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

Business Name	The Bellingham at Orchard	***Provider Number***	2779
Address	848 W ORCHARD DR ,	***Approval Status***	Approved
City, State, Zip	Bellingham, WA 98225	***Facility Type***	Residential Care

On 06/30/2026 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

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.

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: _____

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

Business Name	The Bellingham at Orchard	***Provider Number***	2779
Address	848 W ORCHARD DR ,	***Approval Status***	Disapproved
City, State, Zip	Bellingham, WA 98225	***Facility Type***	Residential Care

On 06/08/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The fire alarm system will not call for emergency services. Update: The permits have been issued by the city, parts have been received by the vendor. Instillation will began within the next 2 week, awaiting on a confirm date from the vendor.

Next inspection scheduled on or after: 07/08/2026

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

Michine / Mahmin exec Director

Print Name and Title

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

Signature

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Initials of Authorized Facility Representative: _____

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

Business Name	The Bellingham at Orchard	***Provider Number***	2576
Address	848 W ORCHARD DR ,	***Approval Status***	Disapproved
City, State, Zip	Bellingham, WA	***Facility Type***	Residential Care

On 03/19/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

1 Admin Complaint

COMPLAINT # 215890 Here's a complaint of Fire Panel Please include the answers to the following questions in your report in FDM. 1. The cause of the fire? 2. If the sprinklers were activated? 3. If there was an evacuation / how many were evacuated? 4. If there were injuries / how many? 5. Did the fire department respond? Yes, No	Complaint ref # 215890 At 1400 on 03/19/2026, DSFM Brown conducted complaint inspection for The Bellingham at Orchard located at 848 W Orchard Dr, Bellingham, WA 98225 to investigate complaint ref # 215890. I interviewed the Facility Executive Director. On 03/09/2026, at approximately 1130 The fire alarm panel for the community failed. This has caused all egress doors and the fire alarm system to be offline. They started fire watch immediately and started resident headcounts. The alarm system vendor has ordered a replacement panel, they system has to be upgraded due to the age of the system. Permits have been submitted to Bellingham city, thee facility has been told that it will be approximately 2 weeks for the permits to be approved. The fire alarm is still operational locally, and the only part that is degraded is the calling out to 911. The State Fire Marshal's office has made the following changes to the fire watch requirements. Two staff members will be designated in writing that will responsible to call 911 if the fire alarm sounds. They must acknowledge their responsibilities and they must acknowledge that they are mandated to have a charged cell phone on their person at all times. They must understand if they leave the facility a new person must be designated. A log must be maintained that indicated the designated persons for each shift until the repairs have been completed. Fire department did not respond. No injuries were report. IFC violations are as follows.

2 Testing and Maintenance

Sprinkler systems shall be tested and maintained in accordance with Section 901. (IFC 903.5 2021)	The fire alarm system will not call for emergency services.

Initials of Authorized Facility Representative: _____

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

Business Name	The Bellingham at Orchard	***Provider Number***	2576
Address	848 W ORCHARD DR ,	***Approval Status***	Disapproved
City, State, Zip	Bellingham, WA	***Facility Type***	Residential Care

On 03/19/2026 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation

Next inspection scheduled on or after: 04/18/2026

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

Michael Malmin Exec Directo

Print Name and Title

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

Signature

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Initials of Authorized Facility Representative: _____