

StreamLine

<https://streamline.com/>

# Stream-Lined

Favourites

Saved In Progress

Form Type	Description
Workplace injury	broken kneecap
near miss	fire door 1
hazard	

Form Favourite 4

Form Favourite 2

iPad 10:00 PM 22:00

# Stream-Lined

Saved In Progress

Form Type	Description
Workplace injury	broken kneecap
near miss	fire door 1
hazard	

Favourites

Workplace Injury Form

Near Miss Form

Form Favourite 3

Form Favourite 4

Stream-Lined

Saved In Progress

Form Type	Description
Workplace injury	broken kneecap
near miss	fire door 1
hazard	

Favourites

Workplace Injury Form

Near Miss Form

Form Favourite 3

Form Favourite 4

Touch Dropdown Menu

- Home
- Form Builder
- Forms
- Actions
- Logout

small window  
for touchpad,  
full screen for  
phone

**StreamLine**

<https://streamline.com/>

## Stream-Lined

Build a New Form

Select Elements from the Left Pane to Include in your Form. When you are done preview the form and confirm it's creation if you are happy with the result.

Input Name of Form Here  Assigned

Must be name unique input

When re-directed from Form edit fields already filled and items in place. Saving with the same name will replace the form

Full Name

Short Answer  Short Answer Label

Long Answer  Long Answer Label

File Upload  File Upload

Basic

- Full Name
- Email
- Short answer
- Long answer
- single choice
- multiple choice
- File upload
- Date/Time

iPad 10:00 PM

## Stream-Lined

Build a New Form

Select Elements from the Left Pane to Include in your Form. When you are done preview the form and confirm it's creation if you are happy with the result.

Input Name of Form Here  Assigned

Basic

- Full Name
- Email
- Short answer
- Long answer
- single choice
- multiple choice
- File upload
- Date/Time

Full Name

Short Answer Label

Short Answer

Long Answer Label

Long Answer

File Upload

22:00

## Stream-Lined

Build a New Form

Select Elements from the Left Pane to Include in your Form. When you are done preview the form and confirm it's creation if you are happy with the result.

Input Name of Form Here  Assigned

Basic

- Full Name
- Email
- Short answer
- Long answer
- single choice
- multiple choice
- File upload
- Date/Time

Full Name

Short Answer Label

Short Answer

Long Answer Label

Long Answer

File Upload

Touch Dropdown Menu

- Home
- Form Builder
- Forms
- Logout

small window  
for touchpad,  
full screen for  
phone

StreamLine

<https://streamline.com/>

# Stream-Lined

Basic

Full Name

Email

Short answer

Long answer

single choice

multiple choice

File upload

Date/Time

Must be name unique input

Select Elements from the Left Pane to include in your form. When you are done preview the form and confirm its creation if you are happy with the result.

**Input Name of Form Here**

First Name      Last Name

Short Answer Label

Long Answer Label

Choose files to Upload  
or drag and drop them here

Submit

Create?  
If you are happy with the form select Yes.  
No      Yes

iPad 10:00 PM 22:00

# Stream-Lined

Select previous preview

**Input Name of Form Here**

First Name      Last Name

Short Answer Label

Long Answer Label

Choose files to Upload  
or drag and drop them here

Submit

Create?  
If you are happy with the form select Yes.  
No      Yes

Stream-Lined

# Build a New Form

Select Elements from the Left Pane to include in your Form. When you are done preview the form and confirm its creation if you are happy with the result.

