



Business Name Fairwinds Spokane	Provider Number 001455
Address 520 HOLLAND AVE ,	Approval Status Approved
City, State, Zip Spokane, WA 992181207	Facility Type Residential Care

On 03/19/2025 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement

Statement of Violation

1 Admin Complaint

COMPLAINT # 167852

Here's a complaint of broken dry pipe

Please include the answers to the following questions in your report in FDM.

1. The cause of the fire? N/A
2. If the sprinklers were activated? N/A
3. If there was an evacuation / how many were evacuated?
None
4. If there were injuries / how many? None
5. Did the fire department respond? Yes

Next inspection scheduled on or after:

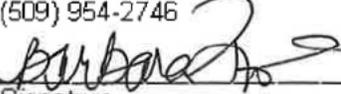
Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

Owner or Authorized Representative


 Signature

Jeff Schuler, Plant Operations Supervisor
 Print Name and Title

Deputy State Fire Marshal Barbara McMullen
 6403 W ROWAND DR
 Spokane WA 99219
 (509) 954-2746


 Signature

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