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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Approved |
| ***City, State, Zip*** | Oak Harbor, WA 98277 | ***Facility Type*** | Residential Care |

On 06/04/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

**All violations noted during previous related inspection(s) have been corrected.**

Owner or Owner's Representative

*Signature*

Blake Leach Maintenance Director

*Print Name and Title*

Deputy State Fire Marshal Brandon G. Brown
MP 235 SB Interstate 5
Bow WA 98232
(360) 791-7037

*Signature*

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



Initials of Authorized Facility Representative: _____

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

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 03/03/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**1 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.<br><br>(IFC 701.6 2021) | Corrected |

**2 Inspection and Maintenance**

| | |
|---|---|
| Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified.<br><br>(IFC 705.2 2021) | Corrected |

**3 Testing and Maintenance**

| | |
|---|---|
| Sprinkler systems shall be tested and maintained in accordance with Section 901.<br><br>(IFC 903.5 2021) | 1. As per documents provided the 5 year internal pipe inspection for the sprinkler system had deficiencies noted that have not been corrected. Dry main line need to be flushed.<br><br>2. Facility is unable to provide documentation for the 3 year dry system full flow trip test. |

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Initials of Authorized Facility Representative: _____

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 03/03/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **4 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.<br><br>(IFC 915.6 2021 WAC) | Corrected |
| **5 Internally Illuminated Exit Signs** | |
| Electrically powered, self-luminous and photoluminescent exit signs shall be listed and labeled in accordance with UL 924 and shall be installed in accordance with the manufacturer's instructions and Section 1203. Exit signs shall be illuminated at all times.<br><br>(IFC 1013.5 2021) | Corrected |
| **6 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.<br><br>(IFC 1203.4 2021) | Corrected |

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Initials of Authorized Facility Representative: _____

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 03/03/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**Next inspection scheduled on or after: 04/02/2026**

**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*

Blake Leech Camposs Maintenance Director

*Print Name and Title*

Deputy State Fire Marshal Brandon G. Brown
MP 235 SB Interstate 5
Bow WA 98232
(360) 791-7037

*Signature*

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



Initials of Authorized Facility Representative: _____

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 01/05/2026 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:<br><br>1. Identity of the person conducting the drill.<br>2. Date and time of the drill.<br>3. Notification method used.<br>4. Employees on duty and participating.<br>5. Number of occupants evacuated.<br>6. Special conditions simulated.<br>7. Problems encountered.<br>8. Weather conditions when occupants were evacuated.<br>9. Time required to accomplish complete evacuation.<br><br>(IFC 0405.6 2021) | Corrected |

**2 Installation**

| | |
|---|---|
| Relocatable power tap cords shall not extend through walls, ceilings, floors, under doors or floor coverings, or be subject to environmental or physical damage.<br><br>(IFC 603.5.3, 2021) | Corrected |

**3 Extension Cords**

| | |
|---|---|
| Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension 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..<br><br>(IFC 603.6 2021) | Corrected |

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Initials of Authorized Facility Representative: _____

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 01/05/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **4 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.<br><br>(IFC 701.6 2021) | Facility is unable to provide documentation that the annual fire resistance rated construction material inspection has been completed. |
| **5 Inspection and Maintenance** | |
| Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified.<br><br>(IFC 705.2 2021) | Resident room 109 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching. |
| **6 Door Operation** | |
| Swinging fire doors shall close from the full-open position and latch automatically.<br><br>(IFC 705.2.4 2021) | Corrected |
| **7 Testing and Maintenance** | |
| Sprinkler systems shall be tested and maintained in accordance with Section 901.<br><br>(IFC 903.5 2021) | 1. As per documents provided the 5 year internal pipe inspection for the sprinkler system had deficiencies noted that have not been corrected. Dry main line need to be flushed.<br><br>2. Facility is unable to provide documentation for the 3 year dry system full flow trip test. |

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Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 01/05/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**8 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.<br><br>(IFC 907.8.3 2021) | Corrected |

**9 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.<br><br>(IFC 915.6 2021 WAC) | Facility is unable to provide documentation for the monthly carbon monoxide detector testing. April through October is missing. |

**10 Internally Illuminated Exit Signs**

| | |
|---|---|
| Electrically powered, self-luminous and photoluminescent exit signs shall be listed and labeled in accordance with UL 924 and shall be installed in accordance with the manufacturer's instructions and Section 1203. Exit signs shall be illuminated at all times.<br><br>(IFC 1013.5 2021) | 1. The internally illuminated exit sign #26 near 314 would not illuminate when the activation test button was pushed.<br><br>2. The internally illuminated exit sign #23 near 306 would not illuminate when the activation test button was pushed. |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 01/05/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**11 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.<br><br>(IFC 1032.10.1 2021) | Corrected |

**12 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.<br><br>(IFC 1203.4 2021) | 1. Facility is unable to provide documentation for the annual servicing of the emergency generator.<br><br>2. Facility is unable to provide documentation for the Monthly 30 minute full load testing. |

**13 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.<br>(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.<br>(2) A detailed written record of all fire drills shall be maintained and available for inspection.<br>(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. | Corrected |

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Initials of Authorized Facility Representative: _____

