



Washington State Patrol
Fire Protection Bureau

Phone: (360) 596-3900

Business Name	Fields Senior Living at Spokane Valley	Provider Number	2669
Address	16512 E DESMET CT ,	Approval Status	Approved
City, State, Zip	Spokane Valley, WA	Facility Type	Residential Care

On 07/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin - (ITM) Inspection, Testing, & Maintenance

Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed, paper results delivered, and any deficiencies found during the ITM corrected before the citation is cleared."

2 Equipment Rooms

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 315.2.3 2021)

Removed.

3 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)

Completed.



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On 07/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

4 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)

Completed.

5 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)

Convergent Technologies 7/1/15 report provided.

6 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced.

(IFC 915.6 2021 WAC)

Completed.



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Business Name Fields Senior Living at Spokane Valley

Provider Number 2669

Address 16512 E DESMET CT ,

Approval Status Approved

City, State, Zip Spokane Valley, WA

Facility Type Residential Care

On 07/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

7 Lock and Latches

Locks and latches shall be permitted to prevent operation of doors where any of the following exists:

1. Places of detention or restraint.
2. In buildings in occupancy Group A having an occupant load of 300 or less, Groups B, F, M, and S, and in places of religious worship, the main door or doors are permitted to be equipped with key-operated locking devices from the egress side provided:
 - 2.1. The locking device is readily distinguishable as locked;
 - 2.2. A readily visible sign is posted on the egress side on or adjacent to the door stating: THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED. The sign shall be in letters 1 inch (25 mm) high on a contrasting background; and
 - 2.3. The use of the key-operated locking device is revocable by the building official for due cause.
3. Where egress doors are used in pairs, approved automatic flush bolts shall be permitted to be used, provided that the door leaf having the automatic flush bolts has no doorknob or surface-mounted hardware.
4. Doors from individual dwelling or sleeping units of Group R occupancies having an occupant load of 10 or less are permitted to be equipped with a night latch, dead bolt, or security chain, provided such devices are openable from the inside without the use of a key or a tool.
5. Fire doors after the minimum elevated temperature has disabled the unlatching mechanism in accordance with listed fire door test procedures.
6. Doors serving roofs not intended to be occupied shall be permitted to be locked preventing entry to the building from the roof.
7. Approved, listed locks without delayed egress shall be permitted in Group I-1 condition 2 assisted living facilities licensed under chapter 388-78A WAC and Group I-1 Condition 2 residential treatment facilities licensed under chapter 246-337 WAC by the state of Washington, provided that:
 - 7.1. The clinical needs of one or more patients require specialized security measures for their safety.
 - 7.2. The doors unlock upon actuation of the automatic sprinkler system or automatic fire detection system.

Posted.



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Code Requirement

Statement of Violation

7.3. The doors unlock upon loss of electrical power controlling the lock or lock mechanism.

7.4. The lock shall be capable of being deactivated by a signal from a switch located in an approved location.

7.5. 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.

8. Other than egress courts, where occupants must egress from an exterior space through the building for means of egress, exit access doors shall be permitted to be equipped with an approved locking device where installed and operated in accordance with all of the following:

8.1. The occupant load of the occupied exterior area shall not exceed 300 as determined by IBC Section 1004.

8.2. The maximum occupant load shall be posted where required by Section 1004.9. Such sign shall be permanently affixed inside the building and shall be posted in a conspicuous space near all the exit access doorways.

8.3. A weatherproof telephone or two-way communication system installed in accordance with Sections 1009.8.1 and 1009.8.2 shall be located adjacent to not less than one required exit access door on the exterior side.

8.4. The egress door locking device is readily distinguishable as locked and shall be a key-operated locking device.

8.5. A clear window or glazed door opening, not less than 5 square feet (0.46 m²) sq. ft. in area, shall be provided at each exit access door to determine if there are occupants using the outdoor area.

8.6. A readily visible durable sign shall be posted on the interior side on or adjacent to each locked required exit access door serving the exterior area stating: THIS DOOR TO REMAIN UNLOCKED WHEN THE OUTDOOR AREA IS OCCUPIED. The letters on the sign shall be not less than 1 inch high on a contrasting background.

9. Locking devices are permitted on doors to balconies, decks, or other exterior spaces serving individual dwelling or sleeping units.

10. Locking devices are permitted on doors to balconies, decks, or other exterior spaces of 250 square feet or less, serving a private office space.



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Code Requirement

Statement of Violation

(IFC 1010.2.4 2021 WAC 51-54A)

8 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)

Completed.

9 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)

Completed.



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City, State, Zip Spokane Valley, WA

Provider Number 2669
Approval Status Approved
Facility Type Residential Care

On 07/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

10 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

Removed.



