

SNOHOMISH CO.

**FIRE DISTRICT**Serving Brier, Edmonds, and  
Mountlake Terrace.

www.FireDistrict1.org



23028 100th AVE W

12425 Meridian Ave S

Everett, WA 98208

Phone (425) 551-1200

Fax (425) 551-1272

**FIRE PREVENTION  
INSPECTION REPORT**
☒ EDMONDS  
☐ BRIER  
☐ MOUNTLAKE TERRACE  
☐ UNINCORPORATED

LOCATION: 23028 100 th Avenue W 98026

BUSINESS NAME: Bartell Drug CO. #58

PHONE: 4257744916

MAILING  
ADDRESS:

BUSINESS OWNER: Bartells

HOME PHONE:

EMERGENCY-1: STRIKER, RANDY Wang, Tan

HOME PHONE: 2064338907

KEY ACCESS-2: WANDA (EMERG.) MANAGER

HOME PHONE: 832-262-0635

EMAIL:

CURRENT  
CITY  
BUSINESS  
LICENSE
 YES ☒ NO ☐

PERSON CONTACTED: SHELLE CARROLL

NAME OF INSPECTOR: WINSTON

INITIAL INSPECTION DATE

3-20-17

FIRE SYSTEMS: AS 3/16 FA 3/15 FE 3/15

Date Last Serviced: 3/17 3/17 3/17

## HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1 check AT LATER DATE to see if

2 ENTERED INTO TEGRIS

3 Entered

4

5

6

7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

## 1st RE-INSPECTION

DATE DUE:  
PERSON  
CONTACTED:

INSPECTOR

DATE:  
VIOLATIONS

1 5

2 6

3 7

4 8

LETTER NEEDED ☐ YES ☐ NO

## 2nd RE-INSPECTION

DATE DUE:  
PERSON  
CONTACTED:

INSPECTOR

DATE:  
VIOLATIONS

1 5

2 6

3 7

4 8

LETTER NEEDED ☐ YES ☐ NOEXTENSION  
GRANTED TO:

## FINAL RE-INSPECTION

DATE DUE:  
PERSON  
CONTACTED:

INSPECTOR

DATE  
CITATION ISSUEDPRE-CITATION  
LETTER SENT

NUMBER

DATE

CODE  
SECTIONRETURN RECEIPT  
RECEIVED

DISPOSITION:

DATE

VIOLATIONS  
CITED:

1

2

3

4

5

6

7

8

SNOHOMISH CO.

# FIRE DISTRICT



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

LOCATION: 23028 100 th Avenue W 98026

BUSINESS NAME: Bartell Drug CO. #58

PHONE: 4257744916

MAILING  
ADDRESS:

BUSINESS OWNER: Bartells

HOME PHONE:

EMERGENCY-1: Wang, Tah  
KEY ACCESS-2:

HOME PHONE: 2064338907  
HOME PHONE:

EMAIL: manager@seebartelldrugs.com

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

CURRENT CITY BUSINESS LICENSE	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	INITIAL INSPECTION DATE 3/10/13	

PERSON CONTACTED:

NAME OF INSPECTOR:

Ness, Castellon, Owens

FIRE SYSTEMS: AS 3/15 FA 3/15 FE 3/15

Date Last Serviced: 3/15 3/15 3/15 KNOX Box OK

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1	NONE FOUND.	1
2		2
3		3
4		4
5		5
6		6
7		7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:		FINAL RE-INSPECTION		VIOLATIONS CITED:	
DATE DUE:		DATE DUE:		DATE DUE:		DATE DUE:		1	
PERSON CONTACTED:		PERSON CONTACTED:		PERSON CONTACTED:		PERSON CONTACTED:		2	
INSPECTOR:		INSPECTOR:		INSPECTOR:		INSPECTOR:		3	
DATE:		DATE:		DATE:		DATE:		4	
VIOLATIONS		VIOLATIONS:		PRE-CITATION LETTER SENT		CITATION ISSUED		5	
1	5	1	5	RETURN RECEIPT RECEIVED		NUMBER:		6	
2	6	2	6	DATE:		CODE SECTION:		7	
3	7	3	7	DISPOSITION:				8	
4	8	4	8						
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO							



Confidence Test Report From:  
**Sea Tac Fire Protection LLC**  
PO BOX 88565  
Tukwila, WA. 98138  
253.341-7132 P 866.558.7475 F

## SPRINKLER – WET SYSTEM

(One System per Report)

Certification Given

RED ☐

YELLOW ☐

WHITE ☐

CONFIDENCE TEST



REPAIRS



Occupancy Address:

23028 100th Ave W  
Edmonds, WA. 98020

Occupancy Name:

Barrett Drug #58

Responsible Person

First & Last Name:

Manager

Phone Number:

425-774-4916

Responsible Person

Address, City, State, Zip:

Same.

Responsible Party  
E-Mail Address

Date of Inspection:

3/21/16

Inspection  
Frequency/Type:

☒ Annual ☐ Quarterly

☐ Winterization

Testers Name

(Please Print):

J. Walker

State Certification  
Number:

8689-IT-032510

Identification

Number:

8689-IT-032510

System Location:

whole building

Central station monitoring?

Yes ☒

No ☐

Monitoring Required?

Yes ☒

No ☐

Monitoring

Company Name:

System Make:

Shorgun

System Model:

4" Shorgun

**STATE FIRE CODE VIOLATIONS FOUND:** (If additional room is needed, please add a separate sheet)

5 year testing due. Gauges tested/replaced

FDC inspection

internal pipe inspection

**CORRECTIONS MADE:** Date Corrected: \_\_\_\_\_ Corrected By: \_\_\_\_\_

(If additional room is needed, please add a separate sheet) State Certification Number: \_\_\_\_\_

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Washington State Fire Code standards/NFPA 25, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester:

[Signature]

Phone #

253-341-7132

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 NFPA 25 for inspecting and testing requirements.

## General

1. Main Drain and Inspector's Drain flow test conducted? Yes ☒ No ☐
2. Static pressure: 111 p.s.i. Flow pressure: 73 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? Trip Time: 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: NEW 2002 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: 04/09 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 04/09 Yes ☐ No ☒
20. Was an internal pipe and valve inspection performed within the last 5 years? Date Performed 04/09 Yes ☐ No ☒
21. Is the hydraulic nameplate installed and visible on riser, if No then Yellow Tag. (Ref: NFPA 25 5.2.7) (.70 density) Yes ☒ No ☐
22. Was a signal received at the Central Station monitoring company? N/A ☐ Yes ☒ No ☐

# **FIRE DISTRICT 1**

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

LOCATION: 23028 100 th Avenue W 98026

BUSINESS NAME: Bartell Drug CO. #58

PHONE: 4257744916

MAILING  
ADDRESS:

BUSINESS OWNER: Bartells

EMERGENCY-1: Wang, Fah  
KEY ACCESS-2:

EMAIL:

CELL  
 HOME PHONE: 425-346-5996  
 OFFICE → 2064338907  
 HOME PHONE:  
 HOME PHONE:

FREQUENCY Annual	STATION & SHIFT 20-B
SCHEDULED Feb 2015 DATE DUE	
UFIR 543 203	

CURRENT CITY BUSINESS LICENSE  
 YES ☒ NO ☐

PERSON CONTACTED: JAMES MOD.  
 NAME OF INSPECTOR: GUIDRY 0817

INITIAL INSPECTION DATE  
8-20-2015

FIRE SYSTEMS: AS 3/13 FA 4/13 FE 3/13

3/15 3/15

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1	NOTHING FOUND	1
2		2
3		3
4		4
5		5
6		6
7		7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:	FINAL RE-INSPECTION	VIOLATIONS CITED:
DATE DUE:		DATE DUE:			DATE DUE:	
PERSON CONTACTED:		PERSON CONTACTED:			PERSON CONTACTED:	1
INSPECTOR:		INSPECTOR:			INSPECTOR:	2
DATE:		DATE:			DATE:	3
VIOLATIONS		VIOLATIONS		PRE-CITATION LETTER SENT	CITATION ISSUED	4
1 5		1 5		DATE:	CODE SECTION:	5
2 6		2 6		RETURN RECEIPT RECEIVED		6
3 7		3 7		DATE:	DISPOSITION:	7
4 8		4 8				8
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO				

FIRE DEPARTMENT COPY



Confidence Test Report From:  
**Sea Tac Fire Protection LLC**  
 PO BOX 88565  
 Tukwila, WA. 98138  
 253.341-7132 P 866.558.7475 F

# SPRINKLER – WET SYSTEM

(One System per Report)

Certification Given

RED ☐ YELLOW ☒ WHITE ☐

CONFIDENCE TEST ☒ REPAIRS ☐

Occupancy Address: 23028 100th Ave W  
Edmonds WA 98020

Occupancy Name: Bartell Drug #58

Responsible Person  
 First & Last Name: Manager

Phone Number: 425-774-4916

Responsible Person  
 Address, City, State, Zip: Same

Responsible Party  
 E-Mail Address: \_\_\_\_\_

Date of Inspection: 3/16/15

Inspection  
 Frequency/Type: ☒ Annual ☐ Quarterly  
☐ Winterization

Testers Name  
 (Please Print): J Walker

State Certification  
 Number: 8689-IT-032510

Identification  
 Number: 8689-IT-032510

System Location: whole Bldg  
# 37-1944 9

Central station monitoring? Yes ☒ No ☐

Monitoring: 800-227-0945

Monitoring Required? Yes ☒ No ☐

Company Name: CUSTOM SECURITY

System Make: Shorgun

System Model: 4" Shorgun

## STATE FIRE CODE VIOLATIONS FOUND: (If additional room is needed, please add a separate sheet)

5 year testing due:  
- FDC inspection  
- gauge tested/replaced (1)  
- internal pipe inspection

**CORRECTIONS MADE:** Date Corrected: \_\_\_\_\_ Corrected By: \_\_\_\_\_

(If additional room is needed, please add a separate sheet) State Certification Number: \_\_\_\_\_

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Washington State Fire Code standards/NFPA 25, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester: [Signature] Phone # 253-341-7132

Building Representative (signature) \_\_\_\_\_

# THE SAFETY TEAM INC.

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

(One System per Report)

### Certification Given

RED

☐

YELLOW

☐

WHITE

☒

CONFIDENCE TEST

☒

REPAIRS

☐

Occupancy

Address: 23028 100<sup>th</sup> Ave West

Building Owner Bartell Drug Company

Responsible Person: Cheryl

Building Owner Address: 4025 Delridge Way SW, #400 Seattle, WA 98106

Occupancy

Name: Bartell Drug #58 (Edmonds)

Phone Number: (206) 767-1343

Phone Number: (425) 774-4916

Date of Inspection:

3/21/14

Inspection

Frequency/Type:

Annual ☒ Other ☐

Quarterly ☐ Floors Tested           

Testers Name

(Please Print):

M. Decker

SFD Certification

Number:

SCP-D-07231

Central Station

Monitoring?

Yes ☒

No ☐

Monitoring

Company Name:

Alarm center

Primary Component:

Fire Alarm Panel

System Make:

Silent Knight

System Model:

5208

System Location:

Back Stock Room

Identification No.

1

**PROBLEMS FOUND:** (If additional room is needed, please add a separate sheet)

**CORRECTIONS MADE:**

Date Corrected:           

Corrected By:           

(If additional room is needed, please add a separate sheet)

SFD Certification Number:           

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester:

[Signature]

Phone #

(206) 762-1450

Testing Agency:

The Safety Team Inc.

Mailing Address:

670 S. Lucile St. 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 <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System operates properly on battery backup?	Not Tested <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Charge circuit voltage	<u>27.22</u> volts		
Battery voltage (no load)	<u>26.85</u> volts		
Battery voltage (full load)	<u>24.25</u> volts (signals operating)		
System operates properly on generator standby power?	Not Tested <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All signals operate on AC power?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Number of initiating circuits	<u>12</u>		
Number of signal circuits	<u>4</u>		
Does alarm system meet audibility standards?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All circuits checked for electrical supervision?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All auxiliary equipment operates (Elevators, fans, dampers)?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ventilation controls operate?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Key to panel available?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Operating instructions at panel?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Trouble indicators function properly?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Remote Annunciator Panels function properly?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elevator Call Down functions properly?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Test record posted at panel?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
General alarm automatic time delay <u>      </u> (minutes)	N/A <input checked="" type="checkbox"/>		
Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## System Devices

	Total Number of Units Tested	Total Number Units Inoperable	Test Results Acceptable		
1. Bells, Chimes	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Voice Speakers (Voice Clarity)	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Horns (Only)	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Visual Alarm Devices (Strobes)	<u>7</u>	<u>      </u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Horn/Strobe Combos	<u>12</u>	<u>      </u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Heat Detectors	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Duct Detectors	<u>12</u>	<u>      </u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. Sprinkler Flow Switches	<u>1</u>	<u>      </u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
9. Sprinkler Supervisory Switches	<u>4</u>	<u>      </u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
10. Smoke Detectors	<u>1</u>	<u>      </u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
11. Manual Pull Stations	<u>3</u>	<u>      </u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
12. Annunciator (s)	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Beam Detectors	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Automatic Door Unlocks	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Automatic Door Release	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Communication Equipment

	Total Number of Units Tested	Total Number Units Inoperable	Test Results Acceptable		
16. Phone Sets	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Fire Phone Jacks	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Call-in Signal	<u>      </u>	<u>      </u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes/Observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# THE SAFETY TEAM INC.

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

(One System per Report)

#### Certification Given

RED ☐

YELLOW ☒

WHITE ☐

CONFIDENCE TEST ☒

REPAIRS ☐

Occupancy Address: 23028 100th Ave West

Occupancy Name: Bartell Drug #58 (Edmonds)

Building Owner: Bartell Drug Company

Phone Number: (206) 767-1343

Responsible Person: Cheryl

Phone Number: (425) 774-4916

Building Owner Address: 4025 Delridge Way SW, #400 Seattle, WA 98106

Date of Inspection:

3/21/14

Inspection Frequency/Type:

Annual ☒

Other ☐

Testers Name

(Please Print):

M. Decker

SFD Cert #: 207231

ITT #: 2444-IT-101411

Central Station  
Monitoring?

Yes ☒

No ☐

Monitoring Company  
Name:

Alarm Center

Primary Component:

Riser

System Make:

shotgun

System Model:

Black Pipe

Valve Size:

4"

Valve Year:

2002

System Location:

Back Stock room

Identification No.

1

**PROBLEMS FOUND:** (If additional room is needed, please add a separate sheet)

none for SFC services

**Corrections Made:** Date Corrected: \_\_\_\_\_

Corrected By: \_\_\_\_\_

(If additional room is needed, please add a separate sheet)

SFD Certification Number: \_\_\_\_\_

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester:

Phone # (206) 762-1450

Testing Agency:

The Safety Team Inc.

Mailing Address:

670 S. Lucile St. 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.

## General

Flow test conducted?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Static pressure: <u>100</u> psi	Flow pressure: <u>60</u> psi		
Total Number of System Sprinkler Heads: <u>2001</u>			
2-inch drain?	Other <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Flow switches, supervisory switches and alarm bells tested?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Pressure regulating valves tested?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alarm bell operates?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System inspected and lubricated?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Control Valves are sealed or supervised?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Signs are installed on valves?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Pumper connections and clapper valves unobstructed and turn freely?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Wet type sprinkler heads have been replaced or successfully sample tested in the last 50 years?	<u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sprinkler coverage is acceptable? *NFPA25-2002-Sec 5.2.1.1 (Floor Level Only)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Proper number of spare sprinkler heads available?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System left in service?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System gauges replaced or checked for accuracy within the last 5 years?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Install/Calibration Year <u>2007</u>	Shut off valves <u>Y</u>		
Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fire Department Connection (FDC) caps are present and undamaged?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was the Fire Department Connection (FDC) check valve inspected within the last 5 years? Date Performed _____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Was an internal pipe and valve inspection performed within the last 5 years? Date Performed _____		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Proper signals received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sprinkler wrench available for each type of sprinkler?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Notes/Observations:

---



---



---



---



---



---



---



---

SNOHOMISH CO.

**FIRE DISTRICT**

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

LOCATION: 23028 100th Avenue

W

BUSINESS NAME: Bartell Drug Co. #58

PHONE: 4257744916

MAILING  
ADDRESS:

BUSINESS OWNER: Bartell Drug Co.

HOME PHONE: 2067632626

410

EMERGENCY-1: Wang, Tah  
KEY ACCESS-2: Cole, Douglas

HOME PHONE: 2064338907  
HOME PHONE: 4252268105

FREQUENCY  
365

STATION & SHIFT  
20 A

SCHEDULED  
DATE DUE ▶ 02/01/13

UFIR ▶ 543 2 053

CURRENT  
CITY  
BUSINESS  
LICENSE

YES

NO



PERSON CONTACTED: DEREK MITCHELL

NAME OF INSPECTOR: KUHN, STEVENS, MAYFIELD

INITIAL INSPECTION DATE

5/17/13

FIRE SYSTEMS: AS & FA 3/12 FD LKBx  
3/13 ✓ ✓

FE 3/13  
ANNUAL

## HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1 NO HAZARDS FOUND

2

3

4

5

6

7

1

2

3

4

5

6

7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:		FINAL RE-INSPECTION		VIOLATIONS CITED:	
DATE DUE:		DATE DUE:				DATE DUE:		1	
PERSON CONTACTED:		PERSON CONTACTED:				PERSON CONTACTED:		2	
INSPECTOR:		INSPECTOR:				INSPECTOR:		3	
DATE:		DATE:				DATE:		4	
1 5		1 5		PRE-CITATION LETTER SENT		CITATION ISSUED		5	
2 6		2 6		DATE:		CODE SECTION:		6	
3 7		3 7		RETURN RECEIPT RECEIVED		DISPOSITION:		7	
4 8		4 8		DATE:				8	
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO							

FIRE DEPARTMENT COPY

# THE SAFETY TEAM INC.

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

(One System per Report)

### Certification Given

RED ☐

YELLOW ☐

WHITE ☒

CONFIDENCE TEST ☒

REPAIRS ☐

Occupancy

Address: 23028 100<sup>TH</sup> AVE WEST

Building Owner: BARTELL DRUG COMPANY

Responsible Person: STEVEN

Building Owner Address: 4025 DELRIDGE WAY SW # 400 SEATTLE WA 98106

Date of Inspection:

3/19/13

Testers Name  
(Please Print):

Ken Kerth

Central Station  
Monitoring?

Yes ☒

No ☐

Primary Component:

Fire Alarm Panel

System Make:

Silent Knight

System Location:

N.W. corner of Stockroom

Occupancy

Name: BARTELL DRUG # 58

Phone Number: 206-767-1343

Phone Number: 425-774-4916

Inspection

Frequency/Type:

Annual ☒ Other ☐

Quarterly ☐ Floors Tested \_\_\_\_\_

SFD Certification  
Number:

SCP- K-06572

Monitoring

Company Name:

Alarm Center

System Model:

5208

Identification No.

#1

**PROBLEMS FOUND:** (If additional room is needed, please add a separate sheet)

**CORRECTIONS MADE:** Date Corrected: \_\_\_\_\_

Corrected By: \_\_\_\_\_

(If additional room is needed, please add a separate sheet)

SFD Certification Number: \_\_\_\_\_

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester:

K. Kerth

Phone #

(206) 762-1450

Testing Agency:

The Safety Team Inc.

Mailing Address:

670 S. Lucile St. 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 <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System operates properly on battery backup?	Not Tested <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Battery voltage (no load)	<u>25.03</u> volts		
Battery voltage (full load)	<u>24.86</u> volts (signals operating)		
Charge circuit voltage	<u>27.33</u> volts		
System operates properly on generator standby power?	Not Tested <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All signals operate on AC power?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Number of initiating circuits	<u>10</u>		
Number of signal circuits	<u>4</u>		
Does alarm system meet audibility standards?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All circuits checked for electrical supervision?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All auxiliary equipment operates (Elevators, fans, dampers)?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ventilation controls operate?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Key to panel available?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Operating instructions at panel?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Trouble indicators function properly?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Remote Annunciator Panels function properly?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elevator Call Down functions properly?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Test record posted at panel?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
General alarm automatic time delay _____ (minutes)	N/A <input checked="" type="checkbox"/>		
Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Devices (Specify) _____	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

System Devices	Total Number of Units Tested	Total Number Units Inoperable	Test Results Acceptable		
1. Bells, Horns, Chimes	<u>10</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Voice Speakers (Voice Clarity)	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Smoke Detectors	<u>1</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Heat Detectors	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Duct Detectors	<u>2</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Sprinkler Flow Switches	<u>1</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Sprinkler Supervisory Switches	<u>4</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. Visual Alarm Devices <i>strobes</i>	<u>20</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
9. Manual Pull Stations	<u>3</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
10. Annunciator (s)	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Beam Detectors	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Automatic Door Unlocks	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Automatic Door Release	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Communication Equipment	Total Number of Units Tested	Total Number Units Inoperable	Test Results Acceptable		
14. Phone Sets	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Fire Phone Jacks	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Call-in Signal	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes/Observations: \_\_\_\_\_

# THE SAFETY TEAM INC.

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

(One System per Report)

#### Certification Given

RED

☐

YELLOW

☐

WHITE

☒

CONFIDENCE TEST

☒

REPAIRS

☐

Occupancy Address: 23028 100<sup>TH</sup> AVE WEST

Occupancy Name: BARTELL DRUG #58

Building Owner: BARTELL DRUG COMPANY

Phone Number: 206-767-1343

Responsible Person: STEVEN

Phone Number: 425-774-4916

Building Owner Address: 4025 DELRIDGE WAY SW # 400 SEATTLE WA 98106

Date of Inspection:

3/19/13

Inspection Frequency/Type:

Annual ☒

Other ☐

Testers Name  
(Please Print):

Jim Dawson

SFD Cert #: 106374

ITT # 6435 IT 0115 03

Central Station  
Monitoring?

Yes ☒

No ☐

Monitoring Company  
Name:

Alarm Center

Primary Component:

Riser

System Make:

Manifold

System Model:

Manifold

Valve Size:

4"

Valve Year:

2002

System Location:

NW corner of Stock Room

Identification No.

