


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

Section 2. Details of the incident			For official use
What <b>incident</b> happened at the designated centre?	Fire	<input type="checkbox"/>	<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"/>	
<b>Date</b> of incident		<b>Time</b> of incident	<input type="checkbox"/>
Was there an <b>evacuation</b> of the designated centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , was the emergency plan effective?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , please state why the emergency plan was not effective:			<input type="checkbox"/>

\* Please complete this form using HIQA's statutory notification guidance. You can download the guidance at [www.hiqa.ie](http://www.hiqa.ie)

† As defined in HIQA's statutory notification guidance.

Section 2. Details of the incident		For official use
Was there structural damage to the designated centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Section 3. Resident's' details		For official HIQA use
Was any resident <b>injured or affected</b> as a result of the incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please state how many residents were injured or affected?		<input type="checkbox"/>
Is any affected resident under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Has an <b>NF03</b> been submitted to HIQA in respect of the injured or affected resident(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , please complete the following for each resident:		
Resident's unique identifier <sup>†</sup>	Describe the current <b>status of the resident</b>	<input type="checkbox"/>
		<input type="checkbox"/>

<sup>†</sup>As per HIQA's statutory notification guidance.

Section 3. Resident's' details		For official HIQA use
Resident's unique identifier <sup>§</sup>	Describe the current <b>status of the resident</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Please note: you are required to notify HIQA of any <b>serious injury via an NF03</b> form and or any <b>death of a resident via the NF01</b> form in addition to the submission of this notification.		

<sup>§</sup>As per HIQA's statutory notification guidance.

Section 4. Actions taken	For official use
<p>What <b>immediate</b> actions did you take to ensure that all residents are safe? (if required)</p>	<input data-bbox="1385 566 1425 600" type="checkbox"/>
<p>If there was <b>structural damage</b> to the designated centre, please outline the measures you have taken to ensure <b>residents' safety and comfort:</b></p>	<input data-bbox="1385 1238 1425 1272" type="checkbox"/>

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

This form should be either:

- **emailed** to: [notify@hiqa.ie](mailto:notify@hiqa.ie) or,
- **posted** to: Notifications 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: [notify@hiqa.ie](mailto:notify@hiqa.ie)