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Approval Status Approved
Facility Type Residential Care

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Code Requirement

Statement of Violation

11 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 close

systems
Door ~~systems~~ report received.



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Code Requirement

Statement of Violation

before the active lead
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

12 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state and inspected by the state fire marshal's office, at least twelve planned and unannounced fire drills shall be held every year. (1) Drills shall be conducted quarterly on each shift in Group I and Group R2, Occupancies and monthly in Group E Occupancies to familiarize personnel with signals and emergency action required under varied conditions. (2) A detailed written record of all fire drills shall be maintained and available for inspection. (3) When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms.	Completed.
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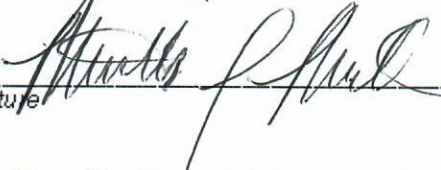
Code Requirement

Statement of Violation

Next inspection scheduled on or after: 08/31/2026

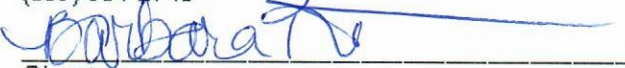
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


Signature


Print Name and Title

Deputy State Fire Marshal Barbara McMullen
6403 W ROWAND DR
Spokane WA 99219
(509) 954-2746


Signature



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Business Name	Fields Senior Living at Spokane Valley	Provider Number	2669
Address	16512 E DESMET CT ,	Approval Status	Disapproved
City, State, Zip	Spokane Valley, WA 99016	Facility Type	Residential Care

On 06/03/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin - (ITM) Inspection, Testing, & Maintenance

Any citation that requires inspection, testing, or maintenance (ITM) is required to have the testing completed, paper results delivered, and any deficiencies found during the ITM corrected before the citation is cleared."

For your information.

2 Equipment Rooms

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 315.2.3 2021)

2nd floor storage room, back electrical room door 253 has combustible storage.

3 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)

Facility is unable to provide documentation that the annual fire wall inspection has been completed.

This document was prepared by Residential Care Services for the Locator website.



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Provider Number 2669
Approval Status Disapproved
Facility Type Residential Care

On 06/03/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

4 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)

Damper Test completed by Farrington Air Quality Services 7/13/24. Per the report there are findings.

- a) A total of 69 Fire & Fire/Smoke Dampers were tested in the Main Building. Of those, 32 dampers were found to be compliant with NFPA 80 section 19.4 testing standards.
b) A total of 37 dampers failed inspection.

5 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)

Fire extinguishers in the following locations are obstructed by storage:

1. Kitchen - corrected at inspection.
2. 3rd floor by room 333 - corrected at inspection.

6 Unobstructed and Unobscured

Manual fire alarm boxes shall be provided with ready access, unobstructed, unobscured and visible at all times.

(IFC 907.4.2.6 2021)

In the following locations the fire alarm pull stations are blocked:

1. Kitchen Pull - corrected at inspection
2. 3rd floor pull by room 333 - corrected at inspection

7 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)

Facility is unable to provide documentation for the annual fire alarm system testing and maintenance. Last annual completed 5/13/2024 by Moon Security.

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On 06/03/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

8 Maintenance

Carbon monoxide alarms and carbon monoxide detection systems shall be maintained in accordance with NFPA 72. Carbon monoxide alarms and carbon monoxide detectors that become inoperable or begin producing end-of-life signals shall be replaced.

(IFC 915.6 2021 WAC)

NFPA 720 8.7.1 Single - and multiple-station carbon monoxide alarms and all connected appliances shall be inspected and tested in accordance with the manufacturer's published instructions at least monthly.

Missing several months for devices, monthly inspection documents are posted by each device.

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Approval Status Disapproved
Facility Type Residential Care

On 06/03/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

9 Lock and Latches

Locks and latches shall be permitted to prevent operation of doors where any of the following exists:

1. Places of detention or restraint.
2. In buildings in occupancy Group A having an occupant load of 300 or less, Groups B, F, M, and S, and in places of religious worship, the main door or doors are permitted to be equipped with key-operated locking devices from the egress side provided:
 - 2.1. The locking device is readily distinguishable as locked;
 - 2.2. A readily visible sign is posted on the egress side on or adjacent to the door stating: THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED. The sign shall be in letters 1 inch (25 mm) high on a contrasting background; and
 - 2.3. The use of the key-operated locking device is revocable by the building official for due cause.
3. Where egress doors are used in pairs, approved automatic flush bolts shall be permitted to be used, provided that the door leaf having the automatic flush bolts has no doorknob or surface-mounted hardware.
4. Doors from individual dwelling or sleeping units of Group R occupancies having an occupant load of 10 or less are permitted to be equipped with a night latch, dead bolt, or security chain, provided such devices are openable from the inside without the use of a key or a tool.
5. Fire doors after the minimum elevated temperature has disabled the unlatching mechanism in accordance with listed fire door test procedures.
6. Doors serving roofs not intended to be occupied shall be permitted to be locked preventing entry to the building from the roof.
7. Approved, listed locks without delayed egress shall be permitted in Group I-1 condition 2 assisted living facilities licensed under chapter 388-78A WAC and Group I-1 Condition 2 residential treatment facilities licensed under chapter 246-337 WAC by the state of Washington, provided that:
 - 7.1. The clinical needs of one or more patients require specialized security measures for their safety.
 - 7.2. The doors unlock upon actuation of the automatic sprinkler system or automatic fire detection system.