# 1

**PROBLEMS FOUND:** (If additional room is needed, please add a separate sheet)

**Corrections Made:** Date Corrected: \_\_\_\_\_

(If additional room is needed, please add a separate sheet)

Corrected By: \_\_\_\_\_

SFD Certification Number: \_\_\_\_\_

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester:

The Safety Team Inc.

Phone # (206) 762-1450

Testing Agency:

Mailing Address:

670 S. Lucile St. 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.

## General

Flow test conducted?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Static pressure: <u>100</u> psi    Flow pressure: <u>60</u> psi			
Total Number of System Sprinkler Heads: _____			
2-inch drain?	Other <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Flow switches, supervisory switches and alarm bells tested?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Pressure regulating valves tested?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Alarm bell operates?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System inspected and lubricated?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Valves are sealed or supervised?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Signs are provided on valves?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Pumper connections and clapper valves unobstructed and turn freely?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Wet type sprinkler heads have been replaced or successfully sample tested in the last 50 years?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sprinkler coverage is acceptable? <b>*NFPA25-2002-Sec 5.2.1.1 (Floor Level Only)</b>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Proper number of spare sprinkler heads available?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System left in service?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System gauges replaced or calibrated within the last 5 years?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Install/Calibration Year <u>2009</u> Shut off valves <u>Yes</u>			
Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was debris found in the Fire Department Connection (FDC)?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was the Fire Department Connection (FDC) back flushed within the last 5 years?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was an internal pipe and valve inspection performed within the last 5 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Performed <u>N/A</u>	N/A		
Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sprinkler wrench available for each type of sprinkler?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Notes/Observations:

Added (1) ISS° upright 1/2" brass Standard Response head that they did not have on site.

# THE SAFETY TEAM INC.

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

(One System per Report)

### Certification Given

RED

☐

YELLOW

☐

WHITE

☒

CONFIDENCE TEST

☒

REPAIRS

☐

Occupancy Address: 23028 100<sup>th</sup> Ave W

Occupancy Name:

Bartell Drug #58

Building Owner: Bartell Drug Co

Phone Number:

425-774-4916

Responsible Person: Michael

Phone Number:

206-767-1343

Building Owner Address: 4727 Denver Ave S, Seattle, WA 98134

Date of Inspection:

3/13/12

Inspection Frequency/Type:

Annual ☒

Other ☐

Testers Name  
(Please Print):

Jeff Watson Jim Davison

SFD Cert #:

506374  
207221

ITT #: 9850-IT-070371

Central Station  
Monitoring?

Yes ☒

No ☐

Monitoring Company  
Name:

Alarm Center

Primary Component:

Riser

System Make:

Butter Fly

System Model:

1

Valve Size:

4"

Valve Year:

System Location:

DW Corner of back stock Room

Identification No.

**PROBLEMS FOUND:** (If additional room is needed, please add a separate sheet)

0

**Corrections Made:** Date Corrected: \_\_\_\_\_

Corrected By: \_\_\_\_\_

(If additional room is needed, please add a separate sheet)

SFD Certification Number: \_\_\_\_\_

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester:

[Signature]

Phone #

(206) 762-1450

Testing Agency:

The Safety Team Inc.

Mailing Address:

670 S. Lucile St. 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.

## General

Flow test conducted?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Static pressure: <u>100</u> psi    Flow pressure: <u>80</u> psi			
Total Number of System Sprinkler Heads: <u>73</u>			
2-inch drain?	Other <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Flow switches, supervisory switches and alarm bells tested?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Pressure regulating valves tested?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alarm bell operates?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System inspected and lubricated?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Valves are sealed or supervised?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Signs are provided on valves?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Pumper connections and clapper valves unobstructed and turn freely?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Wet type sprinkler heads have been replaced or successfully sample tested in the last 50 years?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sprinkler coverage is acceptable? <b>*NFPA25-2002-Sec 5.2.1.1 (Floor Level Only)</b>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Proper number of spare sprinkler heads available?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System left in service?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System gauges replaced or calibrated within the last 5 years?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>(Install)</u> Calibration Year <u>2009</u> Shut off valves <u>yes</u>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was debris found in the Fire Department Connection (FDC)?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Was the Fire Department Connection (FDC) back flushed within the last 5 years?	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was an internal pipe and valve inspection performed within the last 5 years?	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Performed _____			
Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sprinkler wrench available for each type of sprinkler?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Notes/Observations:

*\* Indicates unknown information*

# THE SAFETY TEAM INC.

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

(One System per Report)

### Certification Given

RED ☐

YELLOW ☒

WHITE ☐

CONFIDENCE TEST ☒

REPAIRS ☐

Occupancy

Address:

23028 100<sup>th</sup> Ave W

Building Owner

Bartell Drug Co

Responsible Person:

Michael

Building Owner Address:

4727 Denver Ave S, Seattle, WA 98134

Occupancy

Name:

Bartell Drug #58

Phone Number:

425-774-4916

Phone Number:

206-767-1343

Date of Inspection:

3-13-12

Inspection

Frequency/Type:

Annual ☒ Other ☐

Quarterly ☐ Floors Tested           

Testers Name

(Please Print):

J. Davison

Central Station

Monitoring?

Yes ☐

No ☐

SFD Certification

Number:

SCP-006374

Monitoring

Company Name:

Custom Security

Primary Component:

Fire Alarm Panel

System Make:

Silent Knight

System Model:

SK5203

System Location:

Stockroom

Identification No.           

### PROBLEMS FOUND: (If additional room is needed, please add a separate sheet)

Repe tamper on shut-off #2 in backflow vault did not report to panel.  
Batteries in PMP over 5yrs old.

### CORRECTIONS MADE:

Date Corrected: 3/13/12

Corrected By: J. Davison

(If additional room is needed, please add a separate sheet)

SFD Certification Number: SCP-006374

Batteries in PMP Replaced

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester:

Phone #

(206) 762-1450

Testing Agency:

The Safety Team Inc.

Mailing Address:

670 S. Lucile St. 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 <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
System operates properly on battery backup?	Not Tested <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Battery voltage (no load) <u>26.73</u> volts			
Battery voltage (full load) <u>25.01</u> volts (signals operating)			
Charge circuit voltage <u>27.33</u> volts			
System operates properly on generator standby power?	Not Tested <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All signals operate on AC power?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Number of initiating circuits <u>8</u>			
Number of signal circuits <u>3</u>			
Does alarm system meet audibility standards?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All circuits checked for electrical supervision?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All auxiliary equipment operates (Elevators, fans, dampers)?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ventilation controls operate?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Key to panel available?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Operating instructions at panel?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Trouble indicators function properly?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Remote Annunciator Panels function properly?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elevator Call Down functions properly?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Test record posted at panel?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
General alarm automatic time delay _____ (minutes)	N/A <input checked="" type="checkbox"/>		
Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Devices (Specify) _____	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

System Devices	Total Number of Units Tested	Total Number Units Inoperable	Test Results Acceptable		
1. Bells, Horns, Chimes	<u>10</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Voice Speakers (Voice Clarity)	<u>-</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Smoke Detectors	<u>1</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Heat Detectors	<u>-</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Duct Detectors	<u>2</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Sprinkler Flow Switches	<u>1</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Sprinkler Supervisory Switches	<u>4</u>	<u>1</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. Visual Alarm Devices	<u>20</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
9. Manual Pull Stations	<u>3</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
10. Annunciator (s)	<u>-</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Beam Detectors	<u>-</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Automatic Door Unlocks	<u>-</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Automatic Door Release	<u>-</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Communication Equipment	Total Number of Units Tested	Total Number Units Inoperable	Test Results Acceptable		
14. Phone Sets	<u>5</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Fire Phone Jacks	<u>-</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Call-in Signal	<u>-</u>	<u>-</u>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes/Observations: \_\_\_\_\_



# CITY OF EDMONDS

121 5TH AVENUE N. • EDMONDS, WASHINGTON 98020 • (425) 771-0215

## FIRE DEPARTMENT

## FIRE PREVENTION SAFETY SURVEY

LOCATION: 23028 100th Avenue W

BUSINESS NAME: Bartell Drug Co. #58

PHONE: 4257744916

MAILING  
ADDRESS:

BUSINESS OWNER: Bartell Drug Co.

HOME PHONE: 2067632626

410

EMERGENCY-1: Wang, Tah

HOME PHONE: 2064338907

KEY ACCESS-2: Cole, Douglas

HOME PHONE: 4252268105

FREQUENCY  
365

STATION & SHIFT  
20 B

SCHEDULED  
DATE DUE ▶ 02/01/10

UFIR ▶ 543 2 053

PERSON CONTACTED:

BRANDON THOMAS

NAME OF INSPECTOR:

DOUGLAS #3 0202

INITIAL INSPECTION DATE

2-19-10

FIRE AS 3/09 FA 3/09 FD LkBX  
SYSTEMS: 4/09 8/09

FE/5409  
ANNUAL

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

ENTER CODE ONLY ONCE ▶

VIOLATION CODE

1. ~~REMOVED~~ UNAPPROVED EXTENSION CORDS  
IN CAMERA SECTION (1 ORANGE  
EXTENSION CORD, 1 BROWN ZIP CORD)

FL 12

2. ACCESS TO BOTH THE ALARM PANEL  
AND A.S.

2

3

3. ACCESS TO BOTH THE ALARM PANEL AND A.S.

4

4. ACCESS TO BOTH THE ALARM PANEL AND A.S.

5

5. ACCESS TO BOTH THE ALARM PANEL AND A.S.

6

6. ACCESS TO BOTH THE ALARM PANEL AND A.S.

7

7. ACCESS TO BOTH THE ALARM PANEL AND A.S.

8

### 1st RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1 OK 5

2 OK 6

3 7

4 8

LETTER NEEDED ☐ YES ☐ NO

### 2nd RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1 5

2 6

3 7

4 8

LETTER NEEDED ☐ YES ☐ NO

EXTENSION  
GRANTED TO:

### FINAL RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

PRE-CITATION  
LETTER SENT

CITATION ISSUED

DATE:  
RETURN RECEIPT  
RECEIVED

NUMBER:

CODE  
SECTION:

DISPOSITION:

DATE:

VIOLATIONS  
CITED:

1

2

3

4

5

6

7

8

FIRE DEPARTMENT COPY



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**

(One System per Report)

Certification Given

RED

☐

YELLOW

☐

WHITE

☒

CONFIDENCE TEST

☒

REPAIRS

☐

Occupancy Address: 23028 100<sup>th</sup> Ave West

Building Owner: Bartell Drug Company

Responsible Person: Cheryl

Building Owner Address: 4727 Denver Ave S, Seattle, WA, 98134

Occupancy Name: Bartell Drug #58

Phone Number: 206-763-2626

Phone Number: 425-774-4916

Date of Inspection:

3/4/10

Testers Name  
(Please Print):

Adam Parfitt  
Ken Keith

Central Station  
Monitoring?

Yes ☒

No ☐

Primary Component:

Riser

System Model:

N/A

System Location: N.W. corner of stock rm.

