


NF39B Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Quarterly notification of incidents* NF39B Occasions of fire alarm activity	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>
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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"/>
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	<input type="checkbox"/>
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			For official use
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 <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason fire alarm equipment was activated		No. of occasions	<input type="checkbox"/>
Automatic detection of fire	<input type="checkbox"/>		
Automatic detection of smoke	<input type="checkbox"/>		
False alarm or malicious activation	<input type="checkbox"/>		
Fire alarm malfunction	<input type="checkbox"/>		
Manual call point activation such as a red break glass unit	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
If you have ticked other , please provide details.			
Please provide details for each occasion fire alarm equipment was activated.			<input type="checkbox"/>

Section 2. Fire alarm equipment activated Any occasion other than for the purpose of fire practice, drill or test of equipment.	For official use
Please include any additional information relevant to this section.	
	<input data-bbox="1310 622 1347 658" type="checkbox"/>

Section 3. 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 signatory for and on behalf of the registered provider	<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: children@hiqa.ie or,
- **posted** to: Children 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