The code is not posted for any of the exit doors in memory care.

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On 06/03/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

7.3. The doors unlock upon loss of electrical power controlling the lock or lock mechanism.

7.4. The lock shall be capable of being deactivated by a signal from a switch located in an approved location.

7.5. 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.

8. Other than egress courts, where occupants must egress from an exterior space through the building for means of egress, exit access doors shall be permitted to be equipped with an approved locking device where installed and operated in accordance with all of the following:

8.1. The occupant load of the occupied exterior area shall not exceed 300 as determined by IBC Section 1004.

8.2. The maximum occupant load shall be posted where required by Section 1004.9. Such sign shall be permanently affixed inside the building and shall be posted in a conspicuous space near all the exit access doorways.

8.3. A weatherproof telephone or two-way communication system installed in accordance with Sections 1009.8.1 and 1009.8.2 shall be located adjacent to not less than one required exit access door on the exterior side.

8.4. The egress door locking device is readily distinguishable as locked and shall be a key-operated locking device.

8.5. A clear window or glazed door opening, not less than 5 square feet (0.46 m²) sq. ft. in area, shall be provided at each exit access door to determine if there are occupants using the outdoor area.

8.6. A readily visible durable sign shall be posted on the interior side on or adjacent to each locked required exit access door serving the exterior area stating: THIS DOOR TO REMAIN UNLOCKED WHEN THE OUTDOOR AREA IS OCCUPIED. The letters on the sign shall be not less than 1 inch high on a contrasting background.

9. Locking devices are permitted on doors to balconies, decks, or other exterior spaces serving individual dwelling or sleeping units.

10. Locking devices are permitted on doors to balconies, decks, or other exterior spaces of 250 square feet or less, serving a private office space.



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Code Requirement

Statement of Violation

(IFC 1010.2.4 2021 WAC 51-54A)

10 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)

Facility is unable to provide documentation for the monthly 30 second activation test for the emergency lights for the Months of November 2024 through March 2025.

11 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)

Facility is unable to provide documentation for the weekly inspections and Monthly 30 minute full load testing from November 2024 to March 2025.

The facility failed to provide the automatic backup generator inspection /service report (required every 12 months by NFPA 110), last serviced 5/20/24.

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Code Requirement

Statement of Violation

12 Securing Compressed Gas Containers, Cylinders and Tanks

Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods:

1. Securing containers, cylinders and tanks to a fixed object with one or more restraints.
2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks.
3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress.
4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use.

Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.

(IFC 5303.5.3 2021)

Oxygen cylinders in memory room 10 (times 3) are not secured.

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Code Requirement

Statement of Violation

13 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 close

All of the fire roll down doors in the facility have not had any maintenance/testing since 2023.

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Code Requirement

Statement of Violation

before the active lead

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

14 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state and inspected by the state fire marshal's office, at least twelve planned and unannounced fire drills shall be held every year.

(1) Drills shall be conducted quarterly on each shift in Group I and Group R2, Occupancies and monthly in Group E Occupancies to familiarize personnel with signals and emergency action required under varied conditions.

(2) A detailed written record of all fire drills shall be maintained and available for inspection.

(3) When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms.

Facility cannot provide documentation for the completion of twelve planned and unannounced fire drills in the previous 12 months.

The following Drills are missing.
October - December 2024 - Swing shift
January - March 2025 - NOC shift

Day and Swing shift drills shall be completed prior to reinspection.



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

Business Name	Fields Senior Living at Spokane Valley	Provider Number	2669
Address	16512 E DESMET CT ,	Approval Status	Disapproved
City, State, Zip	Spokane Valley, WA 99016	Facility Type	Residential Care

On 06/03/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

Next inspection scheduled on or after: 07/18/2025

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

Mike Chapman
Print Name and Title

Deputy State Fire Marshal Barbara McMullen
6403 W ROWAND DR
Spokane WA 99219
(509) 954-2746


Signature

This document was prepared by Residential Care Services for the Locator website.