Inspection

Frequency/Type:

Annual ☒

Other ☐

SFD Certification  
Number:

P00538  
SCP-K06572

Monitoring Company  
Name:

Custom Security  
Riser Manifold

System Make:

Valve Size 4"

Valve Year N/A

Identification No.

N/A

**PROBLEMS FOUND:** (If additional room is needed, please add a separate sheet)

**Corrections Made:** Date Corrected: \_\_\_\_\_  
(If additional room is needed, please add a separate sheet)

Corrected By: \_\_\_\_\_  
SFD Certification Number: \_\_\_\_\_

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards; and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester:

Adam R. Parfitt

Phone # (206) 762-1450

Testing Agency:

The Safety Team Inc.

Mailing Address:

670 S. Lucile St. 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.

## General

Flow test conducted?

Yes ☒ No ☐

Static pressure: 115 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 ☒ 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 tested in the last 50 years?

Yes ☒ No ☐

Sprinkler coverage is acceptable? \*NFA25-2002-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 calibrated within the last 5 years?

Install/Calibration Year 2009 Shut off valves ✓

Yes ☒ No ☐

Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?

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 years? \*

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

\* Indicates unknown information.



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**

(One System per Report)

Certification Given

RED

☐

YELLOW

☒

WHITE

☐

CONFIDENCE TEST

☒

REPAIRS

☐

Occupancy

Address:

23028 100<sup>th</sup> Ave West

Building Owner:

Bartell Drug Company

Responsible Person:

Cheryl

Building Owner Address:

4727 Denver Ave S, Seattle, WA, 98134

Occupancy

Name:

Bartell Drug #58

Phone Number:

206-763-2626

Phone Number:

425-774-4916

Date of Inspection:

3/4/10

Testers Name  
(Please Print):

Adam Parfitt  
Ken Keith

Central Station  
Monitoring?

Yes ☒

No ☐

Inspection

Frequency/Type:

Annual ☒

Other ☐

Quarterly ☐

Floors Tested All

SFD Certification  
Number:

P00538  
SCP- K00572

Monitoring  
Company Name:

Custom Security.

Primary Component:

Fire Alarm Panel

System Make:

Silent Knight

System Model:

SK-5200

System Location: N.W. corner of stock room.

Identification No.

N/A

**PROBLEMS FOUND:** (If additional room is needed, please add a separate sheet)

During test several times panel died completely and is unreliable at this time.

**CORRECTIONS MADE:**

Date Corrected: \_\_\_\_\_

Corrected By: \_\_\_\_\_

(If additional room is needed, please add a separate sheet)

SFD Certification Number: \_\_\_\_\_

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester:

Adam R. Parfitt

Phone #

(206) 762-1450

Testing Agency:

The Safety Team Inc.

Mailing Address:

670 S. Lucile St. 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 <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>System operates properly on battery backup?</b>		Not Tested <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Battery voltage (no load)	<u>26.09</u> volts			
<b>Battery voltage (full load)</b>	<u>N/A</u> volts (signals operating)			
Charge circuit voltage	<u>27.26</u> volts			
<b>System operates properly on generator standby power?</b>	<u>N/A</u>	Not Tested <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All signals operate on AC power?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Number of initiating circuits</b>	<u>10</u>			
Number of signal circuits	<u>4</u>			
<b>Does alarm system meet audibility standards?</b>			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All circuits checked for electrical supervision?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>All auxiliary equipment operates (Elevators, fans, dampers)?</b>		N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ventilation controls operate?		N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Key to panel available?</b>			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Operating instructions at panel?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Trouble indicators function properly?</b>			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Remote Annunciator Panels function properly?		N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Elevator Call Down functions properly?</b>		N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Test record posted at panel?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>General alarm automatic time delay</b> _____ (minutes)		N/A <input checked="" type="checkbox"/>		
Was a signal received at the Central Station monitoring company?		N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Devices (Specify)</b> _____		N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

System Devices	Total Number of Units Tested	Total Number Units Inoperable	Test Results Acceptable		
1. Bells, Horns, Chimes	<u>16</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Voice Speakers (Voice Clarity)	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Smoke Detectors	<u>1</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Heat Detectors	<u>0</u>	<u>0</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Duct Detectors	<u>2</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Sprinkler Flow Switches	<u>1</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Sprinkler Supervisory Switches	<u>4</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. Visual Alarm Devices <i>Strobes</i>	<u>16</u>	<u>0</u>	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
9. Manual Pull Stations	<u>3</u>		N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
10. Annunciator (s)	<u>0</u>		N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Beam Detectors	<u>0</u>		N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Automatic Door Unlocks	<u>0</u>		N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Automatic Door Release	<u>0</u>		N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Communication Equipment	Total Number of Units Tested	Total Number Units Inoperable	Test Results Acceptable		
14. Phone Sets	<u>/</u>	<u>/</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Fire Phone Jacks	<u>/</u>	<u>/</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Call-in Signal	<u>/</u>	<u>/</u>	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes

## 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 1:40 pm

# System Event Report

Sorted by CS#

Installer# First to Last  
Employee# All

CS# 75361261 to 75361261  
Corporate Act. All

Site Type All  
System Type All

Dates 4/4/2003 to 4/4/2003  
Reporting Group All

Date	Op	Zone	Event	Location/Comment	Disposition	Scheduled	User
CS# 75361261							
Site Name BARTLETT'S #58 Site Address 23028 - 100TH AVE Edmonds, WA 98020							
4/4/2003 12:39:55		CALL	OH2001 Caller ID				
4/4/2003 12:39:55	3	2321	:TROUBLE:SEW	*Test (425) 697 - 5599			
4/4/2003 12:39:57	3	2000	RESTORE	*Test OUTDOOR PV			
4/4/2003 12:40:36	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 12:40:36	3	2321	:TROUBLE:SEW	*Test OUTDOOR PV			
4/4/2003 12:40:38	3	2000	RESTORE	*Test OUTDOOR PV			
4/4/2003 12:41:08	JB						
4/4/2003 12:41:11		CALL	OH2001 Caller ID	*Test (425) 697 - 5599			
4/4/2003 12:41:11	3	2321	:TROUBLE:SEW	*Test OUTDOOR PV			
4/4/2003 12:41:13	3	2000	RESTORE	*Test OUTDOOR PV			
4/4/2003 12:43:55	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 12:43:55	10	2275	:TAMPER:SEW	*Test SPRINKLER TAMPERS			
4/4/2003 12:43:59	10	2000	RESTORE	*Test SPRINKLER TAMPERS			
4/4/2003 12:46:32	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 12:46:32	9	2371	A:FIRE:FE	*Test WATERFLOW			
4/4/2003 12:47:11	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 12:47:11	9	2000	RESTORE	*Test WATERFLOW			
4/4/2003 12:51:19	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 12:51:19	4	2371	A:FIRE:FE	*Test FACP SMOKE			
4/4/2003 12:57:00	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 12:57:00	7	2371	A:FIRE:FE	*Test BACK PULL			
4/4/2003 12:59:07	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 12:59:07	6	2371	A:FIRE:FE	*Test SIDE PULL			
4/4/2003 13:01:02	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 13:01:02	5	2371	A:FIRE:FE	*Test FRONT PULL			
4/4/2003 13:02:20	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 13:02:20	8	7370	PROTECTION LOOP:V	*Test DUCT DETECTORS			
4/4/2003 13:02:55	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 13:02:55	8	2000	RESTORE	*Test DUCT DETECTORS			
4/4/2003 13:02:59	8	2465	:SUPERVISORY:SEW	*Test DUCT DETECTORS			
4/4/2003 13:03:50	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 13:03:50	8	2000	RESTORE	*Test DUCT DETECTORS			
4/4/2003 13:04:27	CALL	OH2001	Caller ID	*Test (425) 697 - 5599			
4/4/2003 13:04:27	4	2000	RESTORE	*Test FACP SMOKE			
4/4/2003 13:04:29	5	2000	RESTORE	*Test FRONT PULL			

4/4/2003 1:40 pm

## System Event Report

Page 2 of 2

Sorted by CS#

Installer# First to Last	CS# 75361261 to 75361261	Site Type All	Dates 4/4/2003 to 4/4/2003
Employee# All	Corporate Acct. All	System Type All	Reporting Group All
Date	Op	Zone	Event
Location/Comment	Disposition	Scheduled	User
CS# 75361261	Site Name BARTLELL'S #58	Site Address 23028 - 100TH AVE Edmonds, WA 98020	Alt#
4/4/2003 13:04:31	6	2000	RESTORE
			*Test SIDE PULL
4/4/2003 13:04:35	7	2000	RESTORE
			*Test BACK PULL
4/4/2003 13:05:03	CALLI	OH2001	Caller ID
			*Test (425) 697 - 5599
4/4/2003 13:05:03	8	2465	:SUPERVISORY :SEW
			*Test DUCT DETECTORS
4/4/2003 13:05:08	8	2000	RESTORE
			*Test DUCT DETECTORS
4/4/2003 13:06:47	CALLI	OH2001	Caller ID
			*Test (425) 697 - 5599
4/4/2003 13:06:47	8	2465	:SUPERVISORY :SEW
			*Test DUCT DETECTORS
4/4/2003 13:06:49	8	2000	RESTORE
			*Test DUCT DETECTORS
4/4/2003 13:10:33	CALLI	OH2001	Caller ID
			*Test (425) 697 - 5599
4/4/2003 13:10:33	E302	2263	:LOW BATTERY :W
			*Test
4/4/2003 13:11:35	CALLI	OH2001	Caller ID
			*Test (425) 697 - 5599
4/4/2003 13:11:35	R302	2264	:BATTERY RESTORE :
			*Test
4/4/2003 13:21:59	CALLI	OH2001	Caller ID
			*Test (425) 697 - 5599
4/4/2003 13:21:59	4	7373	FIRE TROUBLE
			*Test FACP SMOKE
4/4/2003 13:28:58	CALLI	OH2001	Caller ID
			*Test (425) 697 - 5599
4/4/2003 13:28:59	4	2000	RESTORE
			*Test FACP SMOKE

CS# 75361261



# CITY OF EDMONDS

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

FIRE DEPARTMENT

[www.edmondsfire.org](http://www.edmondsfire.org)

GARY HAAKENSEN  
MAYOR

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:

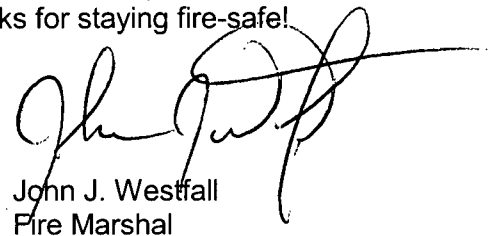
Tri-City Locksmiths, Inc.  
22908 Highway 99  
Edmonds, WA 98026  
(206) 771-2445

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  
Fire 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 Name Building Address

To purchase a Lock Box for Fire Department use for emergency access..


1. Assigned Key # \_\_\_\_\_ Box Style: Supra \_\_\_\_\_ Knox \_\_\_\_\_
2. Location of Lock Box \_\_\_\_\_

The Fire Department requires the box be located just to the right of the main door, or at an approved location.

