



Northwest Arctic Borough

Fire Department

* Ambler * Buckland * Deering * Kiana *

* Kivalina * Kobuk * Noatak * Noorvik * Selawik * Shungnak *



Quarterly Report Form

Village:	DATE:
Submitted By: _____ Name & Title	Quarter: 1. July 1 – September 30 2. October 1 – December 31 3. January 1 – March 31 4. April 1 – June 30
Sign _____	DATE _____

Fax or email form to: Hans B. Nelson, Fire Safety Coordinator / Email: hnelson@nwabor.org fax: 907-885-3920

Fires:	<input type="checkbox"/> No fires during this reporting period. OR _____ fires occurred during this reporting period, Fire Incident Reports done, quick description of the fire(s):
False Alarms:	<input type="checkbox"/> No false alarms were recorded during this reporting period. OR _____ of false alarms reported, Fire Incident Reports done, quick description of the false alarms:
Good Intent / Service Calls	<input type="checkbox"/> Not applicable during this reporting period. OR _____ calls occurred during this reporting period, Fire Incident Report done, quick description of the good intent and service calls done:
Training Activities / Opportunities	<input type="checkbox"/> No training activities were done during this reporting period. OR The following training occurred during this reporting period, description of training and a training report filled out:
Meetings	<input type="checkbox"/> No meetings were held during this reporting period. OR _____ number of meetings were held during this period. Meeting minutes attached and date of meeting(s):
Fire Prevention / Education	<input type="checkbox"/> No fire prevention or education opportunities were taken during this reporting period. OR The following fire prevention and education opportunities occurred during this reporting period, and a Fire Prevention / Education form filled out and turned in.