**Input Name of Form Here**

First Name      Last Name

Short Answer Label

Long Answer Label

Choose files to Upload  
or drag and drop them here

Submit

Create?  
If you are happy with the form select Yes.  
No      Yes

Touch Dropdown Menu

Home
Form Builder
Forms

small window  
for touchpad,  
full screen for  
phone

Overlaid Preview

# Input Name of Form Here

First Name      Last Name

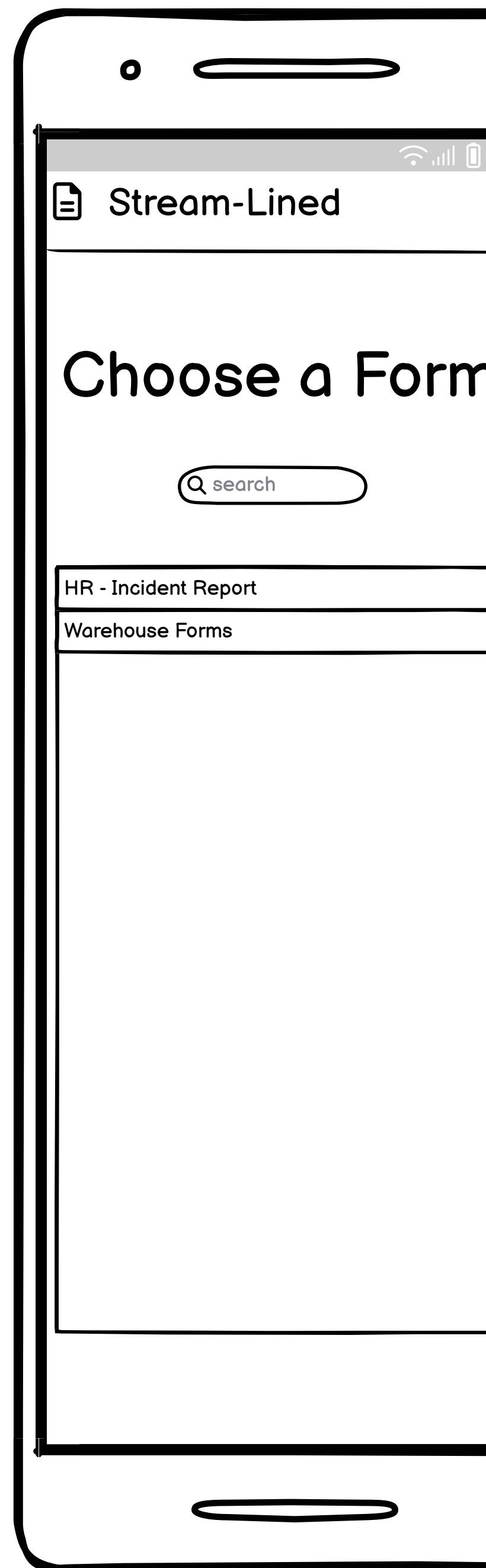
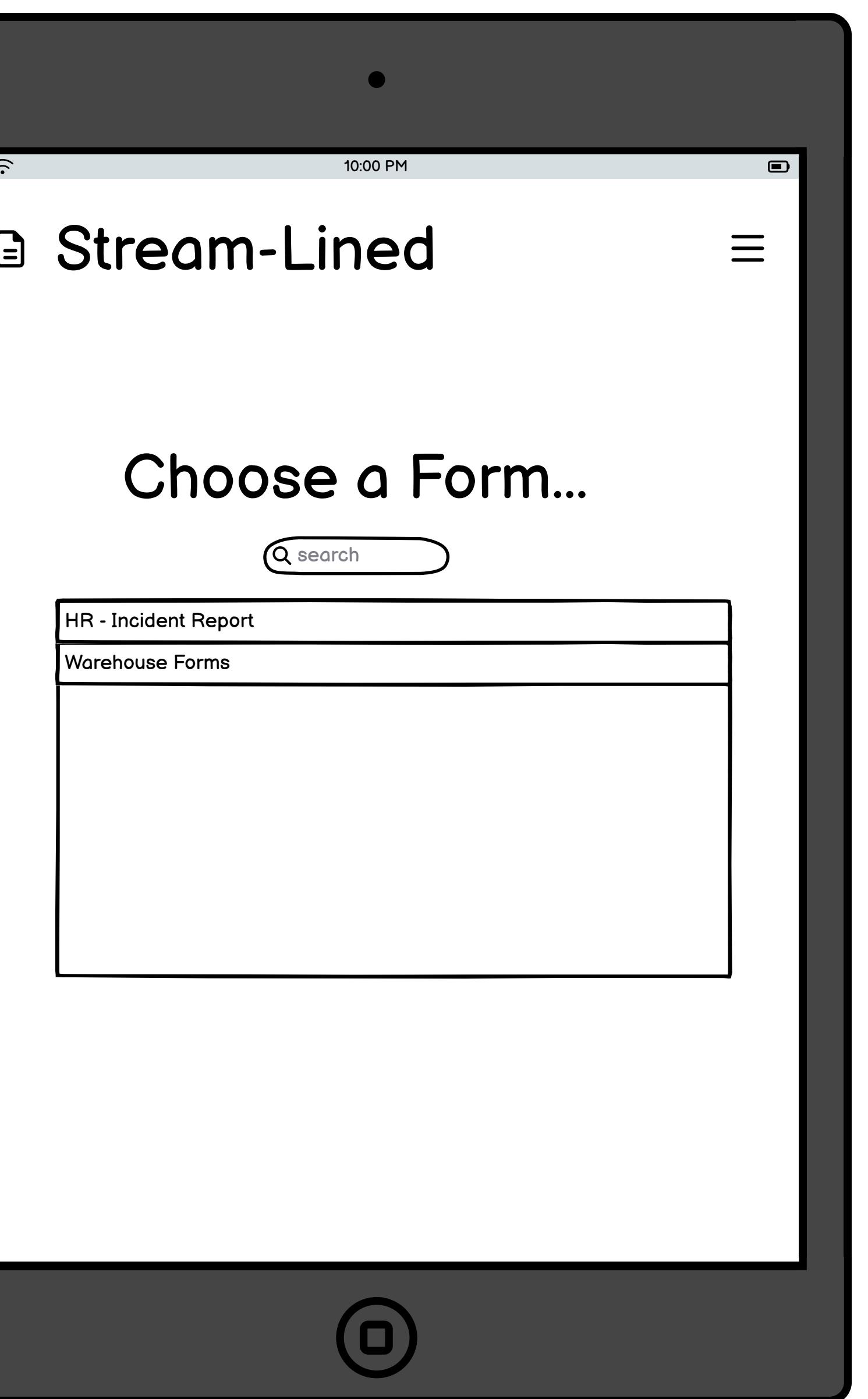
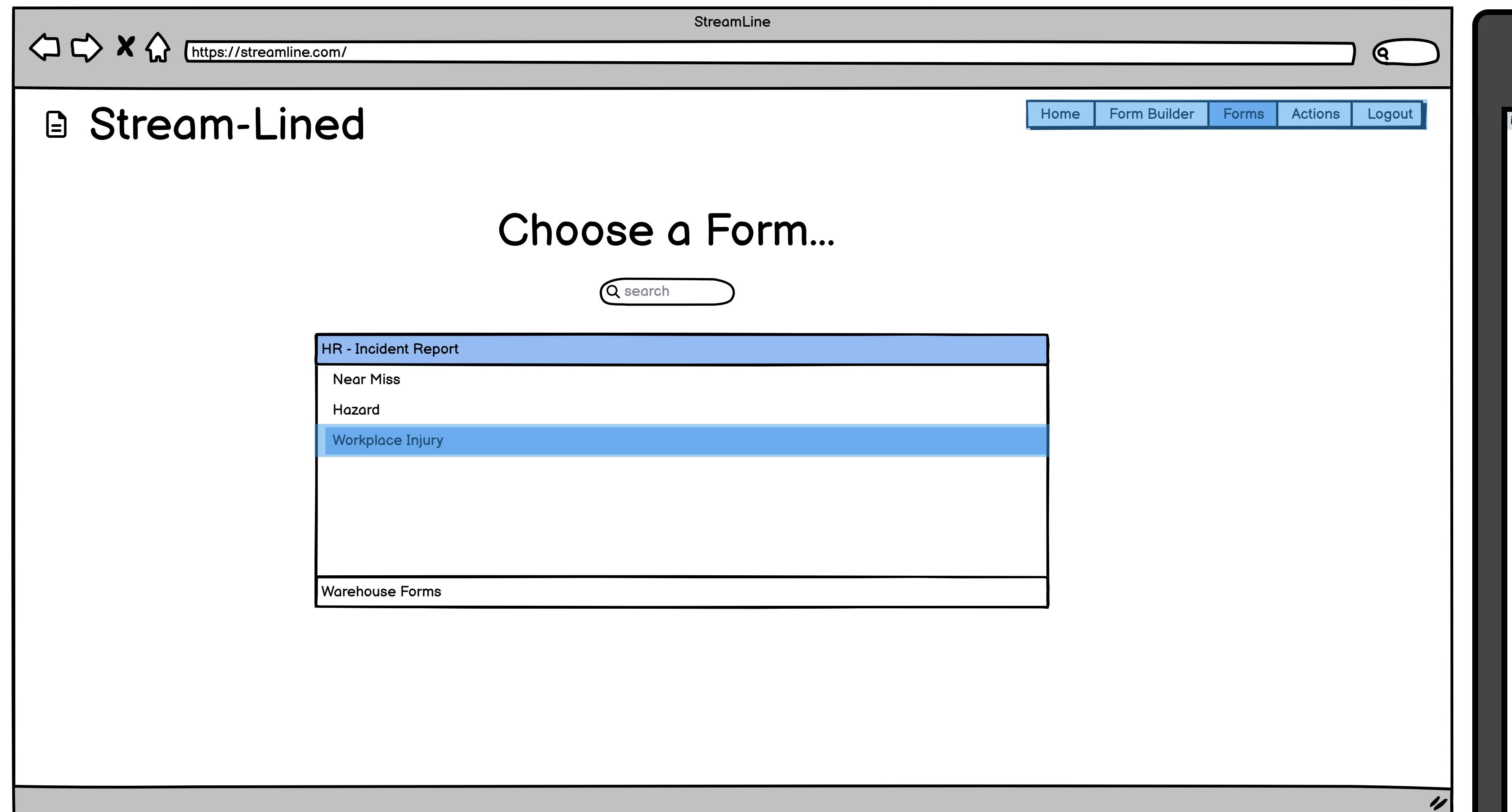
Short Answer Label

