



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

Business Name Falcon Ridge Assisted Living	Provider Number 2130
Address 21202 Pacific HWY S,	Approval Status Disapproved
City, State, Zip SeaTac, WA 98198	Facility Type Residential Care

On 07/16/2019 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

11 Fire Drills

In all Group I, Group E, and Group R2 Occupancies licensed by the state, at least twelve planned and unannounced fire drills shall be held every year. 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. A detailed written record of all fire drills shall be maintained and available for inspection at all times. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms. Fire drills shall include the transmission of a fire alarm signal and simulation of emergency conditions. The fire alarm monitoring company shall be notified prior to the activation of the fire alarm system for drill purposes and again at the conclusion of the transmission and restoration of the fire alarm system to normal mode.

The following violations were observed:

The facility failed to provide documentation for the following fire drills:


1. 4th quarter day shift
2. 4th quarter swing shift

(WAC 212-12-044)

Next inspection scheduled on or after: 08/15/2019

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

Jordan Cruz Vick
Print Name and Title

Deputy State Fire Marshal Dylan Montgomery
2505 112TH ST E
Tacoma WA 984455104
(425) 577-0362

Dylan Montgomery

Digitally signed by Dylan Montgomery
DN: cn=Dylan Montgomery, o=Washington State Patrol, email=Dylan.Montgomery@wsp.wa.gov, c=US
Date: 2019.07.16 15:18:47 -0700

Signature

Initials of Authorized Facility Representative: 