23028 100th AUE W Serving Brier, Edmonds, and .12425 Meridian Ave S Mountlake Terrace.

www.FireDistrict1.org

Everett, WA 98208 Phone (425) 551-1200 Fax (425) 551-1272

4257744916

FIRE PREVENTION INSPECTION REPORT

₺EDMONDS BRIER

☐ MOUNTLAKE TERRACE UNINCORPORATED

FREQUENCY STATION & SHIFT Annual 20-D SCHEDULED Feb 2017 DATE DUE 543 203

LOCATION: 23028 100 th Avenue W 98026

BUSINESS NAME: Bartell Drug CO. #58

MAILING ADDRESS:

BUSINESS OWNER: Bartells

STRIKER, RANDY UN. Phone # EMERGENCY-1: Warry, Tah

WANDA (EMERG) MANAGER **KEY ACCESS-2:**

EMAIL:

SAHLEE CARROLL

PERSON CONTACTED: NAME OF INSPECTOR:

WINSTON

HOME PHONE:

2064338907 HOME PHONE: HOME PHONE:

PHONE:

CURRENT 832-262-0635

BUSINESS **LICENSE** INITIAL INSPECTION DATE

· NO

3-20-17

FIRE SYSTEMS: AS 3/16 FA 3/15 FE 3/15 Date Last Serviced:

HAZARDS FOUND AND LOCATIONS / COMMUN	IICATIONS			
1				1
check AT 1A	iter Date to se	e if	*	
2 ENTERED 1	NTO TEGRIS			2
	•	/ 1		<i>:</i>
	:	Extered		3
			# 1986 - # 1886 - \$4 - \$4 - \$4 - \$4 - \$4 - \$4 - \$4 - \$	
4				4
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5	•			5
<u></u> 6				6
.,7				
			V*************************************	
I AGREE TO CORRECT THE ABOVE		DAYS X		
1st RE-INSPECTION	2nd RE-INSPECTION	GRANTED TO:	FINAL RE-INSPECTION	VIOLATIONS
DATE DUE:	DATE DUE: PERSON		DATE DUE: PERSON	CITED:
CONTACTED.	CONTACTED		CONTACTED:	
INSPECTOR	INSPECTOR:		INSPECTOR:	2
DATE: VIOLATIONS	DATE. VIOLATIONS	1	DATE CITATION ISSUED	3
1 , 5	1 5	PRE-CITATION LETTER SENT	NUMBER:	4
2 6	2 6	DATE	CODE SECTION:	5
3	3 , 7	RETURN RECEIPT ; RECEIVED	**************************************	6
4 8	4 8	DATE	DISPOSITION:	7/
LETTER NEEDED YES NO	LETTER NEEDED YES NO			8



Serving Brier, Edmonds, and Mountlake Terrace

www.FireDistrict1.org

12425 Meridian Ave S Everett, WA 98208 Phone (425) 551-1200 Fax (425) 551-1272

FIRE PREVENTION INSPECTION REPORT

☐ EDMONDS
☐ BRIER
☐ MOUNTLAKE TERRACE
☐ UNINCORPORATED

		*.
	FREQUENCY	STATION & SHIFT
	Annual	20-C
16	SCHEDULED DATE DUE ▶ Feb	2016
	UFIR ▶ 543 203	

•	LOCATION:	23028 100 th Avenue W 98026			Annual	20-C
AL.	BUSINESS NAME:	Bartell Drug CO. #58	PHONE:	4257744916	SCHEDULED DATE DUE ▶ Feb	2016
. 24	MAILING ADDRESS:				UFIR ▶ 543 203	
. Е	BUSINESS OWNER:	Bartells	HOME PHONE:	•		
:	EMERGENCY-1: KEY ACCESS-2:	Wang, Tah	HOME PHONE:	2064338907	CURRENT	YES NO
-;	EMAIL:	manager dsg chartelldrugs	·Com		BUSINESS	

PERSON CONTACTED:	ess, (as Lellon,	<u>(</u>	al	INITIAL INSPECTION	DATE
FIRE SYSTEMS: AS 3/15 FA Date Last Serviced: 7 M A HAZARDS FOUND AND LOCATIONS 7 COM	3/15 FE 3/15 + 10.00	,			
					1
MOM	E FOUND.				
					2
3					3
		· · · · · · · · · · · · · · · · · · ·			
				79	4
5					5
6					6
7			:		7
I AGREE TO CORRECT THE ABO	OVE VIOLATION(S) IN THE NEXT	30 DAYS	X		
1st RE-INSPECTION DATE DUE:	2nd RE-INSPECTION DATE DUE:		EXTENSION GRANTED TO:	FINAL RE-INSPECTION DATE DUE:	VIOLATIONS ()
PERSON CONTACTED:	PERSON CONTACTED:			PERSON CONTACTED:	1 797
INSPECTOR:	INSPECTOR:			INSPECTOR:	2
DATE: VIOLATIONS 1 5	DATE: VIOLATIONS: 1 5		PRE-CITATION	DATE: CITATION ISSUED	4
2 6	2 6		LETTER SENT DATE:	NUMBER: CODE SECTION:	5
3 7	3 7	:	RETURN RECEIPT RECEIVED		6
4 8 NO	4 8 LETTER NEEDED YES NO	, .	DATE:	DISPOSITION:	7
123 110	T TES LINO			•	*



SPRINKLER - WET SYSTEM				Certification Given				
(One Sys	RED	J	YELL	.ow 🗖	WHITE			
CONFIDENCE TEST	X	REPAIRS	s 🗖					
23028 100th Ave W		Occupa	nev N	Jame [.]	Barrell	Drug #58		
Occupancy Address:	Edr	nonds, WA	<u>, 98050</u>	Occupa	iloy i	tarric.		
Responsible Person First & Last Name:	\sim	anager		Phone Number:			425-7	14-4916
Responsible Person Address, City, State, Zip:	<u>S c</u>	ame.		Responsib E–Mail Ad		ty		
Date of Inspection:				Inspection Frequence		۵,		I ☐Quarterly
	3/	7.1/16		riequenc	y, i y p	C .	□Winter	ization
Testers Name (Please Print):		Walker		State Cer Number:	tificat	ion	8689-1	T-032510
Identification Number:	86	89.II-032	SIO	System	Loca	ation:	whole	building
Central station monitoring? Monitoring Required?	Yes Yes	_	lo 🗖	Monitoring Company Name:				
System Make:		norgun		System	•		4" sk	OTGUN
STATE FIRE CODE VIOL		. Gauges Te FDC insp	sted/real	aced				
CORRECTIONS MADE: (If additional room is needed, plea		-	State Certi	Correct fication N		-		
								<u>.</u>
This certifies that this Items listed in this rep discrepancies are not	ort and	d is consistent with	Nashington St	ate Fire Cod	e stan	dards/NFF	PA 25, and that	
Signature of Tester:	6	<u> </u>	10/		Pho	ne#	<u> 253-341-</u> •	7137
Building Representation	/e ∠	(signature)		 -				

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the NFPA 25 for inspecting and testing requirements.

General		
Main Drain and Inspector's Drain flow test conducted?	Yes 🗵	No 🗖
2. Static pressure: _\limits_p.s.i. Flow pressure: _\frac{73}{p.s.i.} p.s.i.		
3. Number of Sprinkler Heads: 73		
4. 2-inch drain? Other	Yes 🛛	No 🗖
5. Flow switches, supervisory switches and alarm bells tested? N/A	Yes 🗵	No □
6. Pressure regulating valves tested? N/A ☑	Yes 🗖	No 🗖
7. Alarm bell operates? TripTime: 32 sec N/A	Yes 🔀	No 🗖
8. System inspected and lubricated?	Yes 🛛	No 🗖
9. Valves are sealed or supervised?	Yes 🛛	No 🗆
10.Signs are provided on valves?	Yes 🗓	No 🗆
11.Pumper connections and clapper valves unobstructed and turn freely?	Yes 💢	No 🗖
12.Sprinkler coverage is acceptable?	Yes 🖾	No 🗖
13. Have the sprinkler heads been replaced or successfully sample test in the last 50 years? Date of last test: <u>New 2002</u>	Yes 🗵	No 🗖
14. Proper number of spare sprinkler heads available with appropriate wrenches for each?	Yes 🗓	No 🗖
15. System left in service?	Yes 🛛	No 🗖
16. System gauges replaced or calibrated within the last 5 years? Year changed: ○Ч / ○ Ч	Yes 🗖	No 🏻
17. Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?	Yes 🗓	No 🗖
18. Was debris found in the Fire Department Connection (FDC)?	Yes 🗖	No 🖪
19. Was the Fire Department Connection (FDC) back flushed within the last 5 years? Date of last back flush <u>oq /oq</u>	Yes 🗖	No 🛛
20. Was an internal pipe and valve inspection performed within the last 5 years? Date Performed <u>0 4 / 0 9</u>	Yes 🗖	No 🗹
21. Is the hydraulic nameplate installed and visible on riser, if No then Yellow Tag. (Ref: NFPA 25 5.2.7) (、ての density)	Yes	No 🗖
22. Was a signal received at the Central Station monitoring company?	Yes 🗵	No 🗖



Serving Brier, Edmonds, and 12425 Meridian Ave S Mountlake Terrace Everett, WA 98208

Everett, WA 98208 Phone (425) 551-1200

FINE PREVENTION
INSPECTION REPORT
EDMONDS
BRIER
MOUNTLAKE TERRACE

DISTR	ICT,	www.FireDistrict1.	org	Fax (425	5) 551-1272		CORPORATED
LOCATION:		Avenue W 98026		·.		FREQUENCY Annual	STATION & SHIFT 20-B
BUSINESS NAME:	Bartell Drug C	O. #58		PHONE:	4257744916	SCHEDULEDFeb	2015
MAILING ADDRESS:						543,203	
BUSINESS OWNER:	Bartells	HERYL MOIRR			425-346.590	16	
EMERGENCY-1: KEY ACCESS-2: EMAIL:	٠,			OFFICE 一フ HOME PHONE: HOME PHONE:	2064338907	CURRENT CITY BUSINESS	YES NO
· .		JAMES	Mop.			LICENSE INITIAL INSPECTION	ON DATE
PERSON CONTACT NAME OF INSPECT	Y	GUIDRY	0417			8.20-2	.015
FIRE SYSTEMS:	AS 3/13 FA 4/	131FE <u>3/15</u>	0 0 1 1			1	, <u>.</u>
HAZARDS FOUND AND LO	OCATIONS / COMMUN	15 7		,			
1 NOTHINA	POUND						1
		<u>:</u>		· · · · ·		1	
2	<u> </u>						2
•							
3							3
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4				ga - uture - en utura en en utura en			4
_		daninas aprintes de la companio del companio del companio de la companio del companio del companio de la companio del companio de la companio del companio del companio del companio del la companio del compan		management and management of the second seco			
						,	5
6				*	Jan.		6
				and the second s	·		
7				,		1	7
				1 1		Jun.	
I AGREE TO CORRE	CT THE ABOVE	VIOLATION(S) IN THE	NEXT 30 DAY	SXX	YZ	y. 41	
1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO	. I. M	CTION	VIOLATIONS
DATE DUE: .		DATĚ DUE: PERSON	**************************************	GRANTEDIC	PERSON		CITED:
CONTACTED:		CONTÂCTED:		•	CONTACTED:		2
NSPECTOR:		INSPECTOR:			INSPECTOR:		3
DATE: VIOLATIONS		DATE: VIOLATIONS		PRE-CITATION	N ' {	ION ISSUED	4
1 5	AND TO THE OWNER OF THE OWNER OWNER OF THE OWNER O	5		LETTER SÉN	CODE	924 MATERIA TROTTO DE SANTO EN ESTADO E	5
2 6	***************************************	2 6		DATE: RETURN RECEI RECEIVED	SECTION:		6
3 . 7		3 7		in a second seco	DISPOSITION:		7
4 8 LETTER NEEDED □ YES		4 8 LETTER NEEDED □ YES	П NO	DATE:			



Confidence Test Report From

SeaTac Fire Protection LLC PO BOX 88565 Tukwila, WA. 98138

253.341-7132 P 866.558.7475 F

SPRINKLER	-V	VET SY	Certification Given				
(One Sy	stem p	er Report)		RED 🗍 YE	ELLOW	S \	WHITE
CONFIDENCE TEST	図	REPAIRS					
Occupancy Address:		28 100th A	Carrier and Company	Occupancy Nam	e: Ba	CTEN D	rug # 58
Responsible Person First & Last Name:		ianage.C		Phone Number:	<u>47</u>	<u> 5-774</u>	-4916
Responsible Person Address, City, State, Zip		ame		Responsible Party E-Mail Address			
Date of Inspection:	<u>3/</u>	16/15		Inspection Frequency/Type:		Annual C Winteriza	Quarterly tion
Testers Name (Please Print): Identification	J	Walker		State Certification Number:	<u>86</u>	89-IT-C	32510
Number: Central station monitoring? Monitoring Required?	869 Yes Yes		510 0	System Location Monitoring Company Name	= 1 1	phole 137-194 37-194 00-227- ustom	4 7
System Make:	S	hergun		System Model:	4	" Shot	gun
STATE FIRE CODE VIOL		s Found: (If ac	Iditional room	i is needed, please add	l a separa	te sheet)	
5 year testing a			· · · · · · · · · · · · · · · · · · ·		<u> </u>		
- gauge Tes	red,	replaced					
-internal	prpe	mspecial	011		· · · · · · · · · · · · · · · · · · ·		
CORRECTIONS MADE:			State Cort	Corrected By:		*	
(If additional room is needed, ple	ase add	a separate sheet)	State CER	fication Number:	The second secon		**************************************
Items listed in this rep	ort and	is consistent with	Washington S	perly inspected for reliabil tate Fire Code standards ng Owner/Manager for co	ity to cover	and that	
Signature of Tester:	_	76	1/1/2	Phone #	253	-341-	1132
Building Representati	ve 4	(signature)					
Sprinklers - Wet	CTT	on riser)			7. S. S. S. S.		Page 1 of 2

THESAFETY TEAMINE.