3. Key(s) identification/access to \_\_\_\_\_  
\_\_\_\_\_

**Identify each key with a brief description of what the key will unlock. Keep a minimal number of keys in the box. The Fire Department should have easy access to:**

Main Entrance  
Electrical Room  
Mechanical Room  
Sprinkler Room  
Alarm Panel

  
\_\_\_\_\_  
Fire Department Authorized Signature

**NOTE: Lock boxes must be purchased from TRI CITY LOCK 22908 HWY 99 EDMONDS (425) 771-2445**

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

**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,  
John

12/9/2002

**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

---

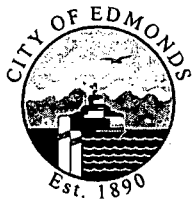
**Date:** August 9, 2002  
**To:** Building Department  
**From:** Mike Smith, Fire Inspector  
**Subject:** Plan Check 02-205 Bartells 23028 100<sup>th</sup> Ave W

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

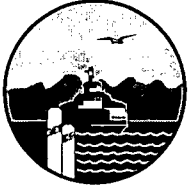
FROM: Ann Bullis, Assistant Building Official

RE: Plan Check # 02-205  
Project: Bartells  
Project Address: 23028 100<sup>th</sup> 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 27<sup>th</sup>, 2002  
**To:** Building Department  
**From:** Mike Smith, Acting Fire Marshal  
**Subject:** Plan Check/Bartells #2002-0205

*23023 105TH Ave W*

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-existent. Please show locations and clearly mark on plans.
- 3) Add a fire hydrant at the drive entrance off 100<sup>th</sup> 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.



## PRE-APPLICATION MEETING

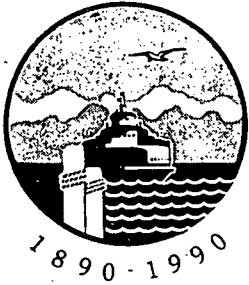
### NOTIFICATION & PLANS

Date:	
To:	Building <input type="checkbox"/> Engineering <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Planning <input type="checkbox"/>
From:	Jana <input type="checkbox"/> Linda <input checked="" type="checkbox"/>
Meeting Date:	Wednesday, January 30, 2002
Meeting Time:	1:30
Applicant	Bartell Drugs

14' Attached are the plans for the meeting scheduled above.

- 1) ACCESS ON S. SIDE OF BARTELL (DRIVE THRU) IS NOT SUFFICIENT FOR PD ACCESS. A MINIMUM OF 20' IS REQUIRED. ALSO, TURN RADIUS AROUND THE SW CORNER OF BLDG BY DUMPSTERS NEEDS TO BE INCREASED.
- 2) F/S WILL BE REQ. IN THE 2 LARGER RETAIL BLDGS WITH P/A'S
- 3) # OF HYDRANT IS SUFFICIENT. PLACEMENT MAY BE MODIFIED FOR LOCATION OF S/RISER ROOMS, FOC + PIV'S.
- 4) STRIPING (YELLOW) SHOWS NO PARKING / PARKING ARE REQ.
- 5) TURN BETWEEN WEST & EXIST BLDG TOO NARROW FOR L/Truck WIDEN TO 20'

D:\My Documents\Spellman\Forms\Pre-App Notify to Staff



# CITY OF EDMONDS

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

COMMUNITY SERVICES DEPARTMENT

Public Works • Planning • Parks and Recreation • Engineering

8017831  
LAURA M. HALL  
MAYOR

March 24, 1994

E

6/1/94 LELA WILL  
SEND A COPY OF  
NEW ADDRESSES  
(TENANT LIST)

William C. Nelson  
Westway Shopping Center  
P.O. Box 461  
Redmond, WA 98073-0461

Re: ADDRESS CHANGE - Westway Shopping Center

Per your request for an address change at the Westway Shopping Center, the Building Official 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.

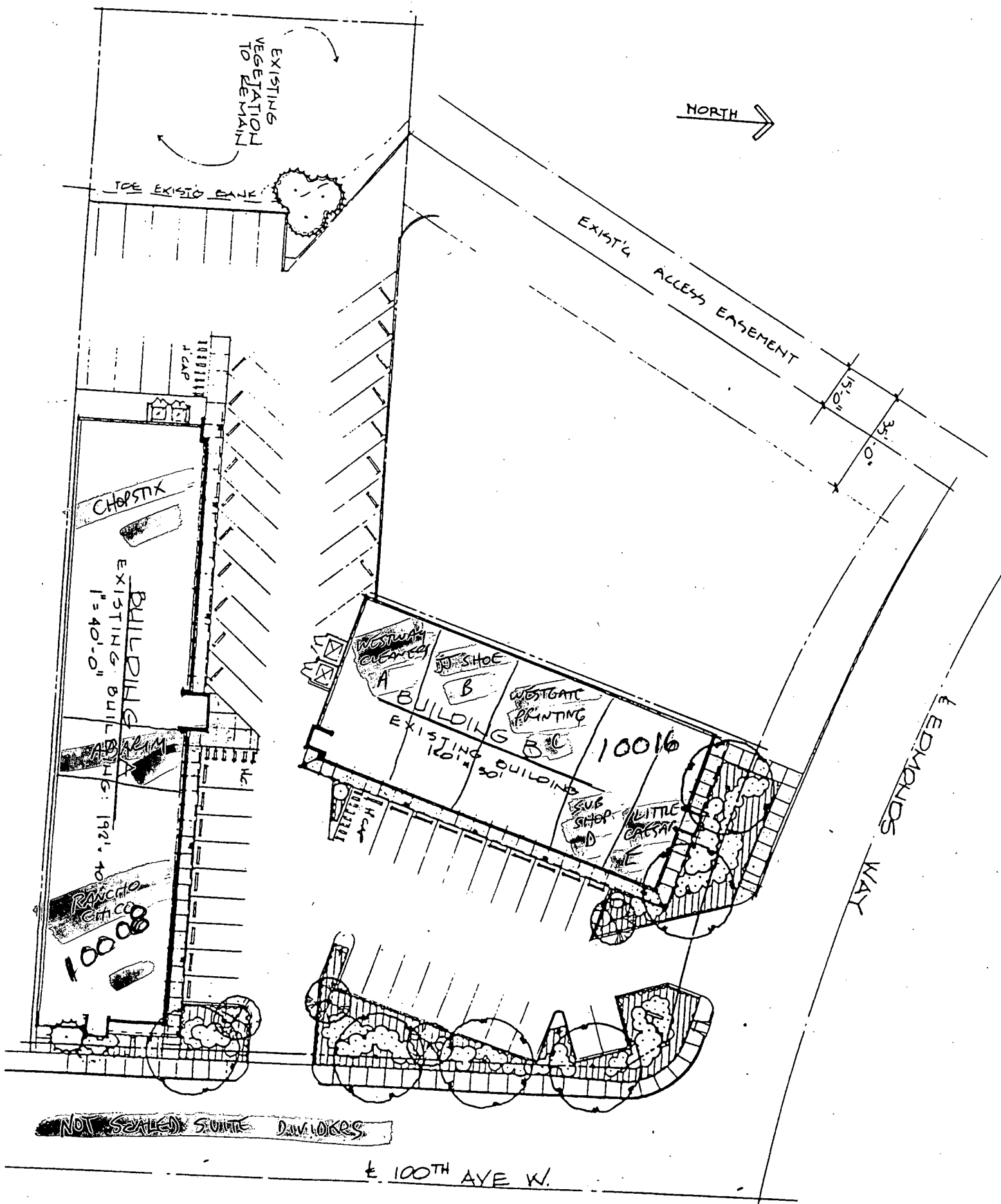
Therefore, approval has been given to change "Bldg A" to 10008 Edmonds Way, and "Bldg B" to 10016 Edmonds Way. Unit numbers shall be assigned at the discretion of the landlord. The examples you provided of "A" through "F" are satisfactory.

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



NOT SEALED SOURCE DIMENSIONS

E 100TH AVE W.



# CITY OF EDMONDS

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

## FIRE DEPARTMENT

## FIRE PREVENTION SAFETY SURVEY

LOCATION: 10008 Edmonds Way

BUSINESS NAME: Chopsticks Restaurant/OOB

PHONE: 4257761196

MAILING ADDRESS: 10008 Edmonds Wy #D

WA 98020

BUSINESS OWNER: "Woo, Terry"

HOME PHONE: 2067210184

ACTIVE 150

EMERGENCY-1: "Woo, Boyd Ling"

HOME PHONE: 2067237051

KEY ACCESS-2:

HOME PHONE:

FREQUENCY 365	STATION & SHIFT 20 C
SCHEDULED DATE DUE ▶ 02/01/03	
UFIR ▶ 161	2 53

LETTER  
NEEDED

YES

NO

☐☐

PERSON CONTACTED:

NAME OF INSPECTOR: Warren

INITIAL INSPECTION DATE

2-26-03

FIRE HD 6/01  
SYSTEMS:

FE 1  
ANNUAL

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

ENTER CODE ONLY ONCE ▶

VIOLATION CODE

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

1st RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1 5

2 6

3 7

4 8

LETTER NEEDED ☐ YES ☐ NO

2nd RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1 5

2 6

3 7

4 8

LETTER NEEDED ☐ YES ☐ NO

EXTENSION  
GRANTED TO:

FINAL RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

PRE-CITATION  
LETTER SENT

CITATION ISSUED

DATE:  
RETURN RECEIPT  
RECEIVED

NUMBER:  
CODE  
SECTION:

DISPOSITION:

DATE:

VIOLATIONS  
CITED:

1

2

3

4

5

6

7

8

FIRE DEPARTMENT COPY

RECEIVED

A P P L I C A T I O N

To: CITY OF EDMONDS FIRE DEPARTMENT

JAN 14 AM

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

CITY TREASURER  
EDMONDS, WASH.

Dear Sir:

In conformity with the terms of the Fire Code, application is hereby made to store, use or maintain the following specific materials or processes:

Public Assembly

Occ. Load 150

The materials or processes are at the following specific locations at the below address:

Chopsticks Restaurant

10002 Edmonds Way

Name of Fire or Company Edmonds Fire Department

Address (Street and Number) 250 5th Avenue North, Edmonds, WA 98020

Signature Donald J. Goldman

Title Fire Prevention Inspector

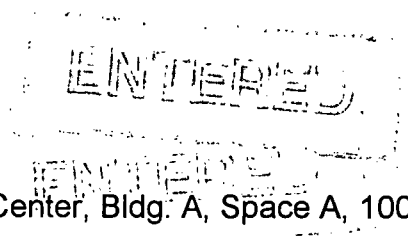
NEW

EDMONDS FIRE DEPARTMENT

INSPECTION REPORT

DATE Aug. 3, 70 INSPECTOR A. W. J. J. J.  
BUSINESS NAME Chop-Sticks Cafe CODE 107-28  
ADDRESS 1002 EDMONDS WAY PHONE 776-1196  
LOCAL ACCESS (KEY) \_\_\_\_\_ PHONE \_\_\_\_\_  
BUSINESS OWNER Lip-MAR  
ADDRESS H041 CASCADE DR PHONE PA3-6526  
MANAGER Joe Louies PHONE \_\_\_\_\_  
PROPERTY OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CONSTRUCTION Frame & Block ROOF FAR STORIES 1  
SPECIAL PROTECTION: SPRINKLERS \_\_\_\_\_ STANDPIPES \_\_\_\_\_ EXTING. SYSTEM X HOOD  
EXTINGUISHERS: WATER \_\_\_\_\_ CO<sup>2</sup> 2 DRY CHEMICAL \_\_\_\_\_ ABC \_\_\_\_\_  
APPROVED EXITS 2 STAIRWAYS \_\_\_\_\_ HEAT FA FUEL GAS  
PERMIT NUMBER(S) \_\_\_\_\_  
SPECIAL PROCESS OR HAZARDS Deep 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

# WASHINGTON SURVEYING AND RATING BUREAU

## FIRE INSURANCE AND APPURTENANT COVERAGES

R. A. PEDERSEN  
MANAGER

K. E. GASTFIELD  
CHIEF ENGINEER

L. A. LEONARD  
CHIEF ENGINEER  
PUBLIC FIRE PROTECTION

R. W. CLARK  
CHIEF SURVEYOR

M. F. JACOBS  
ADMINISTRATIVE ASSISTANT

ALASKA BUILDING  
P. O. BOX 1168

SEATTLE, WASHINGTON 98111

March 13, 1973

### BRANCH OFFICES

SPOKANE • SHERWOOD BLDG.

L. E. FICCA  
BRANCH MANAGER

TACOMA • RUST BLDG.

F. W. DAVIES  
BRANCH MANAGER

Restaurant Fire Protectors Co., Inc.  
4025 - Stone Way North  
Seattle, Washington 98103

LOS AMIGOS

Reference: Edmonds, Wa.  
(Restaurant Name & Location)

Gentlemen:

The extinguishing system for the protection of hoods, filters and ducts used for ventilation of restaurant cooking equipment, (including protection extended to the cooking equipment), recently installed at the captioned location has been inspected and

☒

is approved for fire insurance rating purposes.

☐

is not approved for fire insurance rating purposes.

☐

limited approval, only.

Note: If system is not approved, or limited (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.

By: L. W. Okeyee  
Surveyor

*FOR BUD KLEIN  
EDMONDS FIRE DEPT  
EDMONDS, WASH*

# *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 hooked up by job contractor.  
Gas griddle shuts down via mechanically  
held gas valve which releases on system  
discharge.

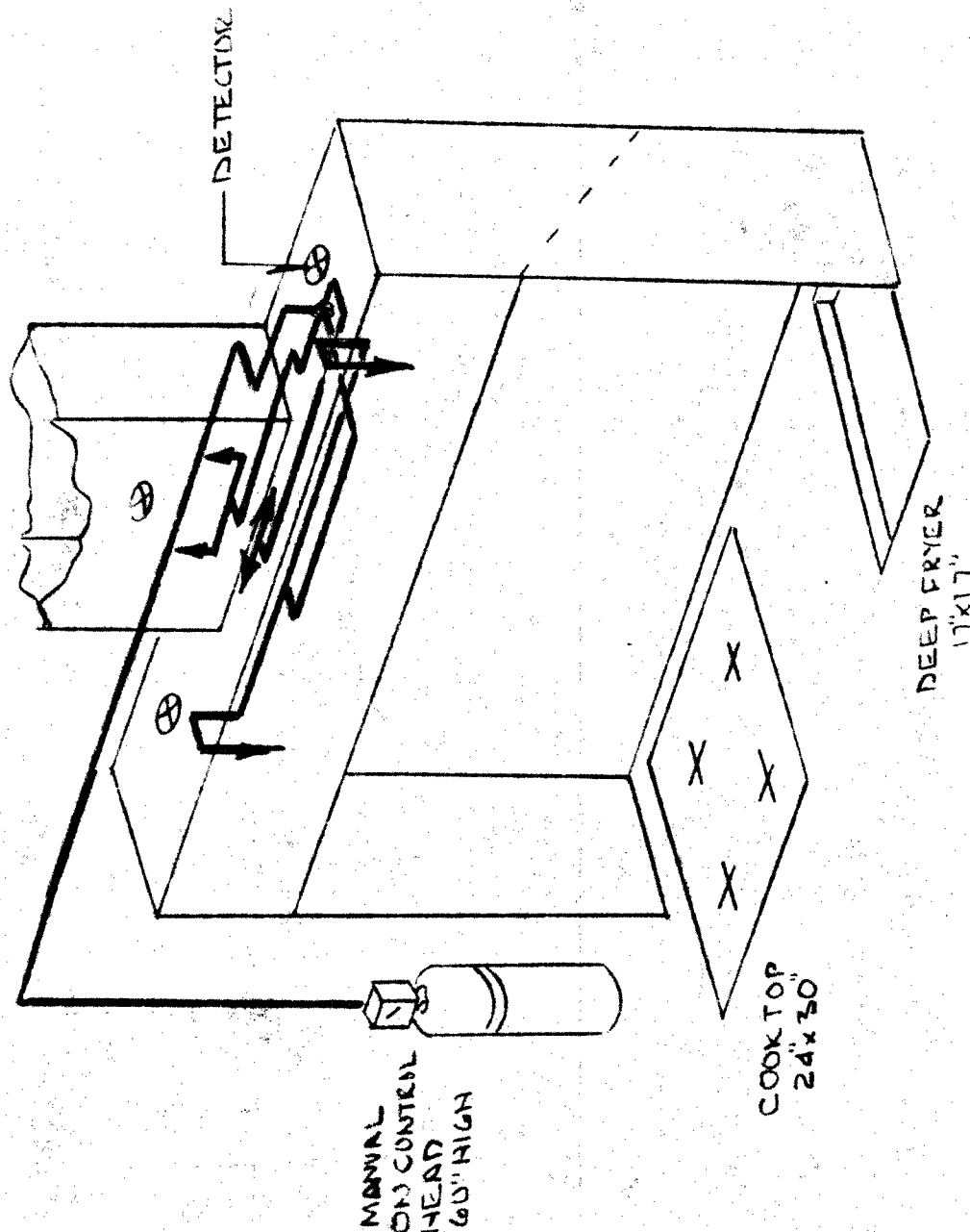
REMARKS:

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



HOOD: 66"x16"  
 DUCT: 18"x4"  
 NOZZLE HT: 29"  
 SUPPLY PIPE: 85"  
 DUCT PIPE: 8'6"  
 PLENUM PIPE: 24'6"  
 SURFACE PIPE: 76"

KIDDE HDR 25DC-  
 FOR

LOS ANGELES  
 10008 EDMONDS WAY  
 EDMONDS, WA

WASHINGTON SURVEYING AND RATING BUREAU

P. O. BOX 1168 SEATTLE, WASHINGTON 98111

Rate Book No. \_\_\_\_\_

Page No. \_\_\_\_\_

Line No. \_\_\_\_\_

(Bureau Use Only)

Name of Insured Don's Diner Restaurant

Address of Premises 10008 Edmonds Way

City or Town Edmonds Wash.

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 Fire Protectors Inc

(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.

X 1-27-73  
(Date)

X [Signature]  
(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

FEB 7 1978

EDMONDS FIRE DEPT.

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 BUD KILLEN  
EDMONDS FIRE DEPT  
EDMONDS WASH.

WASHINGTON SURVEYING AND RATING BUREAU

P. O. BOX 1168 SEATTLE, WASHINGTON 98111

Rate Book No. \_\_\_\_\_

Page No. \_\_\_\_\_

Line No. \_\_\_\_\_

(Bureau Use Only)

Name of Insured Don Quixote Restaurant

Address of Premises 10008 Edmunds Way

City or Town Edmonds Wash.

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 Fire Protectors Inc

(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.

X 1-27-73  
(Date)

X [Signature]  
(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.

MANUAL  
ON CONTROL  
HEAD  
60" HIGH

COOK TOP  
24" x 30"

DEEP FRYER  
17" x 17"

DETECTOR

HOOD: 66" x 16"  
DUCT: 18" x 4"  
NOZZLE INT: 29"  
SUPPLY PIPE: 86"  
DUCT PIPE: 8' x 6"  
PLENUM PIPE: 24" x 6"  
SURFACE PIPE: 76"

KIDDE MDR 25DC-  
FUR

LOS ANIGOS  
10008 EDMONDS WAY  
EDMONDS, WA.

JIM HULBURT  
ENGINEER & ESTIMATOR  
REG. 784-7136

PAUL BAKER  
INSTALLER  
REG. 883-0583

ME 2-3303 - ME 2-3317

**OFFTO**

COMMERCIAL FIRE PROTECTION COMPANY

4025 STONE WAY N., SEATTLE

# L.P. JAMES COMPANY

FILE

RECEIVED

JUL 12 1999

EDMONDS FIRE DEPT

mpw

July 8, 1999

ENTERED

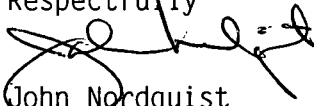
Acting Chief Kevin Taylor  
Edmonds Fire Department  
125 - 5th Ave. N.  
Edmonds, Washington 98020