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 01/05/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**Next inspection scheduled on or after: 02/04/2026**

**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*

Blake Leech Maintenance Director
*Print Name and Title*

Deputy State Fire Marshal Brandon G. Brown
MP 235 SB Interstate 5
Bow WA 98232
(360) 791-7037

*Signature*

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



Initials of Authorized Facility Representative: _____

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 11/25/2025 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:<br><br>1. Identity of the person conducting the drill.<br>2. Date and time of the drill.<br>3. Notification method used.<br>4. Employees on duty and participating.<br>5. Number of occupants evacuated.<br>6. Special conditions simulated.<br>7. Problems encountered.<br>8. Weather conditions when occupants were evacuated.<br>9. Time required to accomplish complete evacuation.<br><br>(IFC 0405.6 2021) | The fire drill conducted in May of 2025 was missing the signatures from participating staff. |

**2 Installation**

| | |
|---|---|
| Relocatable power tap cords shall not extend through walls, ceilings, floors, under doors or floor coverings, or be subject to environmental or physical damage.<br><br>(IFC 603.5.3, 2021) | The power strip in the Activities Directors office was running under the door to the equipment room. |

**3 Extension Cords**

| | |
|---|---|
| Extension cords. Extension cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension 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..<br><br>(IFC 603.6 2021) | There was an extension cord utilized as permanent wiring in the Nurses office. |

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| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 11/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **4 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.<br><br>(IFC 701.6 2021) | Facility is unable to provide documentation that the annual fire resistance rated construction material inspection has been completed. |
| **5 Inspection and Maintenance** | |
| Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified.<br><br>(IFC 705.2 2021) | 1. Resident room 109 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching.<br><br>2. Resident room 216 fire door that opens to the corridor was blocked open by thier cabinet door, preventing it from closing and latching. |
| **6 Door Operation** | |
| Swinging fire doors shall close from the full-open position and latch automatically.<br><br>(IFC 705.2.4 2021) | 1. The double fire doors to the TV room was installed with an astragal. These doors did not have a door coordinator installed to ensure that they would close and latch once released by the magnetic hold open device per 2013 NFPA 80 section 6.4.1.2.1<br><br>2. The fire rated doors to the dining room near room 101 would not close and latch from the fully open position. |

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 11/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **7 Testing and Maintenance** | |
| Sprinkler systems shall be tested and maintained in accordance with Section 901.<br><br>(IFC 903.5 2021) | 1. As per documents provided the 5 year internal pipe inspection for the sprinkler system had deficiencies noted that have not been corrected. Dry main line need to be flushed.<br><br>2. Facility is unable to provide documentation for the 3 year dry system full flow trip test. |
| **8 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.<br><br>(IFC 907.8.3 2021) | As per documents provided the smoke detector sensitivity testing had deficiencies noted that have not been corrected. 21 smoke detectors failed testing. |
| **9 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.<br><br>(IFC 915.6 2021 WAC) | Facility is unable to provide documentation for the monthly carbon monoxide detector testing. April through October is missing. |
| **10 Internally Illuminated Exit Signs** | |
| Electrically powered, self-luminous and photoluminescent exit signs shall be listed and labeled in accordance with UL 924 and shall be installed in accordance with the manufacturer's instructions and Section 1203. Exit signs shall be illuminated at all times.<br><br>(IFC 1013.5 2021) | 1. The internally illuminated exit sign #26 near 314 would not illuminate when the activation test button was pushed.<br><br>2. The internally illuminated exit sign #23 near 306 would not illuminate when the activation test button was pushed. |

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



Initials of Authorized Facility Representative: _____

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 11/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|
| **11 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.<br><br>(IFC 1032.10.1 2021) | 1. The facility failed to provide records showing monthly 30 second emergency egress lighting activation test for the month of October. |
| **12 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.<br><br>(IFC 1203.4 2021) | 1. Facility is unable to provide documentation for the annual servicing of the emergency generator.<br><br>2. Facility is unable to provide documentation for the Monthly 30 minute full load testing. |
| **13 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.<br>(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.<br>(2) A detailed written record of all fire drills shall be maintained and available for inspection.<br>(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. | 1. Facility cannot provide documentation for the completion of a planned and unannounced fire drill for the month of October 2025.<br><br>2. Fire drill conducted for March 2025 and December of 2024 were documented as night shift and conducted between 6:00 and 6:30 PM, which is outside the night shift hours. |

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



Initials of Authorized Facility Representative: _____

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

| | | | |
|---|---|---|---|
| ***Business Name*** | Summer Hill | ***Provider Number*** | 2676 |
| ***Address*** | 165 6TH , | ***Approval Status*** | Disapproved |
| ***City, State, Zip*** | Oak Harbor, WA | ***Facility Type*** | Residential Care |

On 11/25/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

| Code Requirement | Statement of Violation |
|---|---|

**Next inspection scheduled on or after: 12/25/2025**

**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*

Blake Leech Campus Maintenance director

*Print Name and Title*

Deputy State Fire Marshal Brandon G. Brown
MP 235 SB Interstate 5
Bow WA 98232
(360) 791-7037

*Signature*

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



Initials of Authorized Facility Representative: _____