


<b>NF09<sup>*</sup></b> <b>Form</b>	Health Information and Quality Authority <b>Any fire, loss of power, heating, water<sup>†</sup> or          unplanned evacuation of the designated          centre</b>	 <b>Health Information and Quality Authority</b> <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 <b>incident</b> happened at the designated centre?	Fire		<input type="checkbox"/>	<input type="checkbox"/>
	Loss of power		<input type="checkbox"/>	
	Loss of heating		<input type="checkbox"/>	
	Loss of water		<input type="checkbox"/>	
<b>Date</b> of incident		<b>Time</b> of incident		<input type="checkbox"/>
Was there an <b>evacuation</b> of the designated centre?		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
If <b>yes</b> , was the emergency plan effective?		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
If <b>no</b> , please state why the emergency plan was not effective:				<input type="checkbox"/>

<sup>\*</sup> Please complete this form with the Authority's statutory notification guidance. You can download the guidance at [www.higa.ie](http://www.higa.ie)

<sup>†</sup> As defined in the Authority'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 use
Was any resident <b>injured or affected</b> as a result of the incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , 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 <b>NF03</b> been submitted to the Authority in respect of the injured or affected resident(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , please complete the following for each resident:		
Resident's unique identifier <sup>†</sup>	Describe the current <b>status of the resident</b>	<input type="checkbox"/>
		<input type="checkbox"/>

<sup>†</sup>As per the Authority's statutory notification guidance

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

Section 4. Actions taken	For official use
What <b>immediate</b> actions did you take to ensure that all residents are safe? (if required)	<input type="checkbox"/>

<sup>§</sup>As per the Authority's statutory notification guidance

Section 4. Actions taken		For official use
If there was <b>structural damage</b> to the designated centre, please outline the measures you have taken to ensure <b>residents safety and comfort</b> :		<input 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"/> Authorised person <input type="checkbox"/>	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

Please return the completed, signed form by email to [notify@hiqa.ie](mailto:notify@hiqa.ie) or by post to:

Notifications Team

Health Information and Quality Authority

Dublin Regional Office

George's Court

George's Lane

Smithfield

Dublin 7

Tel: 01 814 7400