection.

Main Electrical Room - heat detector was missing cover.



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17 Smoke Detector Sensitivity

Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.

(IFC 907.8.3 2021)

18 Means of Egress Continuity

The path of egress travel along a means of egress shall not be interrupted by any building element other than a means of egress component as specified in this chapter. Obstructions shall not be placed in the minimum width or required capacity of a means of egress component except projections permitted by this chapter. The minimum width or required capacity of a means of egress system shall not be diminished along the path of egress travel.

(IFC 1003.6 2021)

19 Emergency Power for Illumination

The power supply for means of egress illumination shall normally be provided by the premises' electrical supply.

(IFC 1008.3 2021)

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20 Controlled Egress Doors in Groups I-1 and I-2

Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following:

1. The doors shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system.
2. The door locks shall unlock on loss of power controlling the lock or lock mechanism.
3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the International Fire Code.
6. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door.
7. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems.
8. Emergency lighting shall be provided at the door.
9. The door locking system units shall be listed in accordance with UL 294.

EXCEPTIONS:

1. Items 1 through 4 and 6 shall not apply to doors to areas where persons, which because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area.
2. Items 1 through 4 and 6 shall not apply to doors to areas

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where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital. (IFC 1010.1.9.7 2021 WAC 51-54A)	

21 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)	
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22 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 violation remained following the reinspection: Facility was unable to provide documentation of annual serve on the emergency generator within the past twelve months.
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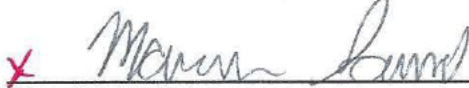
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Next inspection scheduled on or after: 04/16/2025

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 Barbara Maier
PO BOX 42642
Olympia WA 98504
(360) 596-3925
CDSFM Barbara A Maier

Digitally signed by CDSFM Barbara A Maier
DN: cn=CDSFM Barbara A Maier, o=Washington State Patrol,
ou=Fire Protection Bureau, email=barbara.maier@wsp.wa.gov,
c=US
Date: 2025.03.18 12:42:26 -0700

Signature



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1 Burning Objects

Lighted matches, cigarettes, cigars, or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material.

(IFC 310.7 2021)

The following violation was observed:

Burned smoking materials were observed in the landscaping and in the plastic garbage can at the front entrance.

2 Ceiling Clearance

Storage shall be maintained 2 feet (610 mm) or more below the ceiling in nonsprinklered areas of buildings or not less than 18 inches (457 mm) below sprinkler head deflectors in sprinklered areas of buildings.

Exceptions:

1. The 2-foot (610 mm) ceiling clearance is not required for storage along walls in nonsprinklered areas of buildings.
2. The 18-inch (457 mm) ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.

(IFC 315.2.1 2021)

The following violations were observed:

Storage encroached on the 18" required distance from fire sprinkler head in the following locations:

- First floor south stairwell closet
- First floor north stairwell closet
- Resident Room 103 in closet
- Resident Room 121 in closet

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 0405.6 2021)

The following violations were observed:

The facility used a previous months employee participation list for the following fire drills, disqualifying the records of the fire drill:

- Swing shift February 2024
- Swing shift May 2024
- Swing shift August 2024

Facility shall perform a swing shift fire drill prior to reinspection.



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4 Abatement of Electrical Hazards

Abatement of unsafe conditions and electrical hazards. Conditions that constitute an electrical shock or fire hazard shall be abated..

(IFC 603.2 2021)

The following violations were observed:

Electrical outlets and/of electrical outlet covers were broke in the following locations:

Corridor by Room 303
Employee Breakroom

Electrical panels in corridors and kitchen dry storage shall be locked.

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)

The following violations were observed:

Unfused multiplug adapters were in use in the following locations:

Resident Room 220 behind recliner
Resident Room 206 by television
Resident Room 119 by television

6 Application and Use

603.5.2 Application and use. Relocatable power taps and current taps shall be directly connected to a permanently installed receptacle.

Exceptions:

1. Where approved for use in a Group A occupancy or in a meeting room in a Group B occupancy, not more than five relocatable power taps shall be permitted to be connected together or connected to an extension cord for temporary use to supply power to electronic equipment.