670 South Lucile St. – Seattle, WA. 98108 Phone (206) 762-1450 Fax (206) 762-1799

Jurisdiction Edmonds

Confidence Test Report

(Seattle Fire Dept. Only) 206-386-1448 Confidence Testing Officer 206-615-1068 (fax) 206-233-7219 Red Tag Hotline

7 Holle (200) 702-140								
FIRE ALAR	RM SYSTEM		Certification Given					
(One System	n per Report)	RED		YELLOW		WHITE	4	
CONFIDENCE TEST \	REPAIRS						į	
Occupancy Address: 23	3028 100 th Ave West	Occupa Name:	ncy	Bartell Dr	ug #5	8 (Edmonds	<u>)</u>	
Building Owner Ba	artell Drug Company	Phone	Numbei	r: <u>(206) 767</u>	<u>'-1343</u>	3		
Responsible Person: Ch	neryl	Phone	Vumbei	r: <u>(425) 774</u>	I-4916	<u>i</u>		
Building Owner Address:	4025 Delridge Way SV	V, #400 Seattle	, WA 98	<u>3106</u>	**			
Date of Inspection:	Inspect Freque		. ·	•	ther			
Testers Name (Please Print):	M. Deckard	/ SFD Ce Numbe		on SC	:P <i>[</i>)-07231	<u>/</u>	
Central Station Monitoring?	Yes ₹ No □	Monitor Compa		ne: <u>A</u> 1	414	1-07231 u Cent	40	
Primary Component:	Fire Alarm Panel		<u>/</u> .	7				
System Make:	silent kn	System	Model:	<u> 5</u>	20	58		
System Location:	Back Stock	veen		Identifica	ation	No	<u>(</u>	
PROBLEMS FOUND: (If addition	onal room is needed, please add a	separate sheet)	4				1	
		- 		ν,	 ,			
				1200				
	ate Corrected:		cted By	/: ation Number				
(If additional room is needed, please a	add a separate sheet)	3רט י	Cerunica	auon Number	•			
								
items 1	ertifies that this fire and life safety listed in this report and is consister pancies are noted and have been	nt with Seattle Fire D	epartment	Fire Code standard	s, and th	nat		
Signature of Tester:	W					762-1450		
Testing Agency:	The Safety Tear		0010	0 DO Davi	0124	<i>C</i>		
Mailing Address:	670 S. Lucile St	<u>. Seaπie, W</u>	<u> </u>	8 PO Box	812 <u>4</u>	·O		
Building Representative	(signature)		·					

CTF- 01 Page 1 of 2

The items on the checklists below shall be inspect testing of the fire and life safety system. Refer to	cted and tested. This list doe the Seattle Fire Department	s not constitute all of the Fire Code for inspecting	required inspect and testing requi	ing and rements.	
Alarm System Functionality			~		
Trouble signal with AC power off?		Not	Tested	Yes	No 🗆
System operates properly on battery bac	kup?	And the second s	Tested □	Yes 🗔	No □
	≀ ∠ volts		. 00.00	1000	110 4
	<u>క్</u> volts		5		
	≥ √ volts (signals o	perating)			
System operates properly on generator s			Tested ≥	Yes 🗆	No □
All signals operate on AC power?				Yes	No □
Number of initiating circuits	·		to their care	1.00	4
Number of signal circuits 4					
Does alarm system meet audibility stand	ards?	and the second of the second o		Yes 🖳	No □
All circuits checked for electrical supervis	sion?			Yes-₽	No 🗆
All auxiliary equipment operates (Elevato	ors, fans, dampers)	?	N/A 🕾	Yes□	No 🛚
Ventilation controls operate?			N/A-	Yes □	No 🗆
Key to panel available?	an and the state of the state o	· · · · · · · · · · · · · · · · · · ·		Yes A	No.⊟
Operating instructions at panel?				Yes-	No 🗆
Trouble indicators function properly?			1.5	Yes	No □
Remote Annunciator Panels function pro	perly?	à	N/A 🖳	Yes 🗆	No 🗆
Elevator Call Down functions properly?			N/A.A	Yes 🗆	∘ No □
Test record posted at panel?		V.		Yes┺	No 🗆
General alarm automatic time delay	(minutes)		N/A &	THE THE SERVED A	
Was a signal received at the Central Sta	tion monitoring con	npany?	N/A □	Yes' ≥	No 🗆
Custom Davisos	Total Number of	Total Number			
System Devices	Units Tested	Units Inoperable		esults Accep	
1. Bells, Chimes			N/A*	Yes □	No □
2. Voice Speakers (Voice Clarity)	*		N/A-K	Yes 🗆	No □
3. Horns (Only)		-	N/A 🔂	Yes 🗆	No □
4. Visual Alarm Devices (Strobes)			N/A 🗆	Yes 🔁	No 🗆
5. Horn/Strobe Combos	13-	-	N/A 🗆	Yes 🔍	No □
6. Heat Detectors	- বহু		N/A 🖰	Yes 🛘	No 🗆
7. Duct Detectors			N/A 🗆	Yes A	No □
8. Sprinkler Flow Switches			N/A 🗆	Yes 🕏	No 🗆
9. Sprinkler Supervisory Switches			N/A □	Yes 4	No □
10. Smoke Detectors			N/A □	Yes-E	No 🗆
11. Manual Pull Stations			N/A 🗆 '	Yes 1	No □
12. Annunciator (s)			N/A 🕏	Yes 🗆	No □
13. Beam Detectors	ne memorine i m <u>ilitari kanpanan di kampuni k</u> anpadahan 1986	· · · · · · · · · · · · · · · · · · ·	MAB	Yes.□ ···	or one spans in the
14. Automatic Door Unlocks	(17.45) (18.46) (18.45)		N/A 🕥	Yes □	No □
15. Automatic Door Release			" GAIN!	· Yes 🛚 ·	r:No:□,
Communication Equipment	Total Number of Units Tested	Total Number Units Inoperable	Test R	esults Accep	table
16. Phone Sets			N/A &T	Yes □	No □
17. Fire Phone Jacks		2 2	N/A 75	Yes □	No,□
18: Call-in Signal	7.7.7.1.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		N/A'L	Yes.⊞	CONTRACTOR MINERAL IN HER
		10000	18.32	The second secon	
Notes/Observations:			WWW-Can		
	Walliam .				
		A. A			

CTF-01 Page 2 of 2



670 South Lucile St. – Seattle, WA. 98108 Phone (206) 762-1450 Fax (206) 762-1799

Jurisdiction **Edmonds**

Confidence Test Report

(Seattle Fire Dept. Only) 206-386-1448 Confidence Testing Officer 206-615-1068 (fax) 206-233-7219 Red Tag Hotline

SPRINKLE	1011	Certification Given								
(One System	per Report)		RED		YELL	OW	A	WHITE	•	
CONFIDENCE TEST	REPAIRS									
Occupancy Address: 230	028 100 th Ave West		Occupan	icy Na	me: <u>j</u>	Bartel	Drug	#58 (Edm	ond:	<u>s)</u>
Building Owner: <u>Bar</u>	tell Drug Company		Phone N	umber	·	(206)	<u>767-1</u>	343		
Responsible Person: Che	eryl		Phone N	umber	: ((425)	774-4	<u>916</u>		
Building Owner Address:	4025 Delridge Way SV	V, #4 <u>0</u>	0 Seattle, \	NA 981	<u>106</u>					
Date of Inspection:	•	٠	n Frequer		pe:	Annu Other	al 🖟 · □_	·		
Testers Name (Please Print):	in. Decker	S	SFD Cer	t#: ን	2072	ኔ ነ		41164-I ITT#:		
Central Station Monitoring?	Yes 🖳 No		Monitorir Name:	ng Cor	npany		1A1.	arpa c	سو	۲۵۲
Primary Component:	Riser	_	System I				<u>5</u> l	10+91	,4	
System Model:	Black Pipp		Valve Si	ze:	L'	· , _	Valve	Year:	20	<u> </u>
System Location:	ack Stocle	VC	ندار		ld		cation	No.		
PROBLEMS FOUND: (If addition for few	nal room is needed, plea	se add	a separate	sheet)				×4	1	
Corrections Made: Date (If additional room is needed, pl	e Corrected:ease add a separate she	et)			ed By: _ ertification	on Nu	ımber	•		
lten dis	s certifies that this fire and life s ns listed in this report and is cor crepancies are noted and have	nsistent v	with Seattle Fire	Departmuilding Ow	nent Fire Co vner/Manag	ode star er for co	ndards, a orrective	and that action.		,
Signature of Tester: Testing Agency:	The Safety Tea	em Inc	<u> </u>	Phor	ne#_	(2)	06) 7	62-1450		
Mailing Address:	670 S. Lucile S			8108	PO Bo	nx 81	246			
Building Representative	(signature)	71. UEC	aulo, VVA S	0 100	1 0 0	<u> </u>	<u> </u>	***		

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Seattle Fire Department Fire Code for inspecting and testing requirements.

General		
Flow test conducted?	Yes 🖳	No 🗆
Static pressure: 100 psi Flow pressure: 40 psi		
Total Number of System Sprinkler Heads: 2001	e de la companya de l	
2-inch drain?	Yes-🔼	No 🗌
Flow switches, supervisory switches and alarm bells tested?	Yes	No 🗆
Pressure regulating valves tested?	Yes 🗌	No 🗌
Alarm bell operates? N/A□	Yes	No:
System inspected and lubricated?	Yes_\	No 🗌
Control Valves are sealed or supervised?	Yes	No 🗆
Signs are installed on valves?	Yes. 🔽	No 🗌
Pumper connections and clapper valves unobstructed and turn freely? N/A	Yes 🔁	No 🗌
Wet type sprinkler heads have been replaced or successfully sample tested in the last 50 years?	Yes 🗌	No 🗆
Sprinkler coverage is acceptable? *NFPA25-2002-Sec 5.2.1.1 (Floor Level Only)	Yes⊠	No 🗀
Proper number of spare sprinkler heads available?	Yes 🖹	No 🗌
System left in service?	Yes	No 🗌
System gauges replaced or checked for accuracy within the last 5 years? Install/Calibration Year Shut off valves	Yes 🔼	No 🗌
Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?	Yes	No 🗌
Fire Department Connection (FDC) caps are present and undamaged? N/A	Yes	No 🗆
Was the Fire Department Connection (FDC) check valve inspected within the last 5	Yes □	No B
years? Date Performed N/A Use an internal pipe and valve inspection performed within the last 5 years?		
Date Performed	Yes 🗌	No
Proper signals received at the Central Station monitoring company?	Yes⊠	No □
Sprinkler wrench available for each type of sprinkler?	Yes	No 🗌
Notes/Observations:		
	····	



Serving Brier, Edmonds
Mountlake Terrace, and
the Town of Woodway
www.FireDistrict1.org

12425 Meridian Ave S Everett, WA 98208 Phone (425) 551-1200 Fax (425) 551-1272 FIRE PREVENTION INSPECTION REPORT

`⊠EDMONDS
□BRIER
☐ WOODWAY
☐ MOUNTLAKE TERRACE
UNINCORPORATED

				,	1 0000 (12	0,001				-
LOCATION:	23028 10	Oth Avenue	Addition of	W				FREQUENCY 365	STATION & S 20 A	HIFT
BUSINESS NAME:	Bartell Drug	Co.#58			PHONE:	4257	744916	SCHEDULED DATE DUE	12/01/13	
MAILING ADDRESS:	`~				÷			UFIR ▶ 543	2 053	
BUSINESS OWNER:	Bartell Drug	Co.		H	OME PHONE:	2067	632626		410	
EMERGENCY-1: KEY ACCESS-2:	Wang, Tah Cole, Dougla	35			OME PHONE: OME PHONE:		338907 268105	CURRENT CITY BUSINESS LICENSE	YES N	10
PERSON CONTACT	ED: D	EPEK	MITCH	12LL				INITIAL INSPECTION	4	
NAME OF INSPECTO	OR:	$\widehat{}$	KUHN,			YAM	FIFLD	5/17	/13	
FIRE SYSTEMS:	& FA 3/12 FE 3/13 Y	LkBx	WESTERN	<u> </u>	,	<u>, , , , , , , , , , , , , , , , , , , </u>			3/13 NUAL	
HAZARDS FOUND AND LO			ď				E.	#		
1	MO H	PRARDS) <u> </u>	<u> </u>)				1 .	
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6			•						6	
•						*		•		
7	<u>O</u>								7	
		-								
AGREE TO CORRE	CT THE ABOVE	VIOLATION	S) IN THE NEX	T 30 DAY	s x				-	
st RE-INSPECTION		2nd RE-INSPECT	*		EXTENSION	N FI	NAL RE-INSPEC	CTION	VIOLATION	=== 4S
ATE DUE:		DATÉ DUE: PERSON		ļ	GRANTED TO	ro: _{D/}	ATE DUE:		CITED:	
ERSON ONTACTED:	<u> </u>	CONTACTED:					ERSON ONTACTED: .		1	
ISPECTOR:		INSPECTOR:]		IN	SPECTOR:		2	
ATE:		DATE:				מו	ATE:		3	
VIOLATIONS 5		L	TIONS		PRE-CITATIO	ON		ION ISSUED	4	
					LETTER SEN	√C(DDE ,	dan ana ang ang ang ang ang ang ang ang a	5	
6		2	6		DATE: RETURN RECE	EIPT	ECTION:		6	<u>* </u>
7		3	7		RECEIVED		SPOSITION:		7	
8 LETTER NEEDED YES		4 LETTER NEEDED	8		DATE:				<u> </u>	
TETTER NEEDED YES	⊔ NO	LETTER NEEDED	☐ YES ☐ NO	<u> </u>	<u></u>				8	

THESAFETY TEAMINE.

