

NF39B Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Quarterly notification of incidents* NF39B Occasions of fire alarm activity	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small>
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Section 1. Centre details			
Centre name			
Centre ID (OSV)			
Unit or ward name (if applicable)			
Please tick the applicable quarter and state the year.			
Quarter 1 (January, February, March)	<input type="checkbox"/>	Year	
Quarter 2 (April, May, June)	<input type="checkbox"/>	Year	
Quarter 3 (July, August, September)	<input type="checkbox"/>	Year	
Quarter 4 (October, November, December)	<input type="checkbox"/>	Year	

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

Section 2. Fire alarm equipment activated

Any occasion other than for the purpose of fire practice, drill or test of equipment.

Has the fire alarm equipment been operated in the quarter?

If **yes**, please state the reason.

Yes No

Reason fire alarm equipment was activated

No. of occasions

Automatic detection of fire

Automatic detection of smoke

False alarm or malicious activation

Fire alarm malfunction

Manual call point activation such as a red break glass unit

Other

If you have ticked **other**, please provide details.

Please provide details for **each** occasion fire alarm equipment was activated.

Section 2. Fire alarm equipment activated

Any occasion other than for the purpose of fire practice, drill or test of equipment.

Please include any **additional information** relevant to this section.

Section 3. Declaration

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)	
Position	Person in charge <input type="checkbox"/> Authorised signatory for and on behalf of the registered provider <input type="checkbox"/>
Signed	
Date	
Contact number (during office hours)	

This form should be either:

- **emailed** to: children@hiqa.ie or,
- **posted** to: Regulatory Support 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: children@hiqa.ie