

***CHARLES STURT CAMPUS SERVICES
LIMITED.***

***2014 REPORT
SUMMARY***

HUMAN RESOURCES

WORKFORCE SNAP SHOT

NUMBER PERCENTAGE

GENDER

No. MALE	38	31%
No. FEMALE	85	69%
TOTAL EMPLOYEES	123	

AVERAGE AGE

AGE 15 - 20	1	1%
AGE 20 - 25	2	2%
AGE 25 - 30	6	5%
AGE 30 - 35	1	1%
AGE 35 - 40	7	6%
AGE 40 - 45	25	20%
AGE 45 - 50	16	13%
AGE 50 - 55	22	18%
AGE 55 - 60	27	22%
AGE 60 - 65	14	11%
AGE 65 - 70	2	2%

AVERAGE YEARS OF SERVICE

YEARS OF SERVICE 1 -2	21	17%
YEARS OF SERVICE 2 -4	29	24%
YEARS OF SERVICE 4 -6	23	19%
YEARS OF SERVICE 6 -8	14	11%
YEARS OF SERVICE 8 -10	7	6%
YEARS OF SERVICE 10 -12	13	11%
YEARS OF SERVICE 12 -14	3	2%
YEARS OF SERVICE 14 -16	0	0%
YEARS OF SERVICE 16 -18	2	2%
YEARS OF SERVICE 18 -20	1	1%
YEARS OF SERVICE 20 -22	5	4%
YEARS OF SERVICE 22 -24	2	2%
YEARS OF SERVICE 24 -30	3	2%

EMPLOYEES

No.OF PERMANENTS	89	72%
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No.OF P'PART TIME	27	22%
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No.OF CASUAL/LABOUR HIRE	7	6%
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SAFETY

DAYS LTI FREE

NO. OF INJURIES	23
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ALB 190.00

NO. OF WORK COVER CLAIMS	6
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BA 312.00

NO. OF LOST TIME INJURIES	4
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DBO 1613.00

DAYS LOST TIME INJURY FREE 1/01/2010	14.00
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OR 1053.00

WW 14.00

Minimum 14.00

INJURY CATEGORIES

CATASTROPHIC	MAJOR	SIGNIFICANT	MODERATE	INTERMEDIATE	MINOR	NEGLIGIBLE
0	0	2	2	2	12	5

23

NATURE OF INJURY

LACERATION / PUNCTURE / GRAZE / SCRATCH	SLIP/FALL (E.G. FRACTURE, BRUISE)	LIFT/PULL/PUSH/TWIST/BEND (E.G. TEAR, STRAIN)	IMPACT / BUMP / COLLISION (E.G. PAIN / BRUISE)	BURN / IRRITATION (E.G. HOT / COLD / CHEMICAL)	ELECTRIC SHOCK	BITE & STING (E.G. INSECT / SNAKE)
10	2	3	4	1	0	2
REACTION (E.G. ALLERGY / RASH / MEDICATION)	PSYCHOLOGICAL (E.G. STRESS/TENSION/SEIZURE)	INTERNAL (E.G. RESPIRATORY, ORGANS)	UNDETERMINED (E.G. ACHE / PAIN / SORENESS)	JOURNEY (E.G. TRAVELLING TO AND FROM WORK)		
0	0	0	1	0		

23

INJURY WORK TYPE

FACILITIES INJURY	RESIDENTIAL INJURY	CATERING INJURY	LAUNDRY INJURY	MAINTENANCE INJURY	COURIER INJURY	OTHER
14	6	0	2	0	0	1

23

INJURY AGE

AGE 15 - 20	AGE 20 - 25	AGE 25 - 30	AGE 30 - 35	AGE 35 - 40	AGE 40 - 45	AGE 45 - 50
0	0	1	1	0	9	2
AGE 50 - 55	AGE 55 - 60	AGE 60 - 65	AGE 65 - 70			
5	2	2	1			