670 South Lucile St. – Seattle, WA. 98108 Phone (206) 762-1450 Fax (206) 762-1799

Jurisdiction EDMONDS

Confidence Test Report

(Seattle Fire Dept. Only) 206-386-1448 Confidence Testing Officer 206-615-1068 (fax) 206-233-7219 Red Tag Hotline

					J .					
FIRE ALARM SYSTEM			Certification Given							
(One Sy	stem pe	er Report)			RED		YELLOW		WHITE	Ø
CONFIDENCE TEST	A	REPA	IRS							,
Occupancy Address:	2302	8 100 TH AVE W	/EST		Occupan Name:	су	BARTEL	L DRUC	G # 58	
Building Owner	BART	ELL DRUG CO	MPAN'	<u>Y</u>	Phone N	umber	: <u>206-767</u>	<u>'-1343</u>		
Responsible Person:	STEV	<u>EN</u>			Phone N	umber	: <u>425-77</u> 4	<u>-4916</u>		
Building Owner Addres	ss: 4	1025 DELRIDG	E WA	Y SW #	# 400 SEAT	TLE W	<u> 4 98106</u>			
Date of Inspection:		3/19/13			Inspectio Frequenc		۵.	•	ther	
Testers Name (Please Print):		cen kert	4		SFD Cer Number:	tificatio		CPk	2-06572	
Central Station Monitoring?	Ye	es 🔯	No 🗆]	Monitorin Company	•	e: Ala	en	Cenfer	•
Primary Component:		Fire Alarm I	<u>Panel</u>							,
System Make:	_ <	silent Kn	-ight	<u>-</u>	System N	Model:		208		·
System Location:	<u>N</u> .	w. Corny	<u> </u>	- 87	Lakeoon		_ Identifi _	cation	No. #	<u></u>
PROBLEMS FOUND: (If accepted to the control of the	Date	Corrected: _	ase add	a separa	Correct	•	:tion Numbe	er:		
Signature of Tester: Testing Agency: Mailing Address: Building Representative	Items discre	rtifies that this fire listed in this report pancies are/poted a The Safet 670 S. Lusignature)	and is condition in the	been reg	with Seattle Fire	e Departr ilding Ow Phor	nent Fire Code st ner/Manager for ne #	andards, a corrective	and that action. 762-1450	

CTF- 01

Page 1 of 2

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Seattle Fire Department Fire Code for inspecting and testing requirements.

Alarm System Functionality					·
Trouble signal with AC power off?		Not	Tested	Yes⊠	No 🗆
System operates properly on battery bac	Yes 🛭	No □			
	3 volts		Tested □	, 100 ys	140
Battery voltage (full load)					
Charge circuit voltage 27.3					
System operates properly on generator s	standby power?	Not	Tested ⊠	Yes □	No □
All signals operate on AC power?				Yes⊠	No 🗆
Number of initiating circuits 10	4	1.00	e '		
Number of signal circuits 4				e e e e e e e e e e e e e e e e e e e	
Does alarm system meet audibility stand				Yes⊠	No □
All circuits checked for electrical supervis				Yes 🛭	No 🗆
All auxiliary equipment operates (Elevato	ors, fans, dampers)	?	N/A 🗵	Yes 🗆	No □
Ventilation controls operate?			N/A 🛭	Yes 🗆	No 🗆
Key to panel available?		<i>*</i> •		Yes 🛚	No □
Operating instructions at panel?				Yes 🛚	No 🗆
Trouble indicators function properly?	, 1			Yes 🛭	No 🗆
Remote Annunciator Panels function pro	perly?		N/A ⊠	Yes 🗆	No 🗆
Elevator Call Down functions properly?			N/A ⊯	Yes □	No 🗆
Test record posted at panel?				Yes 🔀	No 🗆
General alarm automatic time delay	(minutes)		N/A 🖭		
Was a signal received at the Central Star	tion monitoring con	npany?	N/A □	Yes 🗷	No 🗆
Other Devices (Specify)			N/A/A	Yes⊡	~ No □
System Devices	Total Number of	Total Number	<u> </u>	5 U. A	4 - 1-1 -
System Devices 1. Bells, Horns, Chimes	Units Tested	Units Inoperable		Results Accep	
	(0	<u> </u>	N/A □	Yes⊠	No □
 Voice Speakers (Voice Clarity) Smoke Detectors 		<u> </u>	N/A∕Z.	Yes 🗆	No 🗆
A CAN DESCRIPTION OF THE PROPERTY OF THE PROPE			N/A □	Yes⊈	No 🗆
i		0	N/A 🗷	Yes □	No □
5. Duct Detectors		<u> </u>	N/A □ N/A □	YesÆ	No □
 Sprinkler Flow Switches Sprinkler Supervisory Switches 		8	N/A □	Yes.⊠ Yes.⊠	No □ No □
	20	<u> </u>		Yes⊠	No 🗆
	3	05	N/A 🗆		No 🗆
T			N/A □ N/A ≫	Yes <i>'</i> ⊠ Yes □	No □
10. Annunciator (s) 11. Beam Detectors	<u> </u>	i i a di mai			No □
11. Beam Detectors 12. Automatic Door Unlocks	<u> </u>		N/A I⊅ N/A ⊠	Yes □ Yes □	No □
13. Automatic Door Release	<u> </u>	<u> </u>	N/A ≅	res ⊔ Yes □	No □
13. Automatic Door Nelease	Total Number of	Total Number	IN/A E	1 62 LI	110
Communication Equipment	Units Tested	Units Inoperable	Test F	Results Accep	table
14. Phone Sets	Ø		N/A 🗷	Yes□	No □
15. Fire Phone Jacks			N/A ⊠	Yes 🗆	No 🗆
16. Call-in Signal	A Comment		N/A ∞	Yes 🗆	No □
Notes/Observations:					

Page 2 of 2



670 South Lucile St. – Seattle, WA. 98108 Phone (206) 762-1450 Fax (206) 762-1799

Jurisdiction EDMONDS

Confidence Test Report

(Seattle Fire Dept. Only) 206-386-1448 Confidence Testing Officer 206-615-1068 (fax) 206-233-7219 Red Tag Hotline

			J ,							
SPRINKLERS - WET (One System per Report)			Certification Given							
(One Syste			RED		YELL	_w		WHIT	E	
CONFIDENCE TEST	REPAIRS									
Occupancy Address: 2	23028 100 TH AVE WEST		Occupan	cy Na	me:	BARTE	ELL DR	UG #58		:
Building Owner: <u>E</u>	BARTELL DRUG COMPANY		Phone No	umber	•:	206-7	<u>67-134</u>	<u>13</u>		
Responsible Person: §	STEVEN		Phone No	umber	:	<u>425-7</u>	<u>74-491</u>	<u>16</u>		
Building Owner Address	: 4025 DELRIDGE WAY SV	<u>W #</u>	400 SEATT	LE WA	98106					
Date of Inspection:	3/19/13	ectio	n Frequen	су/Ту _І	pe:	Annua Other	_			
Testers Name (Please Print):	Jim Davison		SFD Cer	t#:	1) 663	74	I	тт #6 ^с в:	SITO	1150
Central Station Monitoring?	Yes.⊠ No □		Monitorin Name:	g Con	npany	-	Alak	m Cent	£47_	
Primary Component:	Riser		System N	/lake:		,	Ma	ni Fold		
System Model:	Manifold		Valve Siz	:e:	4'	<u>'</u>	Valve	Year:	200	2
System Location:	NW corner of	Ste	ock Roon	`	lo	dentific	cation	No.	# 1	_
PROBLEMS FOUND: (If addi	itional room is needed, please	add	a separate s	heet)	. :-			· · · · ·		
• • • • • • •	ate Corrected:				ed By:					•
(If additional room is needed,	please add a separate sheet)		SF	D Ce	rtificati	on Nu	mber:			
				· · · · · · · · · · · · · · · · · · ·			<u> </u>			
ļ:	This certifies that this fire and life safe tems listed in this report and is consis discrepancies are noted and have be	stent w	ith Seattle Fire	Departm	ent Fire C	ode stan	dards, a	nd that		
Signature of Tester:				Phor				62-1450		
Testing Agency:	The Safety Team	Inc			· - · · -		- <u>/ </u>	- <u>- · · · · · · · · · · · · · · · · · · </u>	· · · · ·	
Mailing Address:	670 S. Lucile St.			3108	РО В	ox 81	246	·······		
Building Representative	(signature)									

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Seattle Fire Department Fire Code for inspecting and testing requirements.

General			
Flow test conducted?		Yes ₩	No 🗆
Static pressure: 100 psi Flow pressure: 60 psi			
Total Number of System Sprinkler Heads:			
2-inch drain?	Other \square	Yes ⊠	No 🗌
Flow switches, supervisory switches and alarm bells tested?	N/A□	Yes⊠	No 🗌
Pressure regulating valves tested?	N/A□	Yes⊠	No 🗆
Alarm bell operates?	» N/A□	Yes 🛭	No 🗆
System inspected and lubricated?		Yes ⊠	No 🗌
Valves are sealed or supervised?	: '	Yes 🕅	No 🗌
Signs are provided on valves?		Yes⊠	No 🗌
Pumper connections and clapper valves unobstructed and turn freely?	N/A	Yes 🏻	No 🗌
Wet type sprinkler heads have been replaced or successfully sample te last 50 years?	sted in the	Yes⊠	No 🗆
Sprinkler coverage is acceptable? *NFPA25-2002-Sec 5.2.1.1 (Floor L	evel Only)	Yes 🗵	No 🗌
Proper number of spare sprinkler heads available?		Yes 🏻	No 🗌
System left in service?		Yes 🗵	No 🗌
System gauges replaced or calibrated within the last 5 years? Install/Calibration Year Shut off valves		Yes 🛚	No 🗌
Sprinkler heads free of corrosion, paint, obstructions and/or physical da	mage?	Yes 🛚	No 🗆
Was debris found in the Fire Department Connection (FDC)?	N/A□	Yes 🛛	No 🗆
Was the Fire Department Connection (FDC) back flushed within the las	SECRETARIST CONTRACTOR	Yes⊠'	No⊡
Was an internal pipe and valve inspection performed within the last 5 ye Date Performed/トキ	ears?	Yes 🗌	No 🗆
Date Performed// Was a signal received at the Central Station monitoring company?	N/A□	Yes 🛭	No □
Sprinkler wrench available for each type of sprinkler?		Yes 🗵	No 🗆
Notes/Observations: Added (1) ISSO upright You breass Standard Res did not have on site.	ponse Irea	d that	they
	· · · · · · · · · · · · · · · · · · ·		

THESAFETY TEAMING.

670 South Lucile St. – Seattle, WA. 98108 Phone (206) 762-1450 Fax (206) 762-1799

Jurisdiction **Edmonds**

Confidence Test Report

(Seattle Fire Dept. Only) 206-386-1448 Confidence Testing Officer 206-615-1068 (fax) 206-233-7219 Red Tag Hotline

SPRINKLERS - WET			Certification Given						
(One Sy	stem per Report)		RED		YELLOV		WHITE	×	
CONFIDENCE TEST	⊠ REPA	AIRS 🗆					-		
Occupancy Address:	23028 100 th Ave V	<u>/</u>	Occupan	cy Na	me:	Barte	ell Drug #58		
Building Owner:	Bartell Drug Co		Phone No	umber	••	<u>425</u>	5-774-49 <u>16</u>		
Responsible Person:	<u>Michael</u>	•	Phone No	umber	·:	206	5-767-134 <u>3</u>		
Building Owner Addres	ss: 4727 Denver Av	e S, Seattle,	WA 98134						
Date of Inspection:	3/13/12	Inspectio	n Frequen	су/Туլ		nual ಢ ner □_			
Testers Name (Please Print):	Jest Watzan Ji	mDavison		ι#: ;	206374 201221		ITT #: <u>%s50-11</u> -	070571	
Central Station Monitoring?	Yes ⊞	No 🗆	Monitorin Name:	g Con	npany	Ala	irm Center	<u>-</u>	
Primary Component:	Riser		System N	/lake:		1301	ter Fly		
System Model:	j		Valve Siz	œ:	411	Valve	Year:		
System Location:	NW Corner	of back	stude Re	on	Iden	tification	No		
PROBLEMS FOUND: (If ac	Iditional room is needed	•	· ·	-					
7								-	
	Date Corrected:				ed By:	NIb. a.u			
(If additional room is neede	d, please add a separal	e sneet)	<u>Sr</u>	-D Ce	rtification	Number	•		
				<u></u>	· · · · · · · · · · · · · · · · · · ·				
	This certifies that this fire a Items listed in this report ar discrepancies, are noted ar	nd is consistent w	ith Seattle Fire	Departm	ent Fire Code	standards, a	nd that		
Signature of Tester:	discrepancing are noted an	id flave been rep		Phor			62-1450		
Testing Agency:		y Team Inc		2460		04040			
Mailing Address: Building Representative		<u>cile St. Sea</u>	ttle, WA 98	<u> 3108</u>	PO Box	81246 		 -	
Panamy Izepiesenialiv	c (signature)								

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Seattle Fire Department Fire Code for inspecting and testing requirements. General Flow test conducted? Yes 🔀 No 🗌 Static pressure: 100 psi Flow pressure: % psi Total Number of System Sprinkler Heads: 73 2-inch drain? Yes 🔀 No 🗌 Flow switches supervisory switches and alarm bells tested?

riow switches, supervisory switches and dialiff belief tested:	N/AL	Yes Ly	iNo □
Pressure regulating valves tested?	N/A⊠-	Yes 🗌	No 🗌
Alarm bell operates?	N/A	Yes 🔀	No 🗆
System inspected and lubricated?		Yes 🛚	No 🗌
Valves are sealed or supervised?		Yes 🔀	No 🗌
Signs are provided on valves?		Yes 🛚	No 🗌
Pumper connections and clapper valves unobstructed and turn freely?	N/A	Yes 😾	No 🗌
Wet type sprinkler heads have been replaced or successfully sample tested last 50 years?	in the	Yes 🔀	No 🗆
Sprinkler coverage is acceptable? *NFPA25-2002-Sec 5.2.1.1 (Floor Level	l Only)	Yes 🗷	No 🗌
Proper number of spare sprinkler heads available?		Yes X	No 🗌
System left in service?		Yes 🗷	No 🗌
System gauges replaced or calibrated within the last 5 years? (Install) Calibration Year 2009 Shut off valves yes		Yes 🔀	No 🗌
Sprinkler heads free of corrosion, paint, obstructions and/or physical damag	je?	Yes 🛛	No 🗌
Was debris found in the Fire Department Connection (FDC)?	N/A□	Yes 🗌	No ⊠
Was the Fire Department Connection (FDC) back flushed within the last 5 y	ears? 🗻	- Yes □	-No⊡
Was an internal pipe and valve inspection performed within the last 5 years' Date Performed	?	Yes 🗆	No 🗆
Was a signal received at the Central Station monitoring company?	N/A□	Yes□	No □
Sprinkler wrench available for each type of sprinkler?		Yes 🔼	No 🗌
Notes/Observations: ** Indicates unlengue information			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

THESAFETY TEAMINE.

