


NF09* Form DCOP	Health Information and Quality Authority Any fire, loss of power, heating, water[†] or unplanned evacuation where residents could not immediately return	 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)	

Section 2. Details of the incident

What incident happened at the designated centre?	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**

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

Section 4. Actions taken

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

If **structural damage** has occurred, what measures have you taken to ensure residents' safety and comfort? (if required)

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@higa.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