



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

Business Name	Merrill Gardens at Kirkland	Provider Number	2135
Address	201 KIRKLAND ,	Approval Status	Disapproved
City, State, Zip	Kirkland, WA 98033	Facility Type	Residential Care

On 02/20/2024 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 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. The following Drills are missing. 3rd Shift - Quarter 1, 2, 3, 4 All inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
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2 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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3 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

4 Unapproved conditions

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

(IFC 604.6, 2018)

Corrected

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)

Corrected

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be inspected at intervals specified in Table 607.3.3.1 or as approved by the fire code official. Inspections shall be completed by qualified individuals.

(IFC 607.3.3.1 2018)

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Code Requirement

Statement of Violation

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. 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.

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. 3rd floor telephone/data room

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. 5th floor both fire door for elevator will not latch
2. 4th floor double doors by resident laundry will not latch
3. 3rd floor double doors by elevator will not latch
4. 2nd floor door going into wellness will not latch
5. elevator door south will not latch
- CORRECTED 6. single door, theater will not latch
- CORRECTED 7. Salon door will not latch
- CORRECTED 8. 1st floor elevator door will not latch North
9. 1st floor elevator door will not close South



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Code Requirement

Statement of Violation

9 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)

At time of inspection the following was observed:

1. Fire Alarm found in Trouble.

10 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 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. Sensitivity Testing

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

11 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 0915.1 2015, 2018 WAC 51-54A)

Corrected



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Code Requirement

Statement of Violation

12 Emergency Lighting Equipment Inspection and Testing

Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2.

(IFC 1031.10 2018)

At time of inspection the following was observed:

1. 5th floor by room 516 not working
CORRECTED
2. 5th floor by room 500 not working
CORRECTED
3. 4th floor by resident laundry not working
CORRECTED
4. 3rd floor by resident laundry north not working
CORRECTED
5. 2nd floor wellness center #58 not working
6. 2nd floor Hair salon is missing emergency lighting
7. parking garage by sprinkler riser not working

13 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)

Corrected



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Code Requirement

Statement of Violation

14 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 of resident doors.

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. Resident door 410 has gap on top of door



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Code Requirement	Statement of Violation
9. Latching hardware operates and secures the door when it is in the closed position 10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame 11. No field modification to the door assembly have been performed that void the label. 12. Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and integrity 13. Signage affixed to a door meets the requirements listed in 4.1.4	

Next inspection scheduled on or after: 03/21/2024

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

Brian G. Madgett General Manager
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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Code Requirement

Statement of Violation

1 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. The following Drills are missing.
3rd Shift - Quarter 1, 2, 3, 4

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

2 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. In kitchen Combustible storage found blocking access to the electrical panel.

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Code Requirement

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3 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. 2nd floor med room has extension cord in use

4 Unapproved conditions

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

(IFC 604.6, 2018)

At time of inspection the following was observed:

1. open junction box found in kitchen office

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)

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be inspected at intervals specified in Table 607.3.3.1 or as approved by the fire code official. Inspections shall be completed by qualified individuals.

(IFC 607.3.3.1 2018)

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

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

1. Second semi-annual hood cleaning

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:

TYPE OF COOKING OPERATIONS

High-volume cooking operations such as 24- hour cooking, charbroiling or wok cooking

FREQUENCY OF INSPECTION

3 months

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Code Requirement

Statement of Violation

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. 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.

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. 3rd floor telephone/data room

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. 5th floor both fire door for elevator will not latch
2. 4th floor double doors by resident laundry will not latch
3. 3rd floor double doors by elevator will not latch
4. 2nd floor door going into wellness will not latch
5. elevator door south will not latch
6. single door, theater will not latch
7. Salon door will not latch
8. 1st floor elevator door will not latch
9. 1st floor elevator door will not close

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Code Requirement

Statement of Violation

9 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)

At time of inspection the following was observed:

1. Fire Alarm found in Trouble.

10 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 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. Sensitivity Testing

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

11 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 0915.1 2015, 2018 WAC 51-54A)

At time of inspection the following was observed:

1. There were missing Carbon Monoxide alarm directly connecting to a fossil fuel burning appliance in commercial laundry room

12 Emergency Lighting Equipment Inspection and Testing

Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2.

(IFC 1031.10 2018)

At time of inspection the following was observed:

1. 5th floor by room 516 not working
2. 5th floor by room 500 not working
3. 4th floor by resident laundry not working
4. 3rd floor by resident laundry north not working
5. 2nd floor wellness center #58 not working
6. 2nd floor Hair salon is missing emergency lighting
7. parking garage by sprinkler riser not working

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Code Requirement

Statement of Violation

13 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

Statement of Violation

14 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 of resident doors.

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. Resident door 410 has gap on top of door

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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: 02/16/2024

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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On 12/18/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 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. The following Drills are missing.
3rd Shift - Quarter 1, 2, 3, 4

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

2 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. In kitchen Combustible storage found blocking access to the electrical panel.

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

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Address	201 KIRKLAND ,	Approval Status	Disapproved
City, State, Zip	Kirkland, WA 98033	Facility Type	Residential Care

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Code Requirement

Statement of Violation

3 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. 2nd floor med room has extension cord in use

4 Unapproved conditions

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

(IFC 604.6, 2018)

At time of inspection the following was observed:

1. open junction box found in kitchen office

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)

Hoods, grease-removal devices, fans, ducts and other appurtenances shall be inspected at intervals specified in Table 607.3.3.1 or as approved by the fire code official. Inspections shall be completed by qualified individuals.

(IFC 607.3.3.1 2018)

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

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

1. Second semi-annual hood cleaning

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:

TYPE OF COOKING OPERATIONS
High-volume cooking operations such as 24- hour cooking, charbroiling or wok cooking

FREQUENCY OF INSPECTION
3 months

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Code Requirement

Statement of Violation

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. 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.

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. 3rd floor telephone/data room

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. 5th floor both fire door for elevator will not latch
2. 4th floor double doors by resident laundry will not latch
3. 3rd floor double doors by elevator will not latch
4. 2nd floor door going into wellness will not latch
5. elevator door south will not latch
6. single door, theater will not latch
7. Salon door will not latch
8. 1st floor elevator door will not latch
9. 1st floor elevator door will not close

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Statement of Violation

9 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)

At time of inspection the following was observed:

1. Fire Alarm found in Trouble.

10 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 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. Sensitivity Testing

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

11 Carbon Monoxide Detection - General

Carbon monoxide detection shall be installed in new buildings in accordance with Sections 915.1.1 through 915.6. Carbon monoxide detection shall be installed in existing buildings in accordance with Chapter 11 of the International Fire Code.

(IFC 0915.1 2015, 2018 WAC 51-54A)

At time of inspection the following was observed:

1. There were missing Carbon Monoxide alarm directly connecting to a fossil fuel burning appliance in commercial laundry room

12 Emergency Lighting Equipment Inspection and Testing

Emergency lighting shall be maintained in accordance with Section 1008 and shall be inspected and tested in accordance with Sections 1031.10.1 and 1031.10.2.

(IFC 1031.10 2018)

At time of inspection the following was observed:

1. 5th floor by room 516 not working
2. 5th floor by room 500 not working
3. 4th floor by resident laundry not working
4. 3rd floor by resident laundry north not working
5. 2nd floor wellness center #58 not working
6. 2nd floor Hair salon is missing emergency lighting
7. parking garage by sprinkler riser not working

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13 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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14 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 on resident doors.

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. Resident door 410 has gap on top of door

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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: 01/17/2024

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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