2. Current taps and relocatable power taps shall not be required to connect directly to a permanently installed receptacle outlet where used for 90 days or less for the purpose of testing the performance of such devices.

(IFC 603.5.2, 2021)

The following violations were observed:

Appliance were plugged into multiplug adapters in the following locations:

Resident Room 220
Generator Building

Multiplug adapters were plugged into other multiplug adapters in the following locations:

Resident Room 206 by television

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7 Extension Cords

Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension 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 603.6 2021)

The following violation was observed:

Common area outside library - extension cord in use.
Corrected during inspection.

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 violation was observed:

Facility was unable to provide documentation of rated wall inspections within the twelve months.

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9 Inspection and Maintenance

Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified. (IFC 705.2 2021)	The following violations were observed: Facility was unable to provide documentation of annual rated door inspections within the past twelve months.
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10 Hold-Open Devices and Closers

Hold-open devices and automatic door closers, where provided, shall be maintained. During the period that such device is out of service for repairs, the door it operates shall remain in the closed position. (IFC 705.2.3 2021)	The following violation was observed: Resident Room 127 - door to corridor was blocked open Franklin Activity Room - door to the corridor was obstructed by wheelchair. Corrected during inspection.
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11 Door Operation

Swinging fire doors shall close from the full-open position and latch automatically. (IFC 705.2.4 2021)	The following violations were observed: Doors failed to close and latch in the following locations: Resident Room 318 Resident Room 127 Resident Room 112 Elevator Mechanical Room Nurses Station Kitchen Dry Storage Employee Breakroom/Storage Room
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12 Duct and Air Transfer Openings - Maintaining Protection

Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Other products or materials used to protect the openings for ducts and air transfer openings shall be securely attached to or bonded to the construction containing the duct or air transfer opening, without visible openings through or into the cavity of the construction. Any damaged products or materials protecting duct and air transfer openings shall be repaired, restored or replaced.

(IFC 706.1 2018)

The following violation was observed:

Facility was unable to provide documentation of fire/smoke damper testing within the past four years.

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13 Testing and Maintenance

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

(IFC 903.5 2009, 2012, 2015, 2018)

The following violations were observed:

Facility was unable to provide documentation of second and third quarter fire sprinkler system inspections.

Facility was unable to provide documentation of annual forward flow testing on the fire system backflow within the past twelve months.

Facility was unable to provide documentation of hydrostatic testing of the fire department connection within the past five years.

Facility was unable to provide documentation of fire sprinkler system internal pipe inspection within the past five years.

Facility was unable to provide documentation of testing or replacement of sprinkler heads greater than 50 years old.

Fire sprinkler escutcheon rings were missing in the following locations:

Resident Room 304 in closet
3rd Floor Corridor outside Room 314
Chemical Room
Closet next to Chemical Room
Employee Breakroom closet

Fire sprinkler heads had excessive particulate on them in the following locations:

3rd Floor Laundry
2nd Floor Shower Room

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14 Unobstructed and Unobscured

Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers.

(IFC 906.6 2021)

The following violation was observed:

Laundry - access to fire extinguisher was obstructed

Kitchen - access to K fire extinguisher was obstructed.
Additionally, the fire extinguisher shall be mounted.

15 Extinguishers Weighing 40 Pounds or Less

Portable fire extinguishers having a gross weight not exceeding 40 pounds (18 kg) shall be installed so that their tops are not more than 5 feet (1524 mm) above the floor.

(IFC 906.9.1 2021)

The following violation was observed:

Fire extinguisher was mounted higher than 5' at the handle in the following locations:

Kitchen
Dining

16 Inspection, Testing and Maintenance

The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained.

(IFC 907.8 2021)

The following violations were observed:

Facility was unable to provide documentation of single station smoke alarm testing for the past twelve months.

Single station smoke alarms greater than 10 years old were observed in the following locations:

Resident Room 303
Resident Room 322
Resident Room 220
Resident Room 206
Resident Room 205
Resident Room 106
Resident Room 108
Resident Room 112
Resident Room 119
Resident Room 121
Franklin Memory Care Activity Room

Facility shall audit all rooms to ensure no single station smoke alarms are greater than ten years old prior to reinspection.