23

INJURY MONTH

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
6	1	4	6	6	0	0
AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
0	0	0	0	0		

23

TIME OF INJURY

12am -1am	1am -2am	2am -3am	3am -4am	4am -5am	5am -6am	6am -7am	7am -8am
0	0	0	0	0	0	2	6
8am -9am	9am -10am	10am -11am	11am -12pm	12pm -1pm	1pm -2pm	2pm -3pm	3pm -4pm
1	3	2	3	1	3	0	1
4pm -5pm	5pm -6pm	6pm -7pm	7pm -8pm	8pm -9pm	9pm -10pm	10pm -11pm	11pm -12am
0	1	0	0	0	0	0	0

QUALITY ASSURANCE

CSCS	ACTUAL	ANNUAL TARGET
NO. OF BUILDINGS CHECKED	167	372

45%

CSCS	ACTUAL	ANNUAL TARGET
NO. OF CHECKS COMPLETED	547	912

60%

RESIDENCE LIFE			ACTUAL	ANNUAL TARGET	127%	
NO. OF BUILDINGS CHECKED			242	190		
NUMBER OF QLTY CHECKS PER MONTH						
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
46	61	56	57	55	0	0
AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
0	0	0	0	0		
AVE QLTY CHECK SCORE PER MONTH						
			80% = STANDARD (ABOVE 80% IS ABOVE STANDARD)			
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
93%	89%	82%	80%	81%		
AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
NO. OF COMPLAINTS						
			2			

FACILITIES MANAGEMENT			ACTUAL	TARGET	73%	
NO. OF BUILDINGS CHECKED		138	190			
NUMBER OF QLTY CHECKS PER MONTH						
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
46	59	57	56	54	0	0
AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
0	0	0	0	0		
AVE QLTY CHECK SCORE PER MONTH			80% = STANDARD (ABOVE 80% IS ABOVE STANDARD)			
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
91%	82%	81%	81%	81%		
AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
NO. OF COMPLAINTS			ACTUAL	TARGET		
			6	86.69		

QUALITY ASSURANCE CONTINUED

COMPLAINT WORK TYPE

FACILITIES COMPLAINTS	RESIDENTIAL COMPLAINTS	CATERING COMPLAINTS	LAUNDRY COMPLAINTS	MAINTAINANCE COMPLAINTS	COURIER COMPLAINT	OTHER
6	2	0	0	0	0	0

8

COMPLAINT CATEGORY

1.SERIOUS IMMEDIATE RESPONSE	2.URGENT WITHIN 24 HOURS	3.URGENT WITHIN 2 DAYS	4.NON URGENT WITHIN 1 WEEK	5.NON URGENT WITHIN 2 WEEKS	0.NOT CSCS RELATED
0	4	2	2	0	0

8

COMPLAINT AREA

WALLS, CEILINGS, CORNICES	WINDOWS	GUTTERS	FLOORS	FITTINGS (ELECTRICAL, PLUMBING ETC.)	GENERAL AREA	COMMON AREA	TEACHING AREA
0	1	0	0	0	1	0	0
OFFICE AREA	FOYER	KITCHEN AMMENITIES	TOILET AMMENITIES	OTHER		INTERNAL	EXTERNAL
1	0	0	2	1		8	0

2

4

6

8

COMPLAINT CAUSE

CODE OF CONDUCT	EFFICIENCY	FREQUENCY	NOISE	WASTE REMOVAL	VACUUMING, SWEEPING, MOPPING
0	3	0	0	0	1
DIRT, GRIME, MARKS, STAINS	DISPENSER UNITS	DUST, LITTER, WEB	SMELL	PEST	OTHER
0	3	0	0	0	1

8

COMPLAINT MONTH

TOTAL:			8			
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
3	3	0	2	0	0	0
AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
0	0	0	0	0		

8

POSITIVE FEEDBACK MONTH

TOTAL:			8			
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
3	3	0	2	0	0	0
AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
0	0	0	0	0		

8