

NF39C Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Quarterly notification of incidents* NF39C Any loss of power, heating or water	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht 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. Details of an incident

What incident happened at the designated centre?	Loss of power	<input type="checkbox"/>	
	Loss of heating	<input type="checkbox"/>	
	Loss of water	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
Date of incident		Time of incident	

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.