Long Answer Label

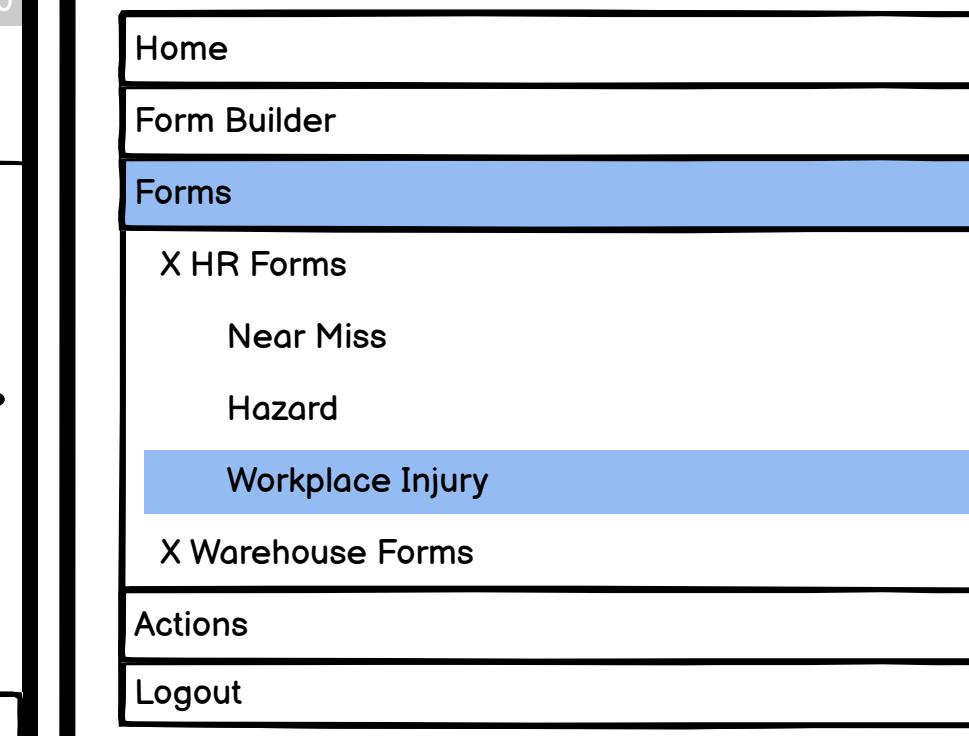
Choose files to Upload  
or drag and drop them here

