


NF09 * Form	Health Information and Quality Authority Any fire, loss of power, heating, water[†] or unplanned evacuation of the designated centre	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
------------------------------	---	--

Section 1. Centre details

Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Details of the incident

What incident happened at the designated centre?	<table style="width: 100%;"> <tr><td>Fire</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Loss of power</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Loss of heating</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Loss of water</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Unplanned evacuation</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Fire	<input type="checkbox"/>	Loss of power	<input type="checkbox"/>	Loss of heating	<input type="checkbox"/>	Loss of water	<input type="checkbox"/>	Unplanned evacuation	<input type="checkbox"/>
Fire	<input type="checkbox"/>										
Loss of power	<input type="checkbox"/>										
Loss of heating	<input type="checkbox"/>										
Loss of water	<input type="checkbox"/>										
Unplanned evacuation	<input type="checkbox"/>										
Date of incident		Time of incident									
Was there an evacuation of the designated centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
If yes , was the emergency plan effective?	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
If no , please state why the emergency plan was not effective:											

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

† As defined in HIQA's statutory notification guidance.

Section 2. Details of the incident

Was there structural damage to the designated centre?

Yes No

Section 3. Resident's' details

Was any resident **injured or affected** as a result of the incident?

Yes No

If **yes**, please state how many residents were injured or affected?

Is any affected resident under the age of 18?

Yes No

Has an **NF03** been submitted to HIQA in respect of the injured or affected resident(s)?

Yes No

If **no**, please complete the following for each resident:

Resident's unique identifier[†]

Describe the current **status of the resident**

Resident's unique identifier[§]

Describe the current **status of the resident**

[†]As per HIQA's statutory notification guidance.

[§]As per HIQA's statutory notification guidance.

Section 3. Resident's' details

Section 4. Actions taken

What **immediate** actions did you take to ensure that all residents are safe?
(if required)

If there was **structural damage** to the designated centre, please outline the measures you have taken to ensure **residents' safety and comfort**:

Section 5. 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"/> Other <input type="checkbox"/>
If you ticked other , please specify your role in the designated centre	
Date	
Contact number (during office hours)	

The most secure and convenient way to submit the notification form is through the [HIQA Portal](#).

Should you wish to continue in hardcopy, please return the completed, signed form by email to 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