Main Electrical Room - heat detector was missing cover.



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17 Smoke Detector Sensitivity

Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.

(IFC 907.8.3 2021)

The following violation was observed:

Facility was unable to provide documentation of smoke detector sensitivity testing within the past five years.

18 Means of Egress Continuity

The path of egress travel along a means of egress shall not be interrupted by any building element other than a means of egress component as specified in this chapter. Obstructions shall not be placed in the minimum width or required capacity of a means of egress component except projections permitted by this chapter. The minimum width or required capacity of a means of egress system shall not be diminished along the path of egress travel.

(IFC 1003.6 2021)

The following violation was observed:

Front Exit - one door leaf failed to open when tested.

19 Emergency Power for Illumination

The power supply for means of egress illumination shall normally be provided by the premises' electrical supply.

(IFC 1008.3 2021)

The following violations were observed:

Emergency battery backup lighting failed when tested in the following locations:
Third floor south stairwell
Second floor south stairwell
Second floor north stairwell
First floor north stairwell



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20 Controlled Egress Doors in Groups I-1 and I-2

Electric locking systems, including electromechanical locking systems and electromagnetic locking systems, shall be permitted to be locked in the means of egress in Group I-1 or I-2 occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke or heat detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following:

1. The doors shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system.
2. The door locks shall unlock on loss of power controlling the lock or lock mechanism.
3. The door locking system shall be installed to have the capability of being unlocked by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the International Fire Code.
6. There is a system, such as a keypad and code, in place that allows visitors, staff persons and appropriate residents to exit. Instructions for exiting shall be posted within six feet of the door.
7. All clinical staff shall have the keys, codes or other means necessary to operate the locking systems.
8. Emergency lighting shall be provided at the door.
9. The door locking system units shall be listed in accordance with UL 294.

EXCEPTIONS:

1. Items 1 through 4 and 6 shall not apply to doors to areas where persons, which because of clinical needs, require restraint or containment as part of the function of a psychiatric treatment area.
2. Items 1 through 4 and 6 shall not apply to doors to areas

The following violation was observed:

Franklin Memory Care Wing - the door code was removed at the door to main area of building.

Franklin Activity Room - door code on the door to courtyard was wrong.



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

Business Name	Tri-Cities Assisted Living	Provider Number	2549
Address	2000 22ND ,	Approval Status	Disapproved
City, State, Zip	Pasco, WA 99301	Facility Type	Residential Care

On 12/04/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital. (IFC 1010.1.9.7 2021 WAC 51-54A)	

21 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 violation was observed: Facility was unable to provide documentation of monthly 30 second testing since October 2024.
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22 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 violations were observed: Facility was unable to provide documentation of annual serve on the emergency generator within the past twelve months. Facility was unable to provide documentation of monthly load testing of the emergency generator following October 2, 2024 test. Facility shall document generator run time by documenting run hours indicated on the generator and not "30 min". Facility was unable to provide documentation of weekly inspection of the emergency generator following October 23, 2024 inspection. Facility shall install emergency lighting with battery backup in proximity of the emergency generator.
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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 Tri-Cities Assisted Living
Address 2000 22ND ,
City, State, Zip Pasco, WA 99301

Provider Number 2549
Approval Status Disapproved
Facility Type Residential Care

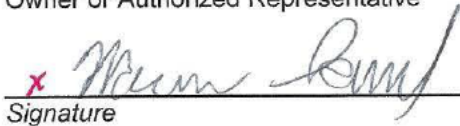
On 12/04/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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Next inspection scheduled on or after: 01/03/2025

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 Barbara Maier
PO BOX 42642
Olympia WA 98504
(360) 596-3925
CDSFM Barbara A Maier

Digitally signed by CDSFM Barbara A Maier
DN: cn=CDSFM Barbara A Maier, o=Washington State Patrol,
ou=Fire Protection Bureau, email=barbara.maier@wsp.wa.gov,
c=US
Date: 2025.03.18 12:38:24 -0700

Signature