670 South Lucile St. – Seattle, WA. 98108 Phone (206) 762-1450 Fax (206) 762-1799

Jurisdiction

Edmonds

Confidence Test Report

(Seattle Fire Dept. Only) 206-386-1448 Confidence Testing Officer 206-615-1068 (fax) 206-233-7219 Red Tag Hotline

FIRE ALARM SYSTEM	Certification Given						
(One System per Report)	RED YELLOW WHITE						
CONFIDENCE TEST 💫 REPAIRS 🗆							
Occupancy Address: 23028 100 th Ave W	Occupancy Name: <u>Bartell Drug #58</u>						
Building Owner <u>Bartell Drug Co</u>	Phone Number: 425-774-4916						
Responsible Person: <u>Michael</u>	Phone Number: <u>206-767-1343</u>						
Building Owner Address: 4727 Denver Ave S, Se	eattle, WA 98134						
Date of Inspection: 3-13-12	Inspection Annual Other Frequency/Type: Quarterly Floors Tested						
Testers Name (Please Print):	SFD Certification Number: SCP- <u>V0637</u> 〜						
Central Station Monitoring? Yes □ No □	Monitoring Company Name: Custom Security						
Primary Component: Fire Alarm Panel							
System Make: Silent Knight	System Model: 5145208						
System Location: Stackroom	Identification No.						
PROBLEMS FOUND: (If additional room is needed, please add a sep Rope tamper on Shut off #2; - bichflux Batteries in FAP over Syrs old.	ugult did not report to panel.						
CORRECTIONS MADE: Date Corrected: 3/13/12	Corrected By: J. Davism						
(If additional room is needed, please add a separate sheet)	SFD Certification Number: SSPD-06374						
Batkines in FAP Replaced							
Items listed in this report and is consist	system has been properly inspected for reliability to cover the ent with Seattle Fire Department Fire Code standards, and that reported to the building Owner/Manager for corrective action. Phone # (206) 762-1450						
Testing Agency: The Safety Team I							
	Seattle, WA 98108 PO Box 81246						
Building Representative (signature)							

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Seattle Fire Department Fire Code for inspecting and testing requirements. Alarm System Functionality Trouble signal with AC power off? Not Tested □ Yes 🖢 No 🗆 System operates properly on battery backup? Not Tested □ Yes No No 🗆 26.73 Battery voltage (no load) Battery voltage (full load) 2501 volts (signals operating) Charge circuit voltage 27.33 volts System operates properly on generator standby power? Not Tested <a>™ Yes □ No 🗆 All signals operate on AC power? Yes Ø No 🗆 Number of initiating circuits Number of signal circuits Does alarm system meet audibility standards? Yes⊠o No □ All circuits checked for electrical supervision? Yes X No 🗆 All auxiliary equipment operates (Elevators, fans, dampers)? N/A 🔛 Yes 🗆 No 🗆 Ventilation controls operate? N/A 🛩 Yes No 🗆 Key to panel available? Yes 7 No 🗆 Operating instructions at panel? Yes № No 🗆 Trouble indicators function properly? Yes No 🗆 Remote Annunciator Panels function properly? N/A Yes 🗆 No 🗆 Elevator Call Down functions properly? Yes 🗆 N/A 🎾 No 🗀 Test record posted at panel? Yes So No 🗆 General alarm automatic time delay (minutes) N/A/O Was a signal received at the Central Station monitoring company? N/A Yes ₩ No 🗆 Other Devices (Specify) robited at Yes□ No □ N/A Do Total Number of **Total Number System Devices** Units Tested Units Inoperable Test Results Acceptable Bells, Horns, Chimes 1. 10 Ø) N/A 🗆 Yes to No 🗆 2. Voice Speakers (Voice Clarity) N/A □ Yes 🗆 No 🗆 3. ì **Smoke Detectors** N/A 🗆 Yes 💫 No 🗆 4. ,_ **Heat Detectors** Yes 🗆 N/A No 🗆 2 5. **Duct Detectors** N/A 🗆 Yes > No 🗆 6. Sprinkler Flow Switches ì N/A 🗆 Yes 🗆 No 🗆 4 7. Sprinkler Supervisory Switches N/A 🗆 Yes 🗆 No & 20 8. Visual Alarm Devices N/A Yes 🔂 No 🗆 9. Manual Pull Stations N/A □ Yes 🎾 No 🗆 10. Annunciator (s) N/A Yes 🗆 No 🗆 11. Beam Detectors N/A Yes 🗆 No 🗆 12. Automatic Door Unlocks N/A Yes 🗆 No 🗆 13. Automatic Door Release N/A □ Yes □ No □ Total Number of Total Number Communication Equipment **Units Tested** Units Inoperable Test Results Acceptable 14. Phone Sets N/A | Yes | No | 5 15. Fire Phone Jacks Yes 🗆 No 🗆 N/A 🗆 16. Call-in Signal N/A □ Yes 🗆 No □

Notes/Observations:

CTF- 01

Page 2 of 2



CITY OF EDMONDS

2006 1111111

FIRE PREVENTION **SAFETY SURVEY**

• EDMONDS, WASHINGTON 98020 • (425) 771-0215

FIRE DEPARTMENT

LOCATION:

23028

100th Avenue

W

STATION & SHIFT 20 B FREQUENCY 365

BUSINESS NAME:

Bartell Drug Co. #58

4257744916

SCHEDULED DATE DUE 02/01/10

MAILING

ADDRESS:

Bartell Drug Co.

2067632626 HOME PHONE:

410

2 053

EMERGENCY-1:

BUSINESS OWNER:

Wang, Tah

2064338907 **HOME PHONE:** 4252268105

KEY ACCESS-2:

Cole, Douglas

HOME PHONE:

UFIR ▶ 543

INITIAL INSPECTION DATE BRANDON PERSON CONTACTED: DOWLYNG SO NAME OF INSPECTOR: AS 3/09 FA 3/09 FD LkBx FIRE

SYSTEMS:

ANNUAL

ENTER CODE ONLY ONCE ▶ VIOLATION CODE HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS ELIZ cartle Here & CORNS PROVED CAMERA ORANGE SECTION 2 2 CORD EXTENSION BROWN LORD 3 3 丁片后 ALARM PANFL UE 55 TO BOTH AND 5 5 6 6 7 7 1st RE-INSPECTION 2nd RE-INSPECTION FINAL RE-INSPECTION VIOLATIONS CITED: EXTENSION GRANTED TO: DATE DUE: DATE DUE: DATE DUE: PERSON CONTACTED: PERSON CONTACTED: PERSON CONTACTED: AVBORS INSPECTOR: INSPECTOR: INSPECTOR-DATE: DATE CITATION ISSUED VIOLATIONS VIOLATIONS PRE-CITATION LETTER SENT 4 NUMBER: CODE SECTION: DATE RETURN RECEIPT RECEIVED 6 DISPOSITION: DATE: LETTER NEEDED | YES | NO LETTER NEEDED | YES | NO



Phone (206) 762-1450 Fax (206) 762-1799

Jurisdiction Edmonds

Confidence Test Report

(Seattle Fire Dept. Only) 206-386-1448 Confidence Testing Officer 206-615-1068 (fax) 206-233-7219 Red Tag Hotline

0	\\	1							
	ERS - WET	Certification Given							
(One Syst	tem per Report)	RED YEL	LOW WHITE X						
CONFIDENCE TEST	REPAIRS .								
Occupancy Address:	23028 100 th Ave West	Occupancy Name:	Bartell Drug #58						
Building Owner:	Bartell Drug Company	Phone Number:	206-763-2626						
Responsible Person:	<u>Cheryl</u>	Phone Number:	<u>425-774-4916</u>						
Building Owner Address	s: 4727 Denver Ave S, Seatt	<u>le, WA, 98134</u>							
Date of Inspection:	3/4/10	Inspection Frequency/Type:	Annual 🖾 Other 🗆						
Testers Name (Please Print):	Adam Parfitt Ken Keith	SFD Certification Number:	<i>P00536</i> scp. <u>K06512</u>						
Central Station Monitoring?	Yes 🛛 No 🗆	Monitoring Company Name:	Conston Security						
Primary Component:	Riser	System Make:	Riser Manifold						
System Model:	NA	Valve Size 🗸	Valve Year _ NA						
System Location: N.W	1, corner of stock im	Identification No.	<u>NA</u>						
PROBLEMS FOUND: (If add	ditional room is needed, please add	l a separate sheet)							
Corrections Made: D	\	Corrected By:							
(If additional room is needed	, please add a separate sheet)	SFD Certificat	ion Number:						
	This certifies that this fire and life safety sy Items listed in this report and is consisten discrepances are noted and have peep re	with Seattle Fire Department Fire	Code standards, and that						
Signature of Tester:	(Alm 16. 42	Phone #	(206) 762-1450						
Testing Agency: Mailing Address:	The Safety Team Inc 670 S. Lucile St. Sea		Box 81246.						
Building Representative		25, 117. 00 100 1 O L							

Fire Code for inspecting and testing requirements. General Flow test conducted? Yes K No 🗆 Static pressure: 15 psi Flow pressure: 70 psi Total Number of System Sprinkler Heads: ** 2-inch drain? Other Yes 🗵 No 🗔 Flow switches, supervisory switches and alarm bells tested? N/A Yes X No 🗆 Pressure regulating valves tested? N/A 🗍 Yes 🔯 No \square Alarm bell operates? N/A Yes 🛛 No \square System inspected and lubricated? Yes X No 🗌 Valves are sealed or supervised? Yes 🛛 No \square Signs are provided on valves? Yes 🔀 No 🗆 Pumper connections and clapper valves unobstructed and turn freely? N/A Yes 🔯 No 🗆 Wet type sprinkler heads have been replaced or successfully sample tested in the Yes 🔽 No □ last 50 years? Sprinkler coverage is acceptable? *NFPA25-2002-Sec 5.2.1.1 (Floor Level Only) Yes 🛛 No \Box Proper number of spare sprinkler heads available? Yes 🔽 № П System left in service? Yes 🛛 No 🗆 System gauges replaced or calibrated within the last 5 years? Yes 🛛 Install/Calibration Year 2009 Shut off valves _____ No \square Sprinkler heads free of corrosion, paint, obstructions and/or physical damage? Yes 🗌 No 🗆 Was debris found in the Fire Department Connection (FDC)? Yes 🗌 No 🗌 Was the Fire Department Connection (FDC) back flushed within the last 5 years? Yes I No I Was an internal pipe and valve inspection performed within the last 5 years? № П Yes 🗌 Date Performed _____ Was a signal received at the Central Station monitoring company? N/A Yes X No \square Sprinkler wrench available for each type of sprinkler? Yes 🔀 No 🗌 **Notes** Indicates unknown information.

