# Northwest Arctic Borough

**FIRE DEPARTMENT**

Ambler  Buckland  Candle  Deering  Kiana  Kivalina  
Kobuk  Kotzebue  Noatak  Noorvik  Selawik  Shungnak

## QUARTERLY REPORT FORM

<table>
<thead>
<tr>
<th>BATTALION:</th>
<th>DATE:</th>
</tr>
</thead>
</table>
| Submitted by: (print name & sign) | QUARTER (circle one):
|          | 1: January – March |
|          | 2: April – June |
|          | 3: July – September |
|          | 4: October - December |

### NUMBER OF FIRES

[ ] Not applicable during this reporting period.  
OR  
[ ] _____ fires occurred during this reporting period. The Fire Incident Report is attached.  
Describe:

### NUMBER OF FALSE ALARMS

[ ] Not applicable during this reporting period.  
OR  
[ ] _____ false alarms occurred during this reporting period in the following location(s).  
Describe:

### NUMBER OF GOOD INTENT/ SERVICE CALLS

[ ] Not applicable during this reporting period.  
OR  
[ ] _____ calls occurred during this reporting period in the following location(s).  
Describe:

### TRAINING ACTIVITIES

[ ] Not applicable during this reporting period.  
OR  
[ ] The following training occurred during this reporting period.  
Describe:

### MEETING

[ ] Not applicable during this reporting period.  
OR  
[ ] The following meeting occurred during this reporting period. Meeting minutes are attached.

### FIRE PREVENTION ACTIVITIES

[ ] Not applicable during this reporting period.  
OR  
[ ] The following fire prevention activities occurred during this reporting period.  
Describe: