














# CHARM REPORTING AN INCIDENT QUICK GUIDE












This guide is for is designed to assist workers and students to report an incident using the CHARM system. Please complete the Notification screen with as much information as possible.

| On screen  | Information to enter  |
|--|---|
|   | <p>Staff: Log into <a href="#">Staff Portal</a> click on the arrow on the application wheel and click the CHARM icon</p> <p>Students: Log into <a href="#">Student OASIS</a> click on the My Campus tab and click on the CHARM link</p> |
|   | <p>Click the Incident/Hazard Reporting icon and click on <b>Incident</b></p>  |
| <p> * Were multiple Incident Types involved?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p> *</p> <p>* Select the most severely impacted Incident Type</p> <p><input checked="" type="radio"/> People</p> <p><input type="radio"/> Assets</p> <p><input type="radio"/> Environment</p> | <p>Select multiple event types if more than one incident type occurred.</p> <p>E.g. If there was a fire that damaged equipment and injured a person. You would select: <i>People</i> and <i>Assets</i></p>                              |
| <p><b>Who sustained this incident?</b></p> <p> * <input checked="" type="radio"/> Me</p> <p><input type="radio"/> Another Person</p>  | <p>If you are reporting on behalf of another person please select “another person”.</p>   |
| <p><b>When did the incident occur?</b></p> <p> * Date: <input type="text" value="1/08/2022"/> <input type="button" value="v"/></p> <p>Time: <input type="text" value="11"/> : <input type="text" value="18"/> <input type="button" value="v"/></p>  | <p>Enter the date and time category that the incident occurred.</p>   |
| <p><b>What event is this incident relevant to?</b></p> <p> Event:</p> <p><input type="text" value="-- Not Applicable --"/> <input type="button" value="v"/></p>   | <p>Select the sub event type from the drop down box.</p>  |









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| <p>* Select Location:</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> <input type="text"/>  </div> <div style="background-color: #808000; color: white; padding: 5px; margin-top: 5px;"> <b>Find Location</b> <span style="float: right;">✕</span> </div> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">  <br/><br/> <input type="button" value="Select"/> </div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> <p style="font-size: small;">Enter the location name or select the location from the dropdown/text box:</p> <div style="display: flex; margin-bottom: 5px;"> <input style="width: 90%; border: none; border-bottom: 1px solid #ccc;" type="text" value="Bentley Campus"/> <input style="width: 10%; border: none; border-bottom: 1px solid #ccc;" type="button" value="v"/> </div> <div style="display: flex; margin-bottom: 5px;"> <input style="width: 90%; border: none; border-bottom: 1px solid #ccc;" type="text" value="001 Building"/> <input style="width: 10%; border: none; border-bottom: 1px solid #ccc;" type="button" value="v"/> </div> </div> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px; font-size: small;"> <p>Current Result</p> <p>Bentley Campus -&gt; 001 Building</p> </div> | <p>Enter the specific location details of where the incident occurred.</p> <p>Click the  icon to perform a search of the relevant location. The <i>Find Location</i> pop up box will appear. Use the drop down box to select a primary campus or location. E.g. <i>Bentley Campus</i><br/>Use the second drop down box to select a secondary location. E.g. <i>Carpark B1</i><br/>Then click “<i>Select</i>” to select the location and close the pop up box.</p> |
| <p>* Location Category:</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> <span>-- Select a Location Category --</span> </div> <p>Location Details:</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 80px;"> <p style="font-size: small;">Enter any further location details (if Maps Interface used, Map Location Address will be populated).</p> </div> <div style="text-align: right; font-size: small; color: red;">ABC ✓</div>  | <p>Select a location category from the drop down box and use the text box to enter specific location information.</p>  |
| <p> What was the work or activity being undertaken at the time of the incident?</p> <p>* Work Activity Category:</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> <span>-- Select a Work Activity Category --</span> </div> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 60px; margin-top: 10px;"> <p style="font-size: small;">What work/activity was being done at the time of the incident? I.e. driving, lifting boxes, typing etc.</p> </div> <div style="text-align: right; font-size: small; color: red;">ABC ✓</div> <p>* Describe the incident with as much detail as possible:</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 60px; margin-top: 10px;"> <p style="font-size: small;">Describe the incident with as much detail as possible. What exactly were you doing? What exactly happened? What process, product, chemical or equipment was involved? What was the outcome? Please do not include personal information unless required.</p> </div> <div style="text-align: right; font-size: small; color: red;">ABC ✓</div>  | <p>Enter specific detail in these fields to identify exactly where, what and how the incident occurred.</p>  |
| <p> Input reference number:</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; height: 20px; margin-top: 5px;"></div>  | <p>If the incident relates to a Properties, Facilities and Development project, please enter the Project Number.</p>   |
| <div style="background-color: #808000; color: white; padding: 5px; margin-bottom: 10px;"> <b>Did an injury/illness occur?</b> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;">  </div> <div> <p>* <input checked="" type="radio"/> No</p> <p><input type="radio"/> Yes</p> </div> </div>   | <p>Select if an injury/illness occurred.</p>   |







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| <p><b>Witness Details:</b></p> <p> * <input checked="" type="radio"/> No<br/><input type="radio"/> Yes</p> <p>Witness Details (include name and phone number if known) </p> <p>Check the tickbox and enter the names, addresses, phone numbers and any other relevant information for all witnesses.</p> <p>Eg. John Smith – 123 Apple Road, 1400 010 020</p> <p style="text-align: right;">ABC </p> | <p>If there was a witness please select <b>Yes</b>. Look up Curtin staff and students by clicking on the  icon. If the witness was an external person, please provide their details in the text box.</p> |
| <p><b>Was there a vehicle involved?</b></p> <p> * <input checked="" type="radio"/> No<br/><input type="radio"/> Yes</p> <p>*Registration/Asset Number</p> <p><input type="text"/></p>  | <p>Select if a vehicle was involved, if applicable to the incident</p>  |
| <p><b>Was there any asset/property involved/damaged?</b></p> <p> * <input checked="" type="radio"/> No<br/><input type="radio"/> Yes</p>   | <p>If asset was selected on the first page this question will appear.<br/>Select if there was any asset/property involved/damaged, if applicable to the incident.<br/>Select if the damage was to Own assets /property or Third party assets and the type of asset involved.</p>            |
| <p><b>Does this incident have an impact on the environment?</b></p> <p> * <input checked="" type="radio"/> No<br/><input type="radio"/> Yes</p>  | <p>If environment was selected on the first page this question will appear.<br/>Select yes if the incident have an impact on environment, and select the impact from the drop down box.<br/>Enter a description of the impact into the text box.</p>  |
| <p><b>What type of Equipment was used at the time of Incident:</b></p> <p> Equipment:</p> <p><input type="text" value="-- Select Plant &amp; Equipment Type --"/></p>  | <p>Select the type of equipment used from the drop down box.</p>  |
| <p><b>Incident Classification:</b></p> <p> * Identify what occurred (Mechanism):</p> <p><input type="text" value="-- Please select the most severe incident type --"/></p> <p>* What was the most significant cause (Breakdown Agency):</p> <p><input type="text" value="-- Please select the most severe possible cause --"/></p>   | <p>Select the most appropriate mechanism and causes that contributed to the incident from the drop down box.</p>  |
| <p><b>Injury Details:</b></p> <p> * Describe the injury in detail:</p> <p>Please provide a detailed description of the injury - i.e. Laceration on my left index finger. For multiple injuries list all injuries sustained.</p> <p style="text-align: right;">ABC </p>  | <p>Classify the injury/illness by the type of injury sustained and the bodily location of the injury/illness from the drop down box.</p> <p>Select the side of the body affected.</p> <p>Enter specific injury details into the text box.</p>   |

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| <p><b>Assign to:</b></p> <p> Do you want this incident to remain confidential? (i.e from your Manager or HSR)</p> <p><input checked="" type="radio"/> No<br/><input type="radio"/> Yes</p> <p>* Manager/Supervisor:</p> <input type="text"/>   | <p>Assign your Manager/Supervisor to manage the incident.</p> <p><b>If the person who appears here automatically is not your Manager/Supervisor, please select the correct person by clicking on the magnifying glass icon.</b></p> <p><b>Students</b> are to select their Curtin Staff contact i.e. (Person managing activity / Supervisor / Lecturer).</p> <p><b>Confidential incidents</b><br/><b>If you <u>DO NOT</u> want your Manager/Supervisor to be notified please select <u>Yes</u> to lodge a confidential incident.</b> You will be prompted with a confidentially statement and the incident will be assigned to the Director of Health and Safety or their delegate.</p> |
| <p>This question will appear if you selected to report on behalf of another person.</p> <p>Do you require that this incident remains Confidential from the Affected Person?</p> <p><input checked="" type="radio"/> No<br/><input type="radio"/> Yes</p>   | <p>If you require the incident to remain confidential from the affected person. Select <b>Yes</b> to the question “Do you require that this incident remains confidential from the Affected Person?”.</p> <p>The affected person will not be able to see the incident and will not receive any email notifications for the incident.</p> <p>If you select <b>No</b>, the affected person will be able to see this incident report.</p>  |
| <p><b>Notify your local Health and Safety Representative:</b></p> <p> HS Representative:</p> <input type="text"/>    | <p>Click the magnifying glass icon to notify your Health and Safety Representative via email. Your local HSR can be found on the <a href="#">HSR list</a></p>   |
| <p><b>Who was notified of this Incident?</b></p> <p> Staff:</p> <input type="text"/>  <p>Date: <input type="text" value="1/08/2022"/> Time: <input type="text" value="12"/> : <input type="text" value="55"/></p> <p>Student:</p> <input type="text"/>  <p>Date: <input type="text" value="1/08/2022"/> Time: <input type="text" value="12"/> : <input type="text" value="55"/></p> | <p>Enter the details of any people you have reported this incident to.</p>  |
| <p><b>Attachment</b></p> <p> <input type="button" value="Click to add an attachment"/></p>  | <p>Use the attachment function to add images, document or other media that may assist with the investigation and action plan for the incident.</p>  |
|  | <p>Enter all the treatment for injury/illness questions and provide as much detail as possible in the free text box if applicable.</p>  |

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| <p><b>Treatment for injury/illness:</b></p> <p> * Was First Aid Administered?</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>* Was Medical treatment provided?</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="checkbox"/> Medical treatment (doctor, emergency/outpatient, physiotherapist or other practitioner)</p> <p><input type="checkbox"/> Hospital admission (admitted/inpatient)</p>  |   |   |   |   |   |  |                                     |   |   |   |   |   |  |                    |            |               |            |               |  |
|--|---|---|---|---|---|--|-------------------------------------|---|---|---|---|---|--|--------------------|------------|---------------|------------|---------------|--|
| <p><b>What immediate action, if any, has been taken?</b></p> <p> Please describe, in detail, any actions you have taken since being informed of the incident. Please think of this in terms of What have you done? Who have you informed? Where did this occur? When did this occur?</p> <p style="text-align: right;">ABC </p>  | <p>Describe the immediate action taken after the incident occurred in the free text box.</p>  |   |   |   |   |  |                                     |   |   |   |   |   |  |                    |            |               |            |               |  |
| <p><b>Rate the Actual Consequence for this incident</b></p> <table border="1" data-bbox="204 862 705 1070"> <thead> <tr> <th></th> <th colspan="5">Consequence</th> </tr> </thead> <tbody> <tr> <td>Health &amp; Safety, Environment, Asset</td> <td>-Injury or illness requiring First Aid treatment. No lost time injury days - Minimal environmental damage affecting very small area, immediately remediated</td> <td>-Injury or illness requiring medical treatment, Lost time injury &lt;10 days -Short term environmental damage affecting a small area easily remediated</td> <td>-Serious injury or illness. Lost time injury &gt;10 days - Short term environmental damage requiring some intervention - \$10 million - \$30</td> <td>-Significant/ extensive injury or illness, Permanent Partial Disability - Long term environmental damage extending to a large area requiring high level</td> <td>-Fatality, Permanent Total Disability - Permanent, environmental damage to an extensive area outside of campus -More than \$100</td> </tr> <tr> <td></td> <td style="background-color: #00a0e3; color: white; text-align: center;">●<br/>Insignificant</td> <td style="background-color: #70ad47; color: white; text-align: center;">●<br/>Minor</td> <td style="background-color: #f0e68c; color: white; text-align: center;">●<br/>Moderate</td> <td style="background-color: #e69138; color: white; text-align: center;">●<br/>Major</td> <td style="background-color: #c00000; color: white; text-align: center;">●<br/>Critical</td> </tr> </tbody> </table> |   | Consequence   |   |   |   |  | Health & Safety, Environment, Asset | -Injury or illness requiring First Aid treatment. No lost time injury days - Minimal environmental damage affecting very small area, immediately remediated | -Injury or illness requiring medical treatment, Lost time injury <10 days -Short term environmental damage affecting a small area easily remediated | -Serious injury or illness. Lost time injury >10 days - Short term environmental damage requiring some intervention - \$10 million - \$30 | -Significant/ extensive injury or illness, Permanent Partial Disability - Long term environmental damage extending to a large area requiring high level | -Fatality, Permanent Total Disability - Permanent, environmental damage to an extensive area outside of campus -More than \$100 |  | ●<br>Insignificant | ●<br>Minor | ●<br>Moderate | ●<br>Major | ●<br>Critical | <p>Rate the actual consequence, potential consequence and potential likelihood for the incident as per the descriptors.</p> <p>E.g. First Aid injury – select insignificant.</p> |
|  | Consequence   |   |   |   |   |  |                                     |   |   |   |   |   |  |                    |            |               |            |               |  |
| Health & Safety, Environment, Asset  | -Injury or illness requiring First Aid treatment. No lost time injury days - Minimal environmental damage affecting very small area, immediately remediated | -Injury or illness requiring medical treatment, Lost time injury <10 days -Short term environmental damage affecting a small area easily remediated | -Serious injury or illness. Lost time injury >10 days - Short term environmental damage requiring some intervention - \$10 million - \$30 | -Significant/ extensive injury or illness, Permanent Partial Disability - Long term environmental damage extending to a large area requiring high level | -Fatality, Permanent Total Disability - Permanent, environmental damage to an extensive area outside of campus -More than \$100 |  |                                     |   |   |   |   |   |  |                    |            |               |            |               |  |
|  | ●<br>Insignificant  | ●<br>Minor  | ●<br>Moderate   | ●<br>Major  | ●<br>Critical   |  |                                     |   |   |   |   |   |  |                    |            |               |            |               |  |
| <p>Click the draft icon  <b>Draft</b> to save your incident as a draft. You can access your draft by clicking on the Home button located on the top right hand side of the page. Then click on your draft incident link located in the information panel located on the left hand side of the screen.</p> <p>Click the Next button  <b>Next</b> to go to the final page and click  <b>Submit</b> icon to submit the Incident</p>  |   |   |   |   |   |  |                                     |   |   |   |   |   |  |                    |            |               |            |               |  |