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Seattle Fire Department



Phone (206) 762-1450 Fax (206) 762-1799

Jurisdiction

Edmonds

Confidence Test Report

(Seattle Fire Dept. Only) 206-386-1448 Confidence Testing Officer 206-615-1068 (fax) 206-233-7219 Red Tag Hotline

]							
FIRE ALARM SYSTEM			Certification Given						
(One System per Repo	rt)	RED		YELLOW	X	WHITE			
CONFIDENCE TEST X	REPAIRS								
Occupancy Address: 23028	L00 th Ave West	Occupan Name:	су	<u>E</u>	<u>Bartell</u>	Drug #58	1		
Building Owner: <u>Bartell</u>	Drug Company	Phone N	umber	•	<u> 206-7</u>	763-2626			
Responsible Person:	Cheryl	Phone N	umber		<u>425-7</u>	774-4916			
Building Owner Address: 4727 [Denver Ave S, Seat	tle, WA, 98	<u>3134</u>						
Date of Inspection:	<u>3/4/10</u>	Inspectio Frequenc		Annual (e: Quarterl		Other	 4[]		
Testers Name (Please Print): Adim Ken	Parfitt Keith	SFD Cert Number:		on SCP	Poor Kou	•			
Central Station Monitoring? Yes	No 🗆	Monitorin Company	•	e: <u>Cus</u>	tom	Securit	бу.		
Primary Component: Fire	Alarm Panel						·		
System Make:Silen	t knught	System N	√odel:	SK-	520	8			
System Location: N·W· Corner o	f stock room.	Identification No. NA					· · · · · · · · · · · · · · · · · · ·		
PROBLEMS FOUND: (If additional room is no During test several t	eeded, please add a separa ines pmel o	te sheet)	mp <u>le</u>	tely and	lisı	unreliab	le		
at this time.				•					
Corrections Made: Date Corre	ctod:	Corroct	tod By	•			<u> </u>		
CORRECTIONS MADE: Date Corre (If additional room is needed, please add a separate		Correct SFD Ce	•	tion Number	<u></u>				
Items listed in t	at this fire and life safety sy his report and it consistent re noted and have been rep	with Seattle Fire	e Departm	nent Fire Code stan	dards, ar	nd that			
Signature of Tester:	~ K. Pape	1_	Phon			62-1450			
	<u>e Safety Team Inc</u> 0 S. Lucile St. Sea		<u> </u>	PO Box	81246	<u> </u>			
Building Representative (signate		actic, VVA	20100	TO DOX	OIZT				

Λla	rm System Eunstianality					1
	rm System Functionality uble signal with AC power off?					
	Tested □	Yes 💢	No □			
Sys	Yes □	No □				
1		09 volts				
r	tery voltage (full load) אַז arge circuit voltage אָז אָ	volts (signals o	perating)			
1 -		26 volts		-		
l .	tem operates properly on generator signals operate on AC power?	standby power?	MIN NO	Tested	Yes □	No □
l .	nber of initiating circuits				Yes □	No □
Į.	nber of signal circuits		•			
ı	es alarm system meet audibility stand	iame?			V 67	
ŀ	circuits checked for electrical supervi				Yes 🔯	No 🗆
l .	auxiliary equipment operates (Elevat		2	ALI/A EZ	Yes 🗵	No □
	itilation controls operate?	ors, iairs, dampers)	Ī	N/A ⊠	Yes □	No 🗆
l	to panel available?			N/A □	Yes 🛭	No □
	•				Yes 🗷	No 🗆
	erating instructions at panel?				Yes 🛭	No □
1	uble indicators function properly?	an arthu?		N1/A (Yes 🔯	No 🗆
l .	note Annunciator Panels function pro	openy?		N/A □	Yes 🛚	No 🗆
	vator Call Down functions properly?			N/A 🕱	Yes □	No 🗆
ι.	t record posted at panel?	/malmostana)			Yes 🛭	No □
	neral alarm automatic time delay	(minutes)		N/A 🔯	👊	
	s a signal received at the Central Sta	ition monitoring con	npany?	N/A □	Yes 🛭	No □
Our	er Devices (Specify)			NAB	Yes□	No 🗆
	tem Devices	Total Number of Units Tested	Total Number Units Inoperable		tesults Accep	table
1.	Bells, Horns, Chimes	14	<u> </u>	N/A 🗆	Yes 🖾	No 🗆
2.	Voice Speakers (Voice Clarity)	90	Ø `	N/A ⊠	Yes □	No □
3.						
٥.	Smoke Detectors			N/A 🗆	Yes Ø ⊅	No □
4.	Heat Detectors	<u></u>	0	N/A □	Yes ☑ Yes □	No □ No □
	Heat Detectors Duct Detectors	<u>\$</u>	0			
4.	Heat Detectors Duct Detectors Sprinkler Flow Switches	2	Ø Ø Ø	N/A 🔁	Yes □	No 🗆
4. 5. 6. 7.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches	3 1 4	Ø Ø Ø	N/A.⊠ N/A □	Yes □ Yes ☑	No □ No □
4. 5. 6. 7. 8.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices Statut 3	D 2	0 0 0 0 0 0	N/A.Æ N/A □ N/A □	Yes ☐ Yes ☑ Yes ☑	No □ No □ No □
4. 5. 6. 7.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches	3 1 2 1 4	Ø Ø Ø Ø	N/A. 🖾 N/A 🗀 N/A 🗀	Yes ☐ Yes ☑ Yes ☑ Yes ☑	No
4. 5. 6. 7. 8.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices Statut 3	1 1 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	Ø Ø Ø Ø	N/A	Yes ☐ Yes ☑ Yes ☑ Yes ☑ Yes ☑	No No No No No No No No
4. 5. 6. 7. 8. 9.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices State Manual Pull Stations	26 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Ø Ø Ø Ø	N/A	Yes A Yes A Yes A Yes A Yes A	No No No No No No No No
4. 5. 6. 7. 8. 9. 10.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices Streets Manual Pull Stations Annunciator (s)	2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Ø Ø Ø Ø	N/A	Yes \(\text{Yes \(\text{V} \) Yes \(\text{Yes \(\text{V} \) Yes \(\text{Yes \(\text{V} \) Yes \(\text{V} \)	No
4. 5. 6. 7. 8. 9. 10. 11.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices State Manual Pull Stations Annunciator (s) Beam Detectors	14 1 2 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Ø Ø Ø Ø	N/A 🖾 N/A 🗆 N/A 🗆 N/A 🗆 N/A 🖾 N/A 🖄	Yes \(\text{Yes \(\text{I} \)} \)} \)} \\ Yes \(\text{Yes \(\text{I} \)} \)	No
4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices Stable Manual Pull Stations Annunciator (s) Beam Detectors Automatic Door Unlocks Automatic Door Release	Total Number of	Total Number	N/A 2 N/A	Yes \(\text{Yes \) \} Yes \(\text{Yes \(\) \) \\ \ext{Yes \(\text{Yes \(\) \) \\ \ext{Yes \(\text{Yes \) \) \\ \ext{Yes \(\) \\ \ext{Yes \(\text{Yes \(\text{Yes \) \) \\ \ext{Yes \(\) \\ \ext{Yes \(\text{Yes \) \) \\ \ext{Yes \(\text{Yes \) \	No
4. 5. 6. 7. 8. 9. 10. 12. 13. Cor	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices Stable Manual Pull Stations Annunciator (s) Beam Detectors Automatic Door Unlocks Automatic Door Release mmunication Equipment	1 16 3 8	Total Number Units Inoperable	N/A 2 N/A	Yes \(\text{Yes \(\text{U} \)}}\)}\)	No
4. 5. 6. 7. 8. 9. 10. 11. 12. 13. Cor 14.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices State 3 Manual Pull Stations Annunciator (s) Beam Detectors Automatic Door Unlocks Automatic Door Release mmunication Equipment Phone Sets	Total Number of		N/A 2 N/A D N/A D N/A D N/A M M N/A M M N/A M M M M M M M M M M M M M M M M M M M	Yes Yes	No
4. 5. 6. 7. 8. 9. 10. 12. 13. Cor 14. 15.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices State Manual Pull Stations Annunciator (s) Beam Detectors Automatic Door Unlocks Automatic Door Release mmunication Equipment Phone Sets Fire Phone Jacks	Total Number of		N/A 2 N/A D N/A D N/A D N/A 2	Yes Yes	No No No No No No No No
4. 5. 6. 7. 8. 9. 10. 11. 12. 13. Cor 14.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices State 3 Manual Pull Stations Annunciator (s) Beam Detectors Automatic Door Unlocks Automatic Door Release mmunication Equipment Phone Sets	Total Number of		N/A 2 N/A D N/A D N/A D N/A M M N/A M M N/A M M M M M M M M M M M M M M M M M M M	Yes Yes	No No No No No No No No
4. 5. 6. 7. 8. 9. 10. 12. 13. Cor 14. 15. 16.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices State Manual Pull Stations Annunciator (s) Beam Detectors Automatic Door Unlocks Automatic Door Release munication Equipment Phone Sets Fire Phone Jacks Call-in Signal	Total Number of		N/A 2 N/A D N/A D N/A D N/A 2	Yes Yes	No No No No No No No No
4. 5. 6. 7. 8. 9. 10. 12. 13. Cor 14. 15.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices State Manual Pull Stations Annunciator (s) Beam Detectors Automatic Door Unlocks Automatic Door Release munication Equipment Phone Sets Fire Phone Jacks Call-in Signal	Total Number of		N/A 2 N/A D N/A D N/A D N/A 2	Yes Yes	No No No No No No No No
4. 5. 6. 7. 8. 9. 10. 12. 13. Cor 14. 15. 16.	Heat Detectors Duct Detectors Sprinkler Flow Switches Sprinkler Supervisory Switches Visual Alarm Devices State Manual Pull Stations Annunciator (s) Beam Detectors Automatic Door Unlocks Automatic Door Release munication Equipment Phone Sets Fire Phone Jacks Call-in Signal	Total Number of		N/A 2 N/A D N/A D N/A D N/A 2	Yes Yes	No No No No No No No No

Westfall, John

From:

Westfall, John

Sent:

Friday, April 04, 2003 2:47 PM

To:

Fire Dept Group

Subject:

Bartell's 23028 100th Ave W.

I've approved/finaled Fire Sprinkler and Fire Alarm systems at Bartells this date.

Sprinkler system include tampers for DDCVs, PIV, Sprinkler valve and waterflow for the wet system. The fire alarm includes 3 manual pulls, 2 duct detectors and one FACP smoke.

Both systems will now remain in service. The fire alarm is monitored off-site.

Project final is anticipated in 2 weeks. Problems call Ron @ Abbot Construction (425) 640-5921.

FM

4/4/2003 12:40:36

4/4/2003 12:41:08 4/4/2003 12:40:38

늄

4/4/2003 12:41:11

CALLI OH2001 Caller ID

*Test (425) 697 - 5599

4/4/2003 12:41:13 4/4/2003 12:41:11

CALLI OHZ001 Caller ID

*Test (425) 697 - 5599

*Test OUTDOOR PIV Test OUTDOOR PIV

2275 :TAMPER :SEW

2000 RESTORE

2000 RESTORE

2321 :TROUBLE :SEW

4/4/2003 12:47:11 4/4/2003 12:46:32 4/4/2003 12:46:32

CALLI OH2001 Caller ID

2371 A:FIRE :FE

*Test WATERFLOW Test (425) 697 - 5599 *Test SPRINKLER TAMPERS *Test SPRINKLER TAMPERS

*Test WATERFLOW *Test (425) 697 - 5599 CALLI OH2001 Caller ID

4/4/2003 12:43:59 4/4/2003 12:43:55 4/4/2003 12:43:55

4/4/2003 12:51:19 4/4/2003 12:47:11

CALLI OH2001 Caller ID

2371 A:FIRE :FE

2000 RESTORE

4/4/2003 12:39:57

4/4/2003 12:40:36

CALLI OH2001 Caller ID

*Test (425) 697 - 5599

*Test OUTDOOR PIV

Test OUTDOOR PIV

Test OUTDOOR PIV *Test (425) 697 - 5599

*Test OUTDOOR PIV

2000 RESTORE 2321 :TROUBLE :SEW 2000 RESTORE 2321 :TROUBLE :SEW

4/4/2003 12:39:55

4/4/2003 12:39:55

CALLI OH2001 Caller ID

Site Address 23028 - 100TH AVE Edmonds, WA 98020

Site Name BARTELL'S #58

Location/Comment

CS# 75361261

Date

ę

Zone Event

Reporting Group All

Dates 4/4/2003 to 4/4/2003

Page 1 of 2

User

Scheduled

System Type All

Site Type All

Disposition

AI#

Employee# All Corporate Acct. All CS# 75361261 to 75361261

imployee# All	Installer#		1:40 pm
ΔII	Installer# First to Last	_	
	~	(8

70#
75361261

04

4/4/2003 13:04:27 4/4/2003 13:03:50

CALLI OH2001 Caller ID

*Test (425) 697 - 5599

*Test FACP SMOKE

*Test FRONT PULL

2000 RESTORE 2000 RESTORE

4/4/2003 13:04:27

4/4/2003 13:04:29

03 01:47p

4/4/2003 13:02:55 4/4/2003 13:02:20 4/4/2003 13:02:20 4/4/2003 13:01:02

4/4/2003 13:02:59 4/4/2003 13:02:55

4/4/2003 13:03:50

CALLI OH2001 Caller ID

2000 RESTORE

2465 :SUPERVISORY :SEW *Test DUCT DETECTORS

*Test (425) 697 - 5599

*Test DUCT DETECTORS

*Test DUCT DETECTORS *Test (425) 697 - 5599 4/4/2003 12:59:07

4/4/2003 13:01:02

CALLI OH2001 Caller ID

CALLI OH2001 Caller ID

2371 A:FIRE :FE

7370 PROTECTION LOOP : V *Test DUCT DETECTORS

Test (425) 697 - 5599 *Test FRONT PULL *Test (425) 697 - 5599

CALLI OH2001 Caller ID

2000 RESTORE

4/4/2003 12:57:00 4/4/2003 12:57:00 4/4/2003 12:51:19

CALLI OH2001 Caller ID

2371 A:FIRE :FE

4/4/2003 12:59:07

CALLI OH2001 Caller ID

*Test (425) 697 - 5599

*Test SIDE PULL

*Test (425) 697 - 5599 *Test FACP SMOKE *Test (425) 697 - 5599

*Test BACK PULL

2371 A:FIRE :FE

Installer# First to Last

Apr 04 03 01:47p

ũ	4/4/2003
1:40 p	1:40 p

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System Event Report

Sorted by CS#

CS# 75361261 to 75361261

Site Type All

Dates 4/4/2003 to 4/4/2003

Page 2 of 2

4/4/2003 13:28:59 4 2000 RESTORE	4/4/2003 13:28:58 CALLI OH2001 Caller ID	4/4/2003 13:21:59 4 7373 FIRE TROUBLE	4/4/2003 13:21:59 CALLI OH2001 Caller ID	4/4/2003 13:11:35 R302 2264 :BATTERY RESTORE : "Test	4/4/2003 13:11:35 CALLI OH2001 Caller ID	4/4/2003 13:10:33 E302 2263 :LOW BATTERY :W	4/4/2003 13:10:33 CALLI OH2001 Caller ID	4/4/2003 13:06:49 8 2000 RESTORE	4/4/2003 13:06:47 8 2465 :SUPERV	4/4/2003 13:06:47 CALLI OH2001 Caller ID	4/4/2003 13:05:08 8 2000 RESTORE	4/4/2003 13:05:03 8 2465 :SUPERV	4/4/2003 13:05:03 CALLI OH2001 Caller ID	4/4/2003 13:04:35 7 2000 RESTORE	4/4/2003 13:04:31 6 2000 RESTORE	Site A	CS# 75361261 Site
*Test FACP SMOKE	D *Test (425) 697 - 5599	UBLE *Test FACP SMOKE	D *Test (425) 697 - 5599	/ RESTORE : *Test	D *Test (425) 697 - 5599	TERY:W Test	D *Test (425) 697 - 5599	*Test DUCT DETECTORS	2465 :SUPERVISORY :SEW *Test DUCT DETECTORS	ID *Test (425) 697 - 5599	*Test DUCT DETECTORS	2465 :SUPERVISORY :SEW *Test DUCT DETECTORS	ID *Test (425) 697 - 5599	*Test BACK PULL	*Test SIDE PULL	Site Address 23028 - 1001H AVE Edmonds, WA 98020	Site Name BARTELL'S #58
																	AI#



CITY OF EDMONDS

GARY HAAKENSON MAYOR

121 5TH AVENUE NORTH • EDMONDS, WA 98020 • (425) 771-0215 • FAX (425) 775-7721

FIRE DEPARTMENT

www.edmondsfire.org

February 24, 2003

Mr. Ron Nelson Bartell's Fax 425 640-5692

Dear Mr Nelson:

Enclosed with this cover letter you'll find a Lockbox authorization letter. The Edmonds Fire Department utilizes a security lockbox system which provides Fire Department access during fire and medical emergencies while maintaining security at all times for the "access item(s)".

