



FIRE LIFE SAFETY INSPECTION REPORT

Occupancy/ FD #: 002-026-0010 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 10

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.*

A. Exterior Assessment	E. Fire Alarm System	I. Kitchen Suppression	
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	F. Flammable/Combustible Liquids	J. Automatic Sprinkler	
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. Exits	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	K. Fuel Dispensing	
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"/>
C. Exit Lighting and Signs	G. Electrical	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	L. Compressed Gas	
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	M. Storage	
D. Extinguishers	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	H. Fire Walls and Doors	N. Other corrections required	
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	X. No apparent Violations Noted	
7- Minimum size 2A-10BC		1 - No apparent Violations	<input checked="" type="checkbox"/>

Remarks:

Building 10- Please provide a copy of the annual sprinkler and fire alarm system confidence test reports when completed. Replace missing sprinkler head wrench.

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 _____