Submit

Create?  
If you are happy with the form select Yes.  
No      Yes



Touch Dropdown Menu



small window  
for touchpad,  
full screen for  
phone

**StreamLine**

<https://streamline.com/>

# Stream-Lined

HR - Incident Report

- Near Miss
- Hazard
- Workplace Injury**

**Workplace Injury Form**  Favourite

Enter Description for New Form

Description

**Create new** **Edit Form** **Delete Form**

Review Existing Submissions

search sort by

Form Id	Description	Submission Date/Time	User Name	Status	Assigned	Tasked User
01	knee pain	6.40am 10/01/2024	George	Pending Task	Thomas	George
02	cut finger	6.40am 01/01/2024	Mary	Closed	Thomas	
03	box to head	6.40am 06/02/2024	Francis	Closed	Thomas	
04	fell over pallet	10.00am 01/03/2024	Bertha	Open	Thomas	

**Warehouse Forms**

**Export Selection to spreadsheet**

**Desktop, Admin and Manager only Button**

Are you sure you want to Delete?  
Once you do, you will no longer be able to access the selected forms

No Yes

**iPad** 10:00 PM

# Stream-Lined

Workplace Injury Form  Favourite

Enter Description for New Form

Description

**Create new** **Edit Form** **Delete Form**

Existing Form Submissions

search sort by

Form Id	Description	Submission Date/Time	User Name	Status	Assign	Tasked U
01	knee pain	6.40am 10/01/2024	George	Pending Task	Thomas	George
01	cut finger	6.40am 01/01/2024	Mary	Closed	Thomas	
01	box to head	6.40am 06/02/2024	Francis	Closed	Thomas	
01	fell over pa	10.00am 01/03/2024	Bertha	Open	Thomas	

**Touch Dropdown Menu**

**Stream-Lined**

Workplace Injury Form  Favourite

Enter Description for New Form

Description

**Create new** **Edit Form** **Delete Form**

Existing Form Submissions

search sort by

Description	Date	User Name	Status
knee pain	28 Dec 2023	George	Pending Task
cut finger	01 Jan 2024	Mary	Closed
box to head	06 Feb 2024	Francis	Closed
fell over pall	03 Mar 2024	Bertha	Open

Home

Form Builder

Forms

X HR Forms

- Near Miss
- Hazard
- Workplace Injury**

X Warehouse Forms

Actions

Logout

small window  
for touchpad,  
full screen for  
phone

StreamLine

<https://streamline.com/>

## Stream-Lined

HR - Incident Report

- Near Miss
- Hazard
- Workplace Injury**

**Workplace Injury Form**  Favourite

Description : {User Input}

Employee Name

Date  /

Time

What Caused the injury?  
Knee injury

Describe the nature of the Injury

Attending First Aid Officer

Add attachment  
  
or drag and drop them here

Any additional comments

**Returns to Forms page**

Warehouse Forms

iPod 10:00 PM 22:00

## Stream-Lined

**Workplace Injury Form**  Favourite

Description : {User Input}

Employee Name

Date  /

Time

What Caused the injury?

Describe the nature

Attending First Aid Officer

Add attachment

Any additional comments

22:00

## Stream-Lined

**Workplace Injury Form**  Favourite

Description : {User Input}

Employee Name

Date  /

Time

What Caused the injury?