The Lockbox would be secured outside the entry to your building.

Fire department accessible spaces may include; main entry, alarm room/panels, automatic sprinkler/ standpipe riser rooms and electrical or mechanical rooms, depending upon your business and the building. The secured access items may include keys, written combinations for locks and electronic keypads or manual buttons and switches for electrically-activated access.

You have requested an authorization letter from the Edmonds Fire Department. You may contact:

Tri-City Locksmiths, Inc. 22908 Highway 99 Edmonds, WA 98026 (206) 771-2445

Tri-City Locksmiths provide lock boxes at essentially their cost.

Once installed, a completed copy of the authorization letter must then be returned to:

Edmonds Fire Department 121 5th Ave N. Edmonds, WA 98020 (206) 775-7720

Upon return receipt of the letter, the Fire Department Crews will be able to access those spaces concerned to quickly mitigate the emergency at hand. Should you have any questions, please contact me in the Fire Prevention Office at the above phone. Thanks for staying fire-safe!

John J. Westfall Pire Marshal

enclosure

EDMONDS FIRE DEPARTMENT LOCK BOX AUTHORIZATION LETTER

This is to authorize	Mr. Ron Nelson	
	(Agent)	
for the: Bartell's	at 23028 Highway 99	
Building	g Name Building Address	
To purchase a Lock B	ox for Fire Department use for emergency access.	
1. Assigned Key	# Box Style: Supra Knox	
2. Location of Loc	ck Box	
The Fire Department location.	requires the box be located just to the right of the main door, or at an appr	oved
3. Key(s) identific	eation/access to	
_		
	h a brief description of what the key will unlock. Keep a minimal num he Fire Department should have easy access to:	nber
	ntrance cal Room nical Room	
Sprinkle Alarm F	er Room Panel Fire Department Authorize Signature	
NOTE: Lock boxes r (425) 771-2445	must be purchased from TRI CITY LOCK 22908 HWY 99 EDMONDS	

A copy of this authorization noting the assigned key number must be returned to the Edmonds Fire Department.

G:/Word/Fire/Inspection/Lockbox

02/24/03be

Westfall, John

From: Westfall, John

Sent: Monday, December 09, 2002 1:39 PM

To: Taylor, Kevin

Cc: Beard, Melissa

Subject: Contractor/Fire Company Training

Kevin:

Mr. Ron Nelson (425) 640-5921, general contractor's rep for Westgate Bartell's project at 23028 100th Ave W. wishes to work together with Fire Crew (s) in a joint training medical/worksite event. This is a good opportunity for a single crew to see the construction site, get to know the project and builders who they are protecting. There are detention vaults on site. Their safety committee has never worked jointly with FDs before, so this will be first for both of us. Would you like to assign to a BC or should Melissa run it through as a Pub Relations request. No Pub Ed will be required, only joint evaluation/assistance for all parties. Thank you,

Westfall, John

From:

Westfall, John

Sent:

Tuesday, November 12, 2002 4:19 PM

To:

Harrison, Marie

Cc:

Smith, Mike

Subject: RE: 02-511 Bartell Drugs Fire Suppression

Thanks Marie. Just to clarify a point...BJY is charged to review and make comments to the plans. Mike or I are the ones who will make the final approval. We'll be down to review and make sign-offs.

John

-----Original Message-----

From: Harrison, Marie

Sent: Tuesday, November 12, 2002 11:53 AM

To: Smith, Mike; Westfall, John

Subject: 02-511 Bartell Drugs Fire Suppression

Back approved from BJY.

E. Marie Harrison
Development Services
City of Edmonds
425.771.0220 x 1389
harrison@ci.edmonds.wa.us



MEMORANDUM

Date:

August 9, 2002

To:

Building Department

From:

Mike Smith, Fire Inspector

Subject:

Plan Check 02-205 Bartells 23028 100th Ave W

The Fire Department has the following comments:

Thanks you for responding to my previous issues. In reviewing the plans it appears these items have been satisfied.

I have been in contact with Ann Bullis regarding the area accessed by a ladder housing the mechanical mezzanine. These comments are addressed in her memo under item # 2. I concur with her concerns regarding the size and the fact it needs a complying stairway.

Please decide how you want to proceed with this and make the necessary changes to the plans.

If you have any questions please contact me at 425-775-7720.

City of Edmonds



PLAN REVIEW COMMENTS

BUILDING DIVISION

(425) 771-0220

DATE:

August 7, 2002

TO:

Heather Mertes

FAX: (206) 368-9558

FROM:

Ann Bullis, Assistant Building Official

RE:

Plan Check # 02-205

Project: Bartells

Project Address: 23028 100th Ave W

During re-review of the above noted project, it was found that the following information, corrections, or clarifications are needed.

- 1) Door 12 at loading dock cannot be a required exit since unloaded items, vehicles, etc. could potentially block the exit, as well as items in the stockroom. Please remove the exit signs from this location on the plans. UBC 1004.2.2
- 2) As described in my previous comments and in our phone conversation, the code permits a ladder to be used to access mechanical equipment and a roof hatch. However, the floor plan for this area shows approximately 560 square feet of space. Past experience for both the Building and Fire Departments has shown that areas such as these are often used for storage, just as the plans for the original submittal labeled this area. The intent of the code will be met if the mezzanine area is reduced to only include the mechanical equipment and access to the roof hatch. If the owner wishes to use the area as storage, a complying stairway is required.
- 3) Ordinance 3401, recently adopted by the City Council, requires that all restaurants install grease interceptors. Since your proposal for future Building C is to house a restaurant and site utility work is being done under this project, please note on the site plan and utility Civil plan that a "Grease Interceptor will be required for future restaurant".
- 4) We are still waiting for copies of the recorded common parking/utilities easements.

Please provide 2 sets of revised plans and written responses to each correction to a Permit Coordinator.



MEMORANDUM

Date:

June 27th, 2002

To:

Building Department

From:

Mike Smith, Acting Fire Marshal

Subject:

Plan Check/Bartells #2002-0205



The Fire Department has the following comments:

- 1) Show portable fire extinguisher locations throughout building. Minimum size is 2A10:B:C. Maximum travel distance must be less than 75 feet to a F/E from anywhere in the building.
- 2) Exit signage and location of emergency egress lighting is vague or non-existant. Please show locations and clearly mark on plans.
- 3) Add a fire hydrant at the drive entrance off 100th Ave W at the 90-degree bend in the water line (NE entrance to lot). Hydrant can be placed in the planter area.
- 4) A Fire Department Lockbox will be required for emergency access. Please contact my office at 425-775-7720 for information prior to building final.
- 5) A Fire Connection Permit is required at the time the building permit is issued. Contact the Development Services for a handout listing requirements.



Date:

PRE-APPLICATION MEETING

NOTIFICATION & PLANS

То:	Building Engineering Fire Planning
From:	Jana Linda X
Meeting Date:	Wednesday, January 30, 2002
Meeting Time:	1:30
Applicant	Bartell Drugs
14' At	tached are the plans for the meeting scheduled above.
15 NOT	SUPPRICIONAL FOR PO ACCESS. A MINIMUM OF RESURGO. ALSO, TURN MADIUS ANOUND THE SIN BLOC BY DUMPSTERS NEROS TO BE INCREDIRO.
3) d of 8	MUN PER PAR IN THE 2 LARGER PRETACE WITH PLAS HUPPART IS SUPPLICANT. PLACEMENT MAY ODIPLED FOR LOCATION OF S/FISCA (2004), FOC +
piv's. u) stripi pea.	uc (4Berson) Stoume No Porkues / Pink And
D:MyDocuments/Spellman/Forms S) TSR MANY	Pre-App Notify to Staff DEST & REXIST BLDC 700 ON FOR LITTOCK WIDEN TO 201



CITY OF EDMONDS

LAURA M. HALL

250 - 5TH AVE. N. • EDMONDS, WA 98020 • (206) 771-0220 • FAX (206) 771-0221

COMMUNITY SERVICES DEPARTMENT
Public Works • Planning • Parks and Recreation • Engineering

March 24, 1994

É

William C. Nelson Westway Shopping Center P.O. Box 461 Redmond, WA 98073-0461 6/1/94 LELA WILL SEMB A COPY OF NEW ADDRESSES (TEMPLT LIST)

Re: ADDRESS CHANGE - Westway Shopping Center

Per your request for an address change at the Westway Shopping Center, the Building Offical and the Fire Marshall have concurred that such a change would be in conformance with the addressing policies of the City, and, in fact, correct an existing discrepancy where one building has separate addresses for each unit while the other building has one address and unit numbers assigned within that building. The City policy is one address to one building; the landlord then assigns unit numbers in a logical, consistent manner.

Therefore, approval has been given to change "Bldg A" to 10008 Edmonds Way, and "Bldg B" to 10016 Edmonds Way. Unit numbers shall be assigned at the discretion of the landlord. The examples you provided of "A" through "F" are satisfactory.

The City will notify all applicable City departments of the change. It will be your responsibility to notify all others, including the Post Office and building tenants. You have 30 days to post new address numbers.

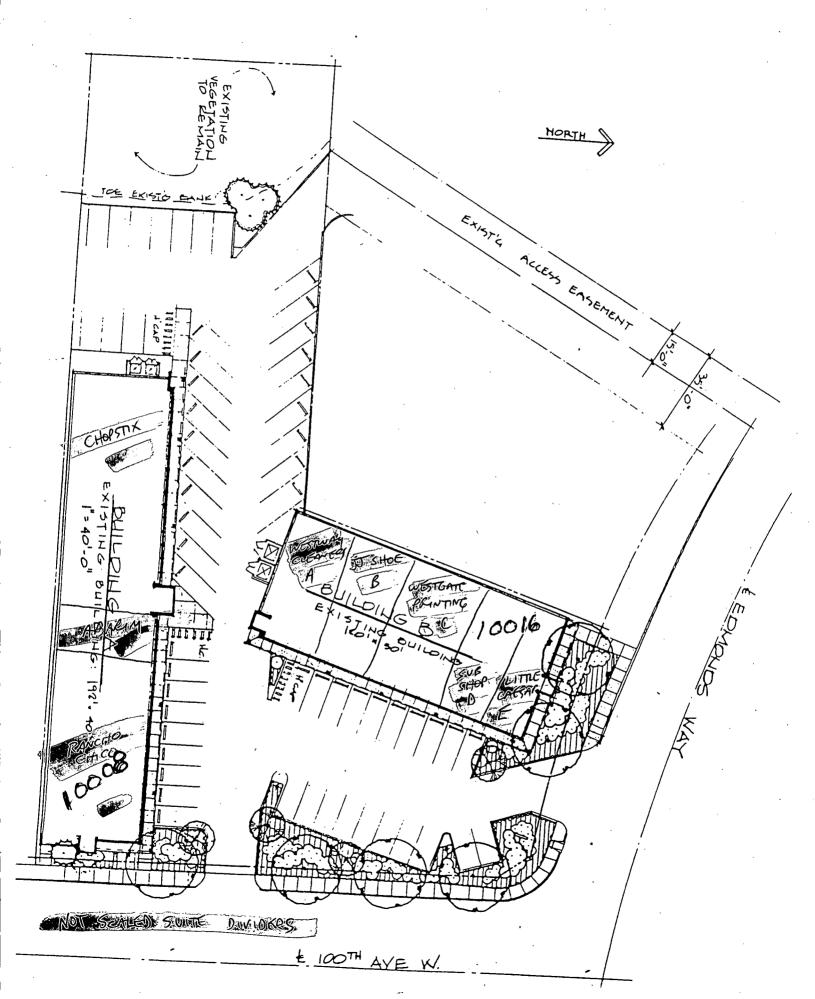
Thank you,

Sharon Nolan

Permit Coordinator

cc: Fire √
Police
Public Works
Utility Billing
Address Files
Street Files

Building Official





CITY OF EDMONDS

FIRE PREVENTION SAFETY SURVEY

121 5TH AVENUE N. • EDMONDS, WASHINGTON 98020 • (425) 775-2525

FIRE DEPARTMENT

** t. 188							FREQUENCY	STATION & SHIFT
LOCATION:	10008 Edmor	nds Way	R				365	20 C
BUSINESS NAME:	Chopsticks R	estaurant/OOB)		PHONE: 425	7761196	SCHEDULED DATE DUE > 02	/01/03
MAILING ADDRESS:	10008 E	dmonds Wy #D	WA	98020			UFIR 1 61	2 53
BUSINESS OWNER:	"Woo, Terry"				HOME PHONE: 206		ACTIVE	150
EMERGENCY-1: KEY ACCESS-2:	"Woo, Boyd I	ing"			HOME PHONE: 206 HOME PHONE:	7237051	LETTER NEEDED	YES NO
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RECEIVED

APPLICATION

To: CITY OF EDMONDS FIRE DEPARTMENT

JAN 14 A.M

For Permit

EDMONDS FIRE DEPT.

