



**FIRE LIFE SAFETY INSPECTION REPORT**

Occupancy/ FD #: 002-026-0009 Map #: 18-18-25030-0015 Inspection Date: 01/27/2014  
 Business Name: The Grove Business phone number: 962-4010  
 Address: 2420 Airport Road Ellensburg, WA 98926 Mailing Address: 2420 Airport Road Ellensburg, WA 98926  
 Type of Business: Apartment complex Business contact person: Jon Backus- 704-975-4520  
 Occ Group: R-2 Sq. Ft: varies Const. Type: V-A Sprinklers: X Alarms: X Fixed: \_\_\_\_\_  
 Permits: \_\_\_\_\_ Special Notes: Building 9

A fire inspection has been conducted on your property. During this inspection conditions affecting fire safety were noted. *In accordance with the International Building Code and International Fire Code, it is necessary that the items listed below be given your prompt attention.*

<b>A. Exterior Assessment</b>	<b>E. Fire Alarm System</b>	<b>I. Kitchen Suppression</b>	
1 - Building number not posted	1 - Annual Service needed	1 - Cleaning of hood and duct	<input type="checkbox"/>
2 - Obstructed FDC	2 - Devices obstructed	2 - Illegal cooking operation	<input type="checkbox"/>
3 - Obstructed fire hydrant	3 - Alarm Maintenance	3 - Six month service needed	<input type="checkbox"/>
4 - Gas meter protection	<b>F. Flammable/Combustible Liquids</b>	<b>J. Automatic Sprinkler</b>	
5 - Storage proximity	1 - Storage cabinet	1 - Annual service needed	<input type="checkbox"/>
6 - Storage under eaves	2 - Improper housekeeping	2 - FDC cap needed	<input type="checkbox"/>
<b>B. Exits</b>	3 - No storage area	3 - Hanging material	<input type="checkbox"/>
1 - Exit travel	4 - Close to heating appliance	4 - Sprinkler clearance	<input type="checkbox"/>
2 - Exits obstructed	5 - Fueled equipment	5 - Provide sprinkler protection	<input type="checkbox"/>
3 - Panic hardware	6 - Oily rags	6 - Damaged/Painted heads	<input type="checkbox"/>
4 - Number of exits	7 - Compressed gas tanks	7 - Spare heads and/or wrench	<input type="checkbox"/>
5 - Unapproved locking devices	8 - Equipment rooms	<b>K. Fuel Dispensing</b>	
6 - Openable without tight grasping or twisting	9 - Secondary Containment	1 - Fire extinguisher	<input type="checkbox"/>
7-Remove Bolt Locks or Dead Bolts		2 - Emergency shutoff	<input type="checkbox"/>
<b>C. Exit Lighting and Signs</b>	<b>G. Electrical</b>	3 - Provide signage	<input type="checkbox"/>
1 - Exit signs battery backup	1 - Extension cord usage	4 - Replace hoses	<input type="checkbox"/>
2 - Exit signs required	2 - Electrical panel labeling	<b>L. Compressed Gas</b>	
3 - Emergency lighting	3 - Portable heaters	1-Cylinders shall be secured	<input type="checkbox"/>
4 - Exit sign burnt out	4 - Improper power strip usage	2 - Protective caps shall be in place when not in use.	<input type="checkbox"/>
5 - "This door to remain unlocked" sign	5 - Power Panel obstructed	<b>M. Storage</b>	
<b>D. Extinguishers</b>	6 - No cover plate	1-Ceiling Clearance	<input type="checkbox"/>
1 - Class K extinguisher	7 - Multi-plug adapter	2- Equipment rooms	<input type="checkbox"/>
2 - Number of extinguishers		3- Storage under stairs or in attic	<input type="checkbox"/>
3 - Extinguisher placement	<b>H. Fire Walls and Doors</b>	<b>N. Other corrections required</b>	
4 - Extinguisher obstructed	1 - Restrained fire door	1-See detailed report	<input type="checkbox"/>
5 - Extinguisher maintenance	2 - Breached wall or ceiling		<input type="checkbox"/>
6 - Signs indicating location	3 - Fire assembly needs repair	<b>X. No apparent Violations Noted</b>	
7- Minimum size 2A-10BC		1 - No apparent Violations	<input checked="" type="checkbox"/>

**Remarks:**

Building 9- Please provide a copy of the annual sprinkler and fire alarm system confidence test reports when completed.

This Fire Inspection report also serves as your invoice. Please remit payment in the amount of \$0.00 within 30 days.

Inspector's Name: Bill Steele Inspector's Phone #: 509-962-7657  
 Received by Jon E-mail address: fixitellensburg@gogrove.com

- Compliance with the preceding requirements shall be effective immediately.**  
 A re-inspection shall be conducted on/or after \_\_\_\_\_ days to verify full compliance.
- You are hereby notified to remedy the conditions as stated above immediately.**  
 After the conditions have been abated, mail a copy of the notice within \_\_\_\_\_ days including a signature certifying completion.

I CERTIFY THAT THE VIOLATIONS SPECIFIED ABOVE HAVE BEEN CORRECTED.

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_