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



John Nordquist  
Owner

"B" SHIRT  
FISCHER, FLETT, + TURNER

July 19, 1996

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

D A T A	Edmonds Police Department			<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		RESP	ASGN	EVIDENCE NUMBER		INCIDENT NUMBER <b>43-1332</b>								
	TYPE OF REPORT		<input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT		<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE		<input type="checkbox"/> HATE/BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:		<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED							
	INCIDENT CLASSIFICATION (INC. R.C.W. NUMBER) <b>1 INFORMATION</b>					IBR OFFENSE CODES		A C		A C		A C						
	ADDRESS/LOCATION OF INCIDENT <b>10024 EDMONDS WAY</b>					PREMISE TYPE/NAME <b>LP JAMES CO</b>		CODE <b>50</b>		GEO CODES		A C						
P E R S O N S / B U S I N E S S E S	REPORTED ON		MONTH		DAY	YEAR	TIME	DOW	OCCURRED ON OR FROM		MONTH		DAY	YEAR	TIME	DOW		
	04/02/93		0800		FRI				04/01/93		2100		THUR		04/02/93		FRI	
	ADOL		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> SUPP.		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT. BUSINESS C - COMPLAINANT G - PARENT/GUARDIAN		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODES: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY/PUBLIC		P - POLICE O - OTHER U - UNKNOWN			
	NO.		NON-DISC.		NAME (LAST, FIRST, MIDDLE)		RACE		ETH	SEX	D.O.B.		HGT	WGT	HAIR	EYES		
S U S P E C T / S U B J E C T	C-1				DORDQUIST JOHN H		W			M	010732							
	STREET ADDRESS					APT. #		CITY		STATE		ZIP		RES. STATUS F P NO 4				
	7516 241 <sup>st</sup> ST SW							EDMONDS		WA		98026						
	RESIDENCE PHONE		BUSINESS PHONE		EMPLOYMENT/OCCUPATION/SCHOOL		TYPE VICT.		TYPE INJ.		VICTIM OF OFNS. #		OFNDR. #		RELATIONSHIP			
776-7079		774-4971		SELF		SSN 345-26-6369		5		6				7				
V E H I C L E / T R A I L E R / B O A T	NO.		NON-DISC.		NAME (LAST, FIRST, MIDDLE)		RACE		ETH	SEX	D.O.B.		HGT	WGT	HAIR	EYES		
	C-1				JONES GARY C		W			M	2852							
	STREET ADDRESS					APT. #		CITY		STATE		ZIP		RES. STATUS F P NO				
	740 NORTHEAST BLVD LN							EDMONDS		WA		98020						
RESIDENCE PHONE		BUSINESS PHONE		EMPLOYMENT/OCCUPATION/SCHOOL		TYPE VICT.		TYPE INJ.		VICTIM OF OFNS. #		OFNDR. #		RELATIONSHIP				
778-0219		775-7471		OWNER BUILDING IN QUART														
S I G N A T U R E	NUMBER OF SUSPECTS/ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES:		A - ARREST R - RUNAWAY		B - SUSPECT M - MISSING		I - INSTITUTIONAL MENTAL DETOX		X - OTHER:							
	NO.		NAME (LAST, FIRST, MIDDLE)		RACE		ETH	SEX	D.O.B.		AGE	HGT	WGT	HAIR	EYES			
	ALIAS NAME(S)					IDENTIFIERS												
	STREET ADDRESS					APT. #		CITY		STATE		ZIP		RES. STATUS F P NO		RESIDENCE PHONE		
S T A T U S	EMPLOYMENT/OCCUPATION/SCHOOL					BUSINESS PHONE		SOC. SEC. NUMBER		DRIVERS LIC./ID CARD NO.		STATE						
	IBR ARREST OFFENSE NO.		BOOKED WHERE		BOOKING #		CHARGES		CITATION/WARRANT #		BAIL							
	ARREST DATE		LOCATION OF ARREST				2. M F											
	<input type="checkbox"/> GANG <input type="checkbox"/> TRIBE <input type="checkbox"/> AFFILIATION		ON VIEW ARREST		CITED		STATEMENT		CHARGES		IDENTIFICATION NUMBER		MULTI CLEAR					
JUV. PARENT/ GDN. NOTIFIED		NAME/RELATIONSHIP OF PERSON NOTIFIED		DATE/TIME NOTIFIED		NOTIFIED BY		DISPOSITION OF JUVENILE										
Y N																		
I N C I D E N T N U M B E R	VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED/WANDALIZED <input type="checkbox"/> OTHER:		<input type="checkbox"/> VICTIMS VEH. <input type="checkbox"/> SUSPECTS VEH.		<input type="checkbox"/> HOLD - FOR:					
	NO.		LICENSE NUMBER		STATE		VIN/HULL NO.		YEAR		MAKE		MODEL		STYLE			
	COLOR		SPECIAL FEATURES/DESCRIPTION		VALUE \$		DRIVER IS:		REGISTERED OWNERS NAME									
	VEHICLE DISPOSITION		TOW COMPANY/ADDRESS/PHONE		STATE TOW NO.		REGISTERED OWNERS ADDRESS											
<input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY		<input type="checkbox"/> TOWED																
LOCKED		KEYS IN VEHICLE		DELINQ. PAYMENT		VICTIM CONSENT		THEFT INS.		DRIVE-ABLE		DAMAGE TO VEHICLE		SPECIFY DAMAGE BY SHADING DAMAGED AREA		DAMAGE EST. \$		
Y N		Y N		Y N		Y N		Y N		Y N		Y N		7 5 3 1 8 6 4 2				
MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE/SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DID NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND/OR TAKE/REMOVE MY PROPERTY/VEHICLE. IF FOUND PROPERTY, I HAVE BEEN ADVISED OF CHAPTER 63 OF THE R.C.W., AND ( ) I DO / ( ) I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.																		
( ) RELEASED PROPERTY TO _____ ( ) I ACCEPT LIABILITY FOR TOWING AND STORAGE ( ) THE NAMED JUVENILE IS PRESENTLY A RUNAWAY ( ) THE NAMED PERSON IS PRESENTLY MISSING																		
SIGNATURE OF PERSON _____ DATE _____ OFFICER NAME/NUMBER _____ AREA _____ APPROVED BY _____ ASSIGNED _____ IBR CLEARANCE _____ ADMIN CLEARANCE _____ ( ) ARR/VA ( ) EXC/A ( ) WARRANT ( ) CA ( ) CPS ( ) JUV ( ) RD ( ) EXCEPTIONAL ( ) ARR/JS ( ) EXC/J ( ) UNF ( ) PA ( ) DSHS ( ) MH ( ) PM ( ) IN PD ( ) INTERVIEWED																		

INCIDENT NUMBER

# ADDITIONAL PERSONS/VEHICLES

PAGE \_\_\_\_ OF \_\_\_\_

<b>EDMONDS POLICE DEPARTMENT</b>										<b>INCIDENT CLASSIFICATION</b> <i>VEHICLE TROWL</i>										<b>INCIDENT NUMBER</b> <i>93 1332</i>																																																				
<b>P E R S O N S / B U S I N E S S E S</b>	ADD'L ( ) PERSONS ON ( ) VEHICLE SUPP. ( ) COLLISION RPT.										CODES: V - VICTIM W - WITNESS O - OTHERS										B - VICT. BUSINESS C - COMPLAINANT G - PARENT/GUARDIAN										D - DECEASED RO - REG. OWNER										TYPE VICTIM CODES: F - FINANCIAL										I - INDIVIDUAL B - BUSINESS S - SOCIETY/PUBLIC										G - GOVERNMENT R - RELIGIOUS U - UNKNOWN											
	NO.		NON-DISC.		NAME (LAST, FIRST, MIDDLE)										RACE		ETH		SEX		D.O.B.				AGE		HGT		WGT		HAIR		EYES																																							
	STREET ADDRESS										APT. #										CITY										STATE		ZIP				RES. STATUS F P NO U																																			
	RESIDENCE PHONE										BUSINESS PHONE										EMPLOYMENT/OCCUPATION/SCHOOL										TYPE VICTIM				TYPE INJURY				VICTIM OF OFSN.# OFNDR.#				RELATIONSHIP																													
	NO.		NON-DISC.		NAME (LAST, FIRST, MIDDLE)										RACE		ETH		SEX		D.O.B.				AGE		HGT		WGT		HAIR		EYES																																							
STREET ADDRESS										APT. #										CITY										STATE		ZIP				RES. STATUS F P NO U																																				
RESIDENCE PHONE										BUSINESS PHONE										EMPLOYMENT/OCCUPATION/SCHOOL										TYPE VICTIM				TYPE INJURY				VICTIM OF OFSN.# OFNDR.#				RELATIONSHIP																														
<b>S U S P E C T / S U B J E C T</b>	NUMBER OF SUSPECTS/ARRESTED PERSONS IN THIS INCIDENT:										SUSPECT CODES: A - ARREST R - RUNAWAY										S - SUSPECT M - MISSING										I - INSTITUTIONAL (MENTAL/DETOX)										X - OTHER																															
	NO.		NAME (LAST, FIRST, MIDDLE)										RACE		ETH		SEX		D.O.B.				AGE		HGT		WGT		HAIR		EYES																																									
	ALIAS NAME(S)										IDENTIFIERS																																																													
	STREET ADDRESS										APT. #										CITY										STATE		ZIP				RES. STATUS F P NO U		RESIDENCE PHONE																																	
	EMPLOYMENT/OCCUPATION/SCHOOL										BUSINESS PHONE										SOC. SEC. NUMBER										DRIVERS LIC./I.D. CARD										STATE																															
	IBR ARREST OFFENSE NO.										BOOKED/WHERE										BOOKING #										CHARGES										CITATION/WARRANT #										BAIL																					
	ARREST DATE										LOCATION OF ARREST																																																													
	AFFILIATION										ON VIEW ARREST ( ) Y N										CITED ( ) Y N										STATEMENT ( ) ORAL ( ) WRITTEN										CHARGES ( ) ADMITTED ( ) DENIED										ARRESTEE ARMED WITH										IDENTIFICATION NUMBER										MULTI CLEAR ( )	
	JUV. PARENT/ GDN. NOTIFIED Y N										NAME/RELATIONSHIP OF PERSON NOTIFIED										DATE/TIME NOTIFIED										NOTIFIED BY										DISPOSITION OF JUVENILE H R																															
	<b>S U S P E C T / S U B J E C T</b>	NUMBER OF SUSPECTS/ARRESTED PERSONS IN THIS INCIDENT:										SUSPECT CODES: A - ARREST R - RUNAWAY										S - SUSPECT M - MISSING										I - INSTITUTIONAL (MENTAL/DETOX)										X - OTHER																														
NO.		NAME (LAST, FIRST, MIDDLE)										RACE		ETH		SEX		D.O.B.				AGE		HGT		WGT		HAIR		EYES																																										
ALIAS NAME(S)										IDENTIFIERS																																																														
STREET ADDRESS										APT. #										CITY										STATE		ZIP				RES. STATUS F P NO U		RESIDENCE PHONE																																		
EMPLOYMENT/OCCUPATION/SCHOOL										BUSINESS PHONE										SOC. SEC. NUMBER										DRIVERS LIC./I.D. CARD										STATE																																
IBR ARREST OFFENSE NO.										BOOKED/WHERE										BOOKING #										CHARGES										CITATION/WARRANT #										BAIL																						
ARREST DATE										LOCATION OF ARREST																																																														
AFFILIATION										ON VIEW ARREST ( ) Y N										CITED ( ) Y N										STATEMENT ( ) ORAL ( ) WRITTEN										CHARGES ( ) ADMITTED ( ) DENIED										ARRESTEE ARMED WITH										IDENTIFICATION NUMBER										MULTI CLEAR ( )		
JUV. PARENT/ GDN. NOTIFIED Y N										NAME/RELATIONSHIP OF PERSON NOTIFIED										DATE/TIME NOTIFIED										NOTIFIED BY										DISPOSITION OF JUVENILE H R																																
<b>V E H I C L E / T R A I L E R / B O A T</b>		VEHICLE CODES: ( ) STOLEN # ( ) RECOVERED #										( ) LOCATED ( ) SEIZED ( ) TOWED ( ) ABANDONED ( ) EVIDENCE										( ) DAMAGED/VANDALIZED ( ) OTHER										( ) VICTIMS VEH. ( ) SUSPECTS VEH.										( ) HOLD - FOR:																														
	NO.		LICENSE NUMBER										STATE		VIN/HULL NUMBER										YEAR		MAKE				MODEL		STYLE																																							
	COLOR										SPECIAL FEATURES/DESCRIPTION										VALUE \$										DRIVER IS: ( ) R/O ( ) PERSON #										REGISTERED OWNERS NAME																															
	VEHICLE DISPOSITION ( ) LEFT AT SCENE ( ) DRIVEN AWAY ( ) TOWED										TOW COMPANY/ADDRESS/PHONE										STATE TOW NUMBER										REGISTERED OWNERS ADDRESS																																									
	LOCKED Y N		KEYS IN VEHICLE Y N		DELINQ. PAYMENT Y N		VICTIM CONSENT Y N		THEFT INS. Y N		DRIVE-ABLE Y N		DAMAGE TO VEHICLE Y N		SPECIFY DAMAGE BY SHADING DAMAGED AREA ( ) TOP ( ) UNDERSIDE										DAMAGE EST. \$																																															
	7		6		3		1		8		6		4		2																																																									