Describe the nature

Attending First Aid Officer

Add attachment

Any additional comments

**Touch Dropdown Menu**

Home
Form Builder
<b>Forms</b>
X HR Forms
Near Miss
Hazard
<b>Workplace Injury</b>
X Warehouse Forms
Actions
Logout

**small window for touchpad, full screen for phone**

StreamLine  
<https://streamline.com/>

## Stream-Lined

WorkPlace Injury 1

Knee Pain - George

### WorkPlace Injury Form

Form Id	Description	Submission Date/Time	User Name	Status	Assigned Tasked User
01	knee pain	6.40am 10/01/2024	George	Pending Task	Thomas George

Employee Name  
Frank Guzman

Date 09 Jan 2024 Time 10 am

What Caused the injury?  
Poor manual handling

Describe the nature of the Injury  
hit his knee on a post while lifting in a tight space, see attached area in photos

Attending First Aid Officer  
George Saurez

[View attachment](#)

Any additional comments  
Had to take him to the doctor for a medical check-up, used the recommended company doctor

---

### Assigned Action from {user Name}

Hey George,  
What medical supplies did you use from the medkit?

---

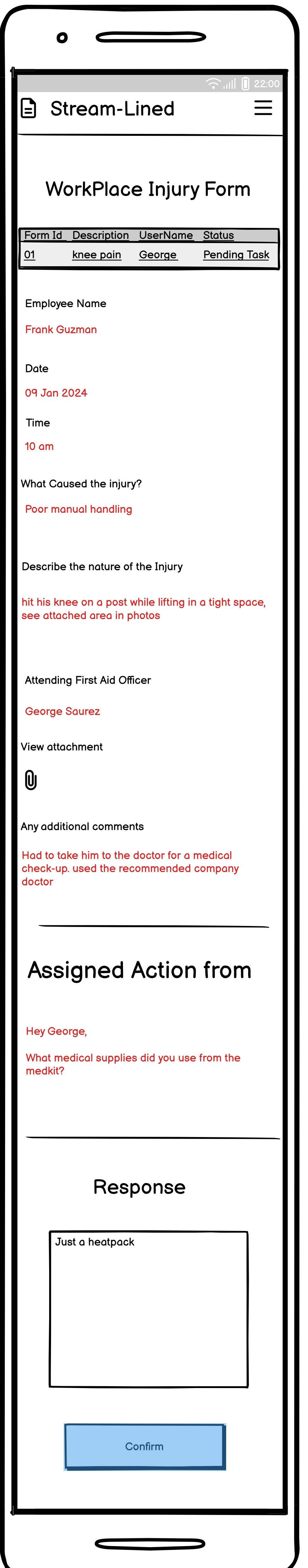
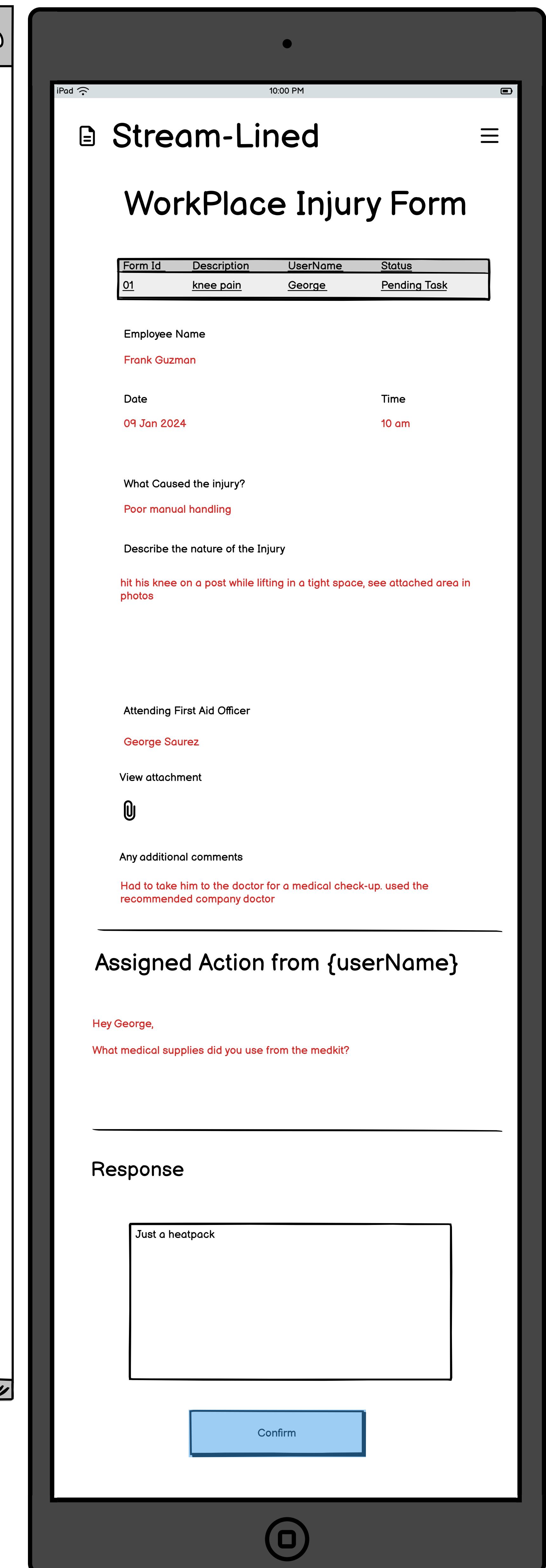
### Response

