


NF09 * Form	Health Information and Quality Authority Any fire, loss of power, heating, water[†] or unplanned evacuation of the designated centre	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Centre details		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Unit or ward name (if applicable)		<input type="checkbox"/>

Section 2. Details of the incident			For official use
What incident happened at the designated centre? (Tick all that apply)	Fire Loss of power Loss of heating Loss of water Unplanned evacuation		<input type="checkbox"/>
Date of incident		Time of incident	<input type="checkbox"/>
Was there an evacuation of the designated centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
If yes , was the emergency plan effective?	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
If no , please state why the emergency plan was not effective:			<input type="checkbox"/>

* Please complete this form using HIQA's statutory notification guidance. You can download the guidance at www.hiqa.ie

† As defined in HIQA's statutory notification guidance.

Section 2. Details of the incident		For official use
Was there structural damage to the designated centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Section 3. Resident's' details		For official HIQA use
Was any resident injured or affected as a result of the incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If yes , please state how many residents were injured or affected?		<input type="checkbox"/>
Is any affected resident under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Has an NF03 been submitted to HIQA in respect of the injured or affected resident(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If no , please complete the following for each resident:		
Resident's unique identifier [†]	Describe the current status of the resident	<input type="checkbox"/>
		<input type="checkbox"/>

[†]As per HIQA's statutory notification guidance.

Section 3. Resident's' details		For official HIQA use
Resident's unique identifier [§]	Describe the current status of the resident	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Please note: you are required to notify HIQA of any serious injury via an NF03 form and or any death of a resident via the NF01 form in addition to the submission of this notification.		

[§]As per HIQA's statutory notification guidance.

Section 4. Actions taken	For official use
<p>What immediate actions did you take to ensure that all residents are safe? (if required)</p>	<input data-bbox="1385 633 1425 674" type="checkbox"/>
<p>If there was structural damage to the designated centre, please outline the measures you have taken to ensure residents' safety and comfort:</p>	<input data-bbox="1385 1305 1425 1346" type="checkbox"/>

Section 5. Declaration		For official use
I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Person in charge <input type="checkbox"/>	<input type="checkbox"/>
	Authorised signatory for and on behalf of the registered provider <input type="checkbox"/>	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

This form should be either:

- **emailed** to: notify@hiqa.ie or,
- **posted** to: Notifications Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: notify@hiqa.ie