(DATE) December 29, 1975

107-28

Jack F. Cooper, Fire Chief Edmonds Fire Department 250 - 5th Avenue North Edmonds, WA 98020

PAID

JAN 14 1976

Dear Sir:

CITY TREASURER EDMONDS, WASH

made to			erms of the Fire Code, application is hereby he following specific materials or processes:
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the belo	The materia	als or process	es are at the following specific locations at Chopsticks Restaurant
			10002 Edmonds Way
Name of	Fire or Com	npany	Edmonds Fire Department
Address	(Street and	Number)_	250 5th Avenue North, Edmonds, WA 98020
Signatu	re		Conno J. Godman
m:1-1-			di D + O lot

New

EDMONDS FIRE DEPARTMENT

INSPECTION REPORT

DATE Aug. 3, 70 INSPECTOR (1.20) Jakolt
BUSINESS NAME Chep-Sticks CAFE CODE 107-28
ADDRESS 1002 EDITONDS WAY PHONE 776-1196
LOCAL ACCESS (KEY) PHONE
BUSINESS OWNER LIP-MAR
ADDRESS HO41 CASCADE By PHONE PA3-6526
MANAGER JAC Louies PHONE
PROPERTY OWNER
ADDRESS PHONE
CONSTRUCTION FTAMP & BLOCK ROOF FAR STORIES
SPECIAL PROTECTION: SPRINKLERS STANDPIPES EXTING. SYSTEM X 4000
EXTINGUISHERS: WATER CO ² Z DRY CHEMICAL ABC
APPROVED EXITS 2 STAIRWAYS HEAT FA. FUEL GAS
PERMIT NUMBER(S)
SPECIAL PROCESS OR HAZARDS DOEP FAT Fryer
LOCATION OF FIRE DEPARTMENT CONNECTION
LOCATION OF SPRINKLER SHUT OFF
REMARKS:

Addresses of Westway Center

Rancho Chico Restaurant Westway Center, Bldg. A, Space A, 10008 Edmonds Way, Edmonds, WA 98020

Abarim Business Computers Westway Center, Bldg. A. Space C, 10008 Edmonds Way, Edmonds, WA 98020

Chopsticks Restaurant - Westway Center, Bldg. A, Space D, 10008 Edmonds Way, Edmonds, WA 98020

Westway Cleaners, Westway Center, Bldg. B, Space A, 10016 Edmonds Way, Edmonds, WA 98020

JJ Shoe Repair, Westway Center, Bldg. B, Space B, 10016 Edmonds Way, Edmonds, WA 98020

Westgate Printing, Westway Center, Bldg. B. Space C, 10016 Edmonds Way, Edmonds, WA 98020

Sub Shop, Westway Center, Bldg, B. Space D, 10016 Edmonds Way, Edmonds, WA 98020

Little Caesar's Pizza, Westway Center, Bldg., B. Space E, 10016 Edmonds Way, Edmonds, WA 98020

FIRE INSURANCE AND APPURTENANT COVERAGES

R. A. PEDERSEN

K. E. GASTFIELD CHIEF ENGINEER

L. A. LEONARD CHIEF ENGINEER PUBLIC FIRE PROTECTION

R. W. CLARK CHIEF SUR

ALASKA BUILDING P. O. B O X 1 1 6 8

SEATTLE, WASHINGTON 98111

BRANCH OFFICES

SPOKANE . SHERWOOD BLDG.

L. E. FICCA

BRANCH MANAGER

TACOMA

F. W. DAVIES

NAGER

EIN DEPT

R. W. CLARK CHIEF SURVEYOR	March 13, 19/	5 BRANCH MA
M. F. JACOBS ADMINISTRATIVE	ASSISTANT	FOR BUD' KL
402	staurant Fire Protectors Co., Inc. 25 - Stone Way North attle, Washington 98103	FOR BUD' KL EDMONDS FIRE EDMONDS, WA.
	LOS AMIGOS	
Rei	ference: Edmonds, Wa. (Restaurant Name & Location)	
Ger	ntlemen:	
use ion	e extinguishing system for the protection ed for ventilation of restaurant cooking n extended to the cooking equipment), reconed location has been inspected and	equipment, (including protect-
X	is approved for fire insurance	rating purposes.
	is not approved for fire insura	nce rating purposes.
	limited approval, only.	
No	te: If system is not approved, or 1	imited (see reasons below)

All comments, approvals and acceptances relate exclusively to relative effect of various conditions upon fire insurance rates. They are not to be construed as bearing in any way upon the question of whether "due care" has been exercised with respect to possible liability for personal injury or damage to property. It is recognized that hazards which may result in loss still exist.

Form 165A

Restaurant Fire Protectors Co., Inc.

4025 STONE WAY NORTH SEATTLE WASHINGTON 98103

(206) 632-3317 or 632-3303

TO: WSRB Engineering Department

LOCATION:

Los Amigo's Restaurant 10008 Edmonds Way

Edmonds, Washington

TYPE EQUIPMENT:

Kidde, 25# HDR-2

ATTACHMENTS:

WSRB as installed drawing.
WSRB maintenance stipulation.

FRY KETTLE:

One regular electric open type.
Electric shutoff triggered by system.
Electric contactor at switch panel installed and hocked up by job contractor.
Gas griddle shuts down via mechanically held gas valve which releases on system discharge.

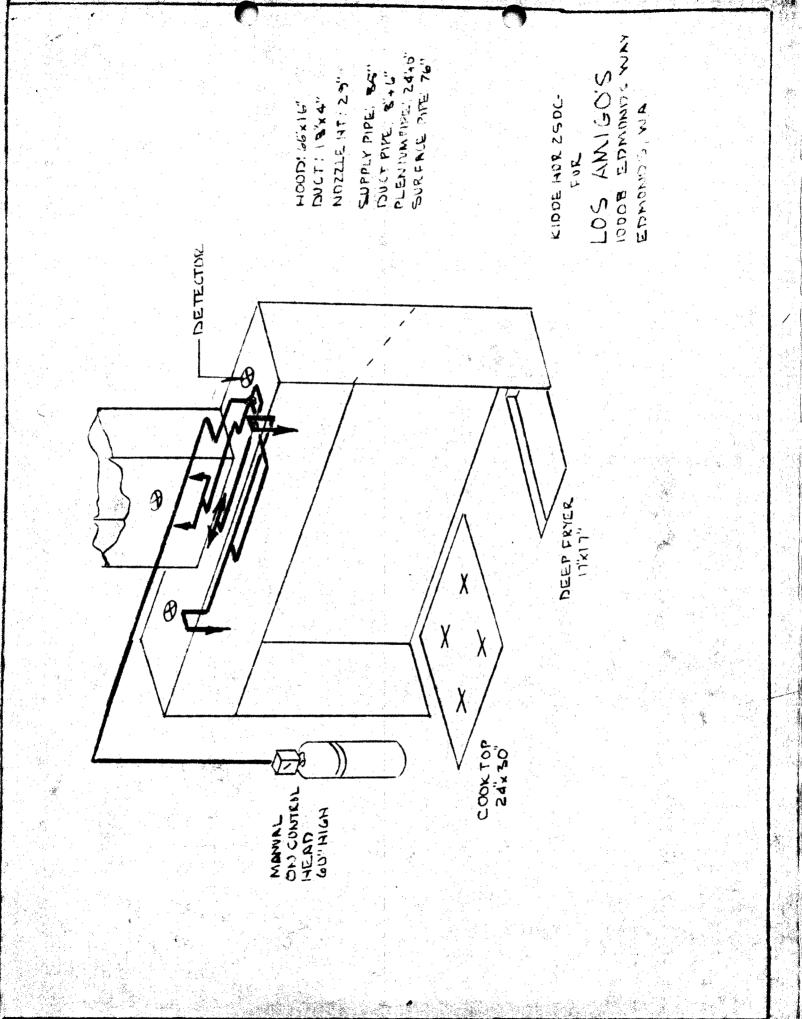
REMARKS:

Used equipment supplied by owner. All reasonably clean condition. Remote release located on supply cylinder control head.

James H. Hulburt

Sales Engineer

Installation by Paul E. Baker



WASHINGTON SERVEYING AND RATING BUREA

P. O. BOX 1168 SEATTLE, WASHINGTON 98111

Rate Book No.____ Page No._____ Line No.____ (Bureau Use Only)

Name of Insured	ne le Mesoe Restaurant	
Address of Premises_	10008 Edmonus Way	
City or Town	Tid worlds west.	

COOKING AND (OR) VENTILATING EQUIPMENT FIRE EXTINGUISHING MAINTENANCE STIPULATION

In consideration of a reduced rate published for fire insurance applicable to the above premises, the undersigned agrees to contract or otherwise arrange for the regular inspection and service, in accordance with the requirements of N.F.P.A. No. 96, "Standard for the Installation of Equipment for the Removal of Smoke and Grease Laden Vapor from Commercial Cooking Equipment," of all cooking and (or) associated ventilating equipment fire extinguishing system(s) located_ _, by an approved organization or firm qualified to inspect and service such fire extinguishing system(s).

Firm providing such Inspection and Maintenance Service:

Restaurant l'are Protestors Ins (Name of Firm) 4025 Stoneway N Seattle Wash (Address)

The undersigned further agrees to promptly notify the Washington Surveying and Rating Bureau, P. O. Box 1168, Seattle, Washington 98111, of any change in or discontinuance of this inspection and maintenance service.

 $\times \frac{1-27-73}{\text{(Date)}}$

(Signature of Owner, Officer or Manager)

Note: N.F.P.A. No. 96 requires that inspections be made at least every 6 months by properly trained and qualified personnel. All actuation components shall be checked for proper operation during the inspection. Fusible links shall be replaced annually.

A copy of each semi-annual inspection report must be furnished the W.S. & R.B.

RECEIVED

EDMONDS FIRE DEFE

TO: WSRB Engineering Department

LOCATION:

Los Amigo's Restaurant 10008 Edmonds Way

Edmonds, Washington

TYPE EQUIPMENT:

Kidde, 25# HDR-2

ATTACHMENTS:

WSRB as installed drawing.
WSRB maintenance stipulation.

FRY KETTLE:

One regular electric open type.

Electric shutoff triggered by system.

Electric contactor at switch panel installed

and hooked up by job contractor.

Gas griddle shuts down via mechanically held gas valve which releases on system

discharge.

REMARKS:

Used equipment supplied by owner. All reasonably clean condition. Remote release located on supply cylinder control

head.

James H. Hulburt **Sales** Engineer

Installation by Paul E. Baker

FOR BUPFIRE WAS D.

ED ROMONDS

ED ROMONDS

P. O. BOX 1168 SEATTLE, WASHINGTON 98111

Rate Book No,_____
Page No,____
Line No,____
(Bureau Use Only)

Name of Insured	Log Arigos Restaura	334	
Address of Premis	ses 10008 Educade da	y .	
City or Town	Tablondo Macio		

COOKING AND (OR) VENTILATING EQUIPMENT FIRE EXTINGUISHING MAINTENANCE STIPULATION

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Firm providing such Inspection and Maintenance Service:

(Name of Firm)
4025 Stoneway N Seattle Wash
(Address)

The undersigned further agrees to promptly notify the Washington Surveying and Rating Bureau, P. O. Box 1168, Seattle, Washington 98111, of any change in or discontinuance of this inspection and maintenance service.

 $\times \frac{1-21-13}{\text{(Date)}}$

(Signature of Owner, Officer or Manager)

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A copy of each semi-annual inspection report must be furnished the W.S. & R.B.

JIM HULBURT ENGINEER & ESTIMATOR RED. 784-7136

PAUL BAKER INSTALLER REB. 883-0583

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- DETECTOR

NOZZLE 141: 25" HOOD! 66'x16" DUCT: 18'x4"

SURFACE PIPE 76" PLENIUMPIPE: 24'46" SUPPLY PIPE; SK" DUCT PIPE 8:46"

10008 EDMONDS WAY 月口がらいつら、とる・ KIDDE HOR 250C-400 S.OSINA

ME 2-3303 - ME 2-3317

PIRE PROTECTION COMPANY

4028 STONE WAY N., SEATTLE

L.P. JAMES COMPANY

PILE

RECEIVED

JUL 12 1999

EDMONDS FIRE DEPT

ENTERED

Acting Chief Kevin Taylor Edmonds Fire Department 125 - 5th Ave. N. Edmonds, Washingotn 98020

Subject: Fire Prevention Safety Survey

The above mentioned survey was conducted on our place of business on— 7-7-99 and was much appreciated.

I faxed the results to our insurance company and they as we are thankful that the City performs such a service.

Respectfully

July 8, 1999

John Nordquist

Owner

B' SHIRT

FISCHER, FLETT, + TURNER

Mr. John Nordquist LP James Company 10024 Edmonds Way Edmonds, WA 98020

Ref: #EP93-1332

Dear Mr. Nordquist:

I am responding to your recent inquiry regarding the arson fire at your building on April 2, 1993. Unfortunately, the Fire Department has no current leads or enough evidence at this time to determine who had caused this incident, nor to prosecute any suspected individuals.

This case remains open and we shall keep you apprised of forthcoming information in its regard.

Sincerely,

John J. Westfall Senior Inspector

cc: Chief Springer

STATE OF WASHINGTON UNIFORM INCIDENT REPORT

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ARREST DATE		LOCATIO	N OF ARRES	ST .				- 1	1. M F 2. M F									
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VALUE \$

SPECIFY DAMAGE BY

SHADING DAMAGED AREA

() TOP () UNDERSIDE

DAMAGE TO

VEHICLE

DRIVER IS:

STATE TOW NUMBER

5 3 1

6

() R/O 1 PERSON # REGISTERED OWNERS NAME

REGISTERED OWNERS ADDRESS

DAMAGE EST. \$

21-700 (3/93)

SPECIAL FEATURES/DESCRIPTION

VICTIM

CONSENT

) TOWED

Ν

DELING.

PAYMENT

TOW COMPANY/ADDRESS/PHONE

DRIVE-

ABLE

THEFT

INS.

COLOR

LOCKED

VEHICLE DISPOSITION

KEYS IN

VEHICLE

() LEFT AT SCENE

() DRIVEN AWAY

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PROPERTY/NARRATIVE REPORT

TYPE OF ACTION:	1-STOLEN 2-RECOVERED	4-LOST 5-FOUND		DESTROYED/VANDALIZED			INCIDENT NUMBER			
TOTAL RECOV. Y N	RECOVERY DATE	IOTAL VALUE		JG/NARCOTIC STOLEN/SE	IZED	QUANTITY	TYPE	MEASUREMENT		
	PROPERTY DESCRIPTION 11 AIRCRAFT 12 ALCOHOL 13 AUTOMOBILE 14 BICYCLES 15 BUSES 16 CLOTHING/FURS 17 COMPUTER EQUIPM 18 CONSUMER GOODS	AENT 3	16 17 18 19 20 21 22	HEAVY EQUIPMENT HOUSEHOLD GOODS JEWELRY/PRECIOUS ME LIVESTOCK MERCHANDISE MONEY NEGOTIABLE INSTRUMENON-NEGOTIABLE INSTRUMEN	TALS	30 STRU 31 STRU 32 STRU 33 STRU 34 STRU 35 STRU 36 TOOL	CTURES/SINGLE DM CTURES/COMMERC CTURES/NOUST.M CTURES/NOUST.M CTURES/STORAGE CTURES/STORAGE CTURES/OTHER S-POWER/HAND	ÆLLINGS HAL		
·	08 CREDIT DEBIT CARI 10 NAFICOTICS/ORIGIN 11 NAFICOTICS EQUIP. 12 FARM EQUIPMENT 13 FIREARMS 14 GAMBLING EQUIPM	B /PARAPH.	24 25 26 27	OFFICE EQUIPMENT OTHER MOTOR VEHICLE: PURSES/HANDBAGS/WAI RADIO/TELEVISION/VCR RECORDING/AUDIO VISU RECREATIONAL VEHICLE	lets Ial	39 WATE	LE PARTS FRCRAFT ING INVENTORY			
No.	TEM		· · · · · · · · · · · · · · · · · · ·	SERIAL/OAN		BRAND NA	ME	MODEL/CAURER		
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No	TEM -			SERVL/OAN		BRAND NA	ME	MCOEL/CALBER		
ACTION	DESC. CODE	DESCRIPTION		BARREL LENGTH, ACTIO		MISC.		VALUE		
No.	ITEM			SERIAL/OAN		BRAND NA	ME	MODEL/CALIBER		
ACTION #	DESC. CODE	DESCRIPTION	I (IF WEAPON, INDICATE	BARREL LENGTH, ACTIO	N, FINISH)	MISC.		VALUE \$		
No.	ITEM N			SERIAL/OAN		BRAND NA	ME	MODEL/CAUBER		
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ľ	_							OCINO7 a		
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ENTERED:	FOCAT		voic /	WACIC	DATE	ł	NT O	C6D C1K6		
<u> </u>						YN				

SUPPLEMENTAL

•	CASE NUMBER 73-1332
TYPE OF I	DATE 040293 PAGE NO.
	GASOLING. HE ALSO SAID THAT THE BAG HAD
	4 CONDLE IN TO ID A CUP.
	I LOOKED INSIDE THE LARGE BAG AND OBSERVED
	& SMALLER, BROWN BAG INSIDE (POSSIBLY LUDCUSIZE)
	IT WITH A BEUTRAGE CUP INSIDE (WAX COATED
	TRES ZAW GAH WANT ON TART (ECYT ABOX
	OF WINT APPEARED TO BE A BURNED DOWN CANDIE
	I CALLED SGT JODES &ND INFORMED OF THE SIT-
	MOTION AND HE SOID TO STRY THERE UNTIL & DETECTIVE
	RAUUSD.
	WHILE WHITING FOR THE DETECTIVE CHAUSO TOWN
	ME THAT OF THE TWO BEEN BOTTLES STRUDING INST
	TO THE SOUTH WEST CONNER OF THE RUILDING, (XBOUT IS
	FEST KLOKY FROM SUSP SKCK) ONLY ONE WAS THE LAST
	PIGHT AT DING PM WHEN KE WAS CAST HERE AND
	THE SECT WAS ALSO 1300 THEIG.
	CH WENT DID TO SAN THAT A ST GALLON OIL DRUM
	THET WAS NOW UP AGRIDST THE BUILDING AS IT
	LEVALLY IS WAS OUT ABOUT & FERT FROM THE ELILLING
	TEIS MORPING WHEN HE CAME IN HE SAID HE MOUED TO
	BACK DOT THINKING TOO MUCK OF IT AT THE TIME.
	DETECTIVE RODDEN ARRIDE AND WAS ADDISED OF
	WEXT I HAD LEXINED TRUS TRU.
	IN ASSISTING DETECTIVE KONDEN, & I GALLON JUG
OFFICER	WAS DESERVED ON THE ROOF BY NALKING UP ON AND
J. F. IOER	

⁽³⁾ PARENTS OR GUARDIAN'S NAME, ADDRESS & PHONE NUMBER AND TIME CONTACTED
(4) RECONSTRUCT INCIDENT (1) VICTIMS' INJURIES AND WHERE MEDICAL EXAM OCCURRED
(2) TIME AND LOCATION WHERE INVOLVED PERSONS MAY BE LATER CONTACTED

SUPPLEMENTAL

•	`				CASE NUMBER			
TYPE OF INC	CIDENT DEORMATION				OHO 29:			PAGE NO.
	ENBANKMENT	50_	TAIT	ω€ C	OULD	SEG THE	71.00	or of
	I OBTAIDEC							,
	AND RETRIEVEL							
	WASKER FLUID X							
	ALSO OBSTRUED	Ä	B56R 3	2077 6	THAT C	OULD NO	T B	6
	556 From 706	OTH	er un	NTAGE	FOINT			
	BOTH COUTAIN)6R	S KIND	50m5	SORT	OF RED	<u>D1511</u>	F(ULD)
	INSIDE AND C	シ 45	NI	BAOU 6	KT TXX	6pUON	<u> </u>	16.
·	DOUND, I COU	(1)	SMELL	726	STRONG	ODOR OF	5 60	SOLING.
•	DETECTIVE A		5/2 TX161) W5	NT UP C	1778 TX	700	34
	TO LOOK AROUN	5	MORE	ر حالي	25TR16	UB TRK 5	>54 N	B011/b.
	LONILE CORIT	N6	ECA DE	F	06 NON	NED TO E	11)15	X NLS
	(NUESTIBATION	1	WA5	DEV 15	5/3 RY	CH TXX	TXX	(الراك ك
	O HAD SEED	TX	5 JUS	00 7	4 RILL	TO THE	SAU	(7 ²).
	I CONTRICTED	<u>0-1</u>	XXX	145 SX	N 726	T THE JU	6 XX	W CHN
	ON THE FILLSIDE	F F C	DR ABO	UT TI	3 CAST	2-3 WA	56KS	2111
	SMPT/ DUI CALUS	Kita)	0N 0N	S \$ 12	=. No	AZ OZJA	D TO	V ć
	1816 CONDORDS	<u>ک</u> ×	AXCI CA	<u> 255</u>	N CUF	7 30000	()50	500
	CND RP118 A-1N. 7	7/4)	AREA S	1857612	JAY WA	HAT THE	TU 6	XXD
	B66D B650A6							
	I CEET BC	DNK.	57×7	61.637	FORMS	FOR C-	1,0-	2 x 20
	LUNDUSADS FATHER	20:	3 70	COMP	<u> </u>			
					M .	4. DRINE	20 17/2	K 4.5%
					············			
OFFICER		NO.	DATE	OFFICER		· · · · · · · · · · · · · · · · · · ·	NO	DATE

⁽¹⁾ VICTIMS' INJURIES AND WHERE MEDICAL EXAM OCCURRED
(2) TIME AND LOCATION WHERE INVOLVED PERSONS MAY BE LATER CONTACTED

⁽³⁾ PARENTS OR GUARDIAN'S NAME, ADDRESS & PHONE NUMBER AND TIME CONTACTED
(4) RECONSTRUCT INCIDENT

SUPPLEMENTAL

					93 /33 Q DATE		
TYPE OF INCI	N FUNANTION				040253		PAGE NO.
	FOLLOW UP	040	0293 1	1200			
	I STOPPEN	BI	1 C115	WORK	P1x(6 70.55	5 /F :	NG 18 ND
	GD KAD FIDISH						
1 1	AND GAUG IT						
	BUT WOULD R						1
	I THEN WELL	H 1	UEXT.	D80R-	TO 015 OFFICE	6 78	S56 ·
/	15 HG HAD CON	JXC	TED NI	S FATA	41 0-3 K6 S	\$1D KK	DLD
1 1	AND HIS DAD						
1 ' 1	DID WOT DIST					•	
	0.1 SAID HE				•		ì
	DAD TO COM					,	
					M X. 32	10/0	(1) K 488
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			·				
OFFICER		NO.	DATE	OFFICER		NO.	DATE

⁽¹⁾ VICTIMS' INJURIES AND WHERE MEDICAL EXAM OCCURRED
(2) TIME AND LOCATION WHERE INVOLVED PERSONS MAY BE LATER CONTACTED

⁽³⁾ PARENTS OR GUARDIAN'S NAME, ADDRESS & PHONE NUMBER AND TIME CONTACTED
(4) RECONSTRUCT INCIDENT

EDMONDS POLICE DEPARTMENT

250 FIFTH AVENUE NORTH EDMONDS, WA. 98020

/ / STATEMENT FORM
DATE/TIME 4/2/93/0900 LOCATION 10024 Edmonds Way, Edmonds We EC 93 1333
LAST NAME Nor Ogvist FIRST NAME FOR INITIAL H.
ADDRESS 5806 NE 204 Th PL., Southle W., 98155 PHONE NO. 485-2606
SEX M RACE W DATE OF BIRTH 4/2/6) EMPLOYER L.P. Jomes Company.
I was asked to fill out this statement form by the
officer investigating the afterpted arson at the above address
The porticular, the Igallon plastic bottle containing what
he said was a gasoline mixture. I am 99.9 % sure
that this bottle, one used for windshield wigor fluid, was and is
The same bottle that was lyin on the back to the southwest
of the boilding for the last worth or so. Apparently discorde
by some one cho parted those some time ago. I am This
cortain because it is exactly the same type of container, labe
and the condition of the bottle (plastic jug). Also because up until
yesterday when I left werk the botto was still those and how
Lis gone-
0
•
CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON
THAT THE FOREGOING IS TRUE AND CORRECT.
SIGNATURE OF PERSON GIVING STATEMENT X
WITNESS PAGE OF

04/06/93 15:46:45 PRINT REQUESTED BY TERMINAL EFT003

Incident History for: #EP93004101

Case Numbers: \$EP93001332

Received 04/02/93 07:20:41 BY SCT001 SC722 Entered 04/02/93 07:24:35 BY SCT001 SC722 Dispatched 04/02/93 07:25:53 BY SCT005 SC717

Enroute 04/02/93 07:25:53 Onscene 04/02/93 07:34:21 Closed 04/02/93 08:21:07

Initial Type: SUSCIR Initial Alarm Level: Final Alarm Level:

Final Type: SUSCIR (SUSPICIOUS CIRCUMSTANCES) Pri: 2 Dispo: R

Police BLK: E022 Fire BLK: EF053 Map Page: 474G-1 Group: EP1 Beat: Src:

Loc: 10024 EDMONDS WY ,EDM low xst: 100 AV W (V)

Loc Info: L P JAMES CO, edm

Name: NORDGUIST, JOHN Addr: Phone: 774-4971

/0724 (SC722) ENTRY ,>> PREFERS 21 FROM FIRE MARSHALL << APPARENTLY RP HAS SOME SORT OF SUSP COMBUSTIBLE MATERIAL GU TSIDE HIS BUSN.

#EPD407 JONES,KEN /0725 (SC717) DISPER 1E41 /0734 ONSCNE 1E41 [STA] 70734 ASSTER i E i [STA] #EPD438 DRINKWINE, MICHAEL /0734 CHGLOC 1E1 [10024 EDMONDS WAY]

/0734 CAGCOC 121 [10024 EBMONDS WHT]

1E41

CLOSE

/0819 CLEAR 1E1 D/R /0821 CLEAR 1E41

70821