Just a heatpack

[Confirm](#)

On confirmation automatically jump to next action in the current Subcategory. Follow confirmation Button link to see Empty

non-manager profile auto re-assigns back to the person who issued the form



Touch Dropdown Menu

Home
Form Builder
Forms
Actions
X Workplace Injury 1
Knee Pain - George
<a href="#">Logout</a>

small window  
for touchpad,  
full screen for  
phone

StreamLine  
https://streamline.com/

# Stream-Lined

Home Form Builder Forms Actions Logout

## WorkPlace Injury Form

Form Id	Description	Submission Date/Time	User Name	Status	Assigned	Tasked User
01	knee pain	6.40 am 10/01/2024	George	Pending Task	Thomas	George

Employee Name  
Frank Guzman

Date 09 Jan 2024 Time 10 am

What Caused the injury?  
Poor manual handling

Describe the nature of the Injury  
hit his knee on a post while lifting in a tight space, see attached area in photos

Attending First Aid Officer  
George Sourez

[View attachment](#)

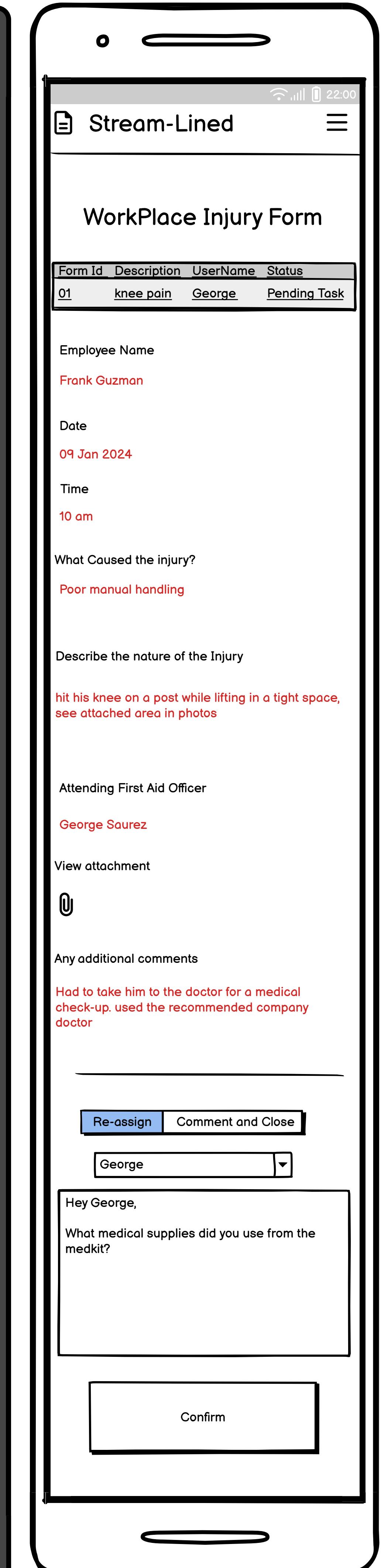