# PROPERTY/NARRATIVE REPORT

PAGE 1 OF 1

TYPE OF ACTION:	1-STOLEN 2-RECOVERED	4-LOST 5-FOUND	7-DAMAGED/DESTROYED/VANDALIZED 8-COUNTERFEIT/FORGED 9-BURNED	INCIDENT NUMBER <b>EC93-1332</b>
TOTAL RECOV. Y N	RECOVERY DATE	TOTAL VALUE	TYPE OF DRUG/NARCOTIC STOLEN/SEIZED	QUANTITY
				TYPE MEASUREMENT

**PROPERTY DESCRIPTION**

- |  |   |   |
|--|---|---|
| 01 AIRCRAFT<br>02 ALCOHOL<br>03 AUTOMOBILE<br>04 BICYCLES<br>05 BUSES<br>06 CLOTHING/FURS<br>07 COMPUTER EQUIPMENT<br>08 CONSUMER GOODS<br>09 CREDIT DEBIT CARDS<br>10 NARCOTICS/DRUGS<br>11 NARCOTICS EQUIP./PARAPH.<br>12 FARM EQUIPMENT<br>13 FIREARMS<br>14 GAMBLING EQUIPMENT | 15 HEAVY EQUIPMENT<br>16 HOUSEHOLD GOODS<br>17 JEWELRY/PRECIOUS METALS<br>18 LIVESTOCK<br>19 MERCHANDISE<br>20 MONEY<br>21 NEGOTIABLE INSTRUMENT<br>22 NON-NEGOTIABLE INSTRUMENT<br>23 OFFICE EQUIPMENT<br>24 OTHER MOTOR VEHICLES<br>25 PURSES/HANDBAGS/WALLETS<br>26 RADIO/TELEVISION/VCR<br>27 RECORDING/AUDIO VISUAL<br>28 RECREATIONAL VEHICLE | 29 STRUCTURES/SINGLE DWELLING<br>30 STRUCTURES/OTHER DWELLINGS<br>31 STRUCTURES/COMMERCIAL<br>32 STRUCTURES/INDUST./MFG.<br>33 STRUCTURES/PUBLIC<br>34 STRUCTURES/STORAGE<br>35 STRUCTURES/OTHER<br>36 TOOLS-POWER/HAND<br>37 TRUCKS<br>38 VEHICLE PARTS<br>39 WATERCRAFT<br>40 PENDING INVENTORY<br>99 OTHER |
|--|---|---|

No.	ITEM	SERIAL/OWN	BRAND NAME	MODEL/CALIBER
ACTION #	DESC. CODE      DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		MISC.	VALUE \$
No.	ITEM	SERIAL/OWN	BRAND NAME	MODEL/CALIBER
ACTION #	DESC. CODE      DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		MISC.	VALUE \$
No.	ITEM	SERIAL/OWN	BRAND NAME	MODEL/CALIBER
ACTION #	DESC. CODE      DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		MISC.	VALUE \$
No.	ITEM	SERIAL/OWN	BRAND NAME	MODEL/CALIBER
ACTION #	DESC. CODE      DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		MISC.	VALUE \$
No.	ITEM	SERIAL/OWN	BRAND NAME	MODEL/CALIBER
ACTION #	DESC. CODE      DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		MISC.	VALUE \$

RESPONDED TO LISTED ADDRESS ON A SUSPICIOUS CIRCUMSTANCES REPORT. FLAMMABLE LIQUIDS AND MATERIALS FOUND ON & AROUND THE BUILDING (S. SIDE AND S. SIDE ROOF).

DISPATCHED TO LISTED ADDRESS ON A SUSPICIOUS CIRCUMSTANCES REPORT. UPON ARRIVAL I CONTACTED C-1. HE SAID THAT WHEN HE WENT OUT IN THE PARKING LOT TO CLEAN UP SOME GARBAGE THAT WAS IN THE PARKING LOT ON SOUTH SIDE OF BUILDING.

C-1 SAID THAT WHEN HE WENT TO PICK UP THE GARBAGE, NAMELY A GROCERY BAG (RED), AND FOUND IT TO BE SOAKED IN SOMETHING THAT SMELLED LIKE

ENTERED: (INITIAL)	LOCAL	NOC	WACC	DATE	LETTER SENT	Y N
--------------------	-------	-----	------	------	-------------	-----

# SUPPLEMENTAL

CASE NUMBER 93-1332	PAGE NO. 3
DATE 040293	

TYPE OF INCIDENT  
INFORMATION

GASOLINE. HE ALSO SAID THAT THE BAG HAD A CANDLE IN IT IN A CUP.

I LOOKED INSIDE THE LARGE BAG AND OBSERVED A SMALLER, BROWN BAG INSIDE (POSSIBLY LUNCH SIZE) IT WITH A BEVERAGES CUP INSIDE (WAX COATED BEER TYPE) THAT IN TURN HAD WHAT WAS LEFT OF WHAT APPEARED TO BE A BURNED DOWN CANDLE.

I CALLED SGT JONES AND INFORMED OF THE SITUATION AND HE SAID TO STAY THERE UNTIL A DETECTIVE ARRIVED.

WHILE WAITING FOR THE DETECTIVE C-1 ALSO TOLD ME THAT OF THE TWO BEER BOTTLES STANDING NEXT TO THE SOUTH WEST CORNER OF THE BUILDING, (ABOUT 15 FEET AWAY FROM SUEDE SACK) ONLY ONE WAS THE LAST RIGHT AT 11:05 PM WHEN HE WAS LAST HERE AND THE SACK WAS ALSO NOT THERE.

C-1 WENT ON TO SAY THAT A 55 GALLON OIL DRUM THAT WAS NOW UP AGAINST THE BUILDING AS IT USUALLY IS, WAS OUT ABOUT 2 FEET FROM THE BUILDING THIS MORNING WHEN HE CAME IN. HE SAID HE MOVED IT BACK NOT THINKING TOO MUCH OF IT AT THE TIME.

DETECTIVE ROUNDER ARRIVED AND WAS ADVISED OF WHAT I HAD LEARNED THIS FAR.

IN ASSISTING DETECTIVE ROUNDER, A 1 GALLON JUG WAS OBSERVED ON THE ROOF BY CLIMBING UP ON A

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

CASE NUMBER

93-1332

DATE

040293

PAGE NO.

4

TYPE OF INCIDENT

INFORMATION

ENBANKMENT SO THAT WE COULD SEE THE ROOFTOP

I OBTAINED A LADDER FROM THE PROPERTY OWNER AND RETRIEVED THE GALLON JUG (FORMERLY WINDSHIELD WASHER FLUID ACCORDING TO LABEL) FROM THE ROOF AND ALSO OBSERVED A BEER BOTTLE THAT COULD NOT BE SEE FROM THE OTHER VANTAGE POINT.

BOTH CONTAINERS HAD SOME SORT OF REDDISH FLUID INSIDE AND WHEN I BROUGHT THE GALLON JUG DOWN, I COULD SMELL THE STRONG ODOR OF GASOLINE. DETECTIVE HODGSON THEN WENT UP ONTO THE ROOF TO LOOK AROUND MORE AND RETRIEVE THE BEER BOTTLE.

WHILE WAITING FOR DETECTIVE HODGSON TO FINISH HIS INVESTIGATION I WAS ADVISED BY C-1 THAT HIS SON, O, HAD SEEN THE JUG ON THE HILL TO THE SOUTH.

I CONTACTED O-1, AND HE SAID THAT THE JUG HAD BEEN ON THE HILLSIDE FOR ABOUT THE LAST 2-3 WEEKS, IT WAS EMPTY AND CRUSHED ON ONE SIDE. HE ALSO SAID THAT THE CANDLECORDS HAD HAD BEEN CUTT DOWN LOWER AND REISA IN THE AREA YESTERDAY WHAT THE JUG HAD BEEN BEFORE.

I LEFT BLANK STATEMENT FORMS FOR C-1, O-2 AND LANDLORDS FATHER O-3 TO COMPLETE.

M.A. DRUMMOND JR

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

TYPE OF INCIDENT		CASE NUMBER	PAGE NO.
(INFORMATION)		93 1332 040293	5
FOLLOW UP 040293 1200			
I STOPPED BY C-1'S WORKPLACE TO SEE IF H6 AND O-2 HAD FINISHED THEIR STATEMENTS. O-2 SAID H6 HAD AND GAVE IT TO ME. H6 SAID C-1 HAD NOT YET THOUGH BUT WOULD REMIND HIM.			
I THEN WENT NEXT DOOR TO C-1'S OFFICE TO SEE IF H6 HAD CONTACTED HIS FATHER O-3. H6 SAID HE DID AND HIS DAD REMEMBERED THE SUB BEING THERE, BUT DID NOT DISTURB IT AS IT WAS NOT IN HIS WAY. O-1 SAID H6 WILL GET THE STATEMENT FORM TO HIS DAD TO COMPLETE.			
M.L. DRIVING 48?			
OFFICER	NO.	DATE	OFFICER

- (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

# EDMONDS POLICE DEPARTMENT

250 FIFTH AVENUE NORTH  
EDMONDS, WA. 98020

## STATEMENT FORM

DATE/TIME 4/2/93 / 0900 LOCATION 10024 Edmonds Way, Edmonds WA EC 93 1332  
LAST NAME Nordquist FIRST NAME Peter INITIAL H.  
ADDRESS 5806 NE 204<sup>th</sup> Pl., Seattle WA 98155 PHONE NO. 485-2606  
SEX M RACE W DATE OF BIRTH 4/2/62 EMPLOYER L.P. Jones Company

I was asked to fill out this statement form by the officer investigating the attempted arson at the above address. In particular, the 1 gallon plastic bottle containing what he said was a gasoline mixture. I am 99.9 % sure that this bottle, one used for windshield wiper fluid, was and is the same bottle that was lying on the back to the southwest of the building for the last month or so. Apparently discarded by someone who parked there some time ago. I am this certain because it is exactly the same type of container, label and the condition of the bottle (plastic jug). Also because up until yesterday when I left work the bottle was still there and now it is gone.

I 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

WITNESS

PAGE 1 OF 1

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: 4746-1 Group: EP1 Beat: Src: 9

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

Loc Info: L P JAMES CO, edm

Name: NORDQUIST,JOHN

Addr:

Phone: 774-4971

/0724	(SC722 )	ENTRY		,>> PREFERS 21 FROM FIRE MARSHALL << APPARENTLY RP HAS SOME SORT OF SUSP COMBUSTIBLE MATERIAL CU TSIDE HIS BUSN.
/0725	(SC717 )	DISPER	1E41	#EPD407 JONES,KEN
/0734		ONSCNE	1E41	[STA]
/0734		ASSTER	1E1	[STA]
				#EPD438 DRINKWINE,MICHAEL
/0734		CHGLOC	1E1	[10024 EDMONDS WAY]
/0735		ONSCNE	1E1	
/0819		#ASNCAS		#EP93001332
/0819		CLEAR	1E1	D/R
/0821		CLEAR	1E41	
/0821		CLOSE	1E41	