


DCD NF39B Form	Health Information and Quality Authority Designated centres for persons (Children and Adults) with disabilities (DCD) Quarterly notification of incidents* NF39B Any occasion of fire alarm activation	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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"/>
Reporting year		<input type="checkbox"/>
Reporting quarter	Quarter 1 (Jan, Feb, Mar) Quarter 2 (Apr, May, Jun) Quarter 3 (Jul, Aug, Sep) Quarter 4 (Oct, Nov, Dec)	<input type="checkbox"/>

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

#	Reason fire alarm equipment was activated	Date alarm activated	Details of occurrence	
1.	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			<input type="checkbox"/>
2.	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			<input type="checkbox"/>
3.	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			<input type="checkbox"/>
4.	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			<input type="checkbox"/>
5.	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			<input 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 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: rst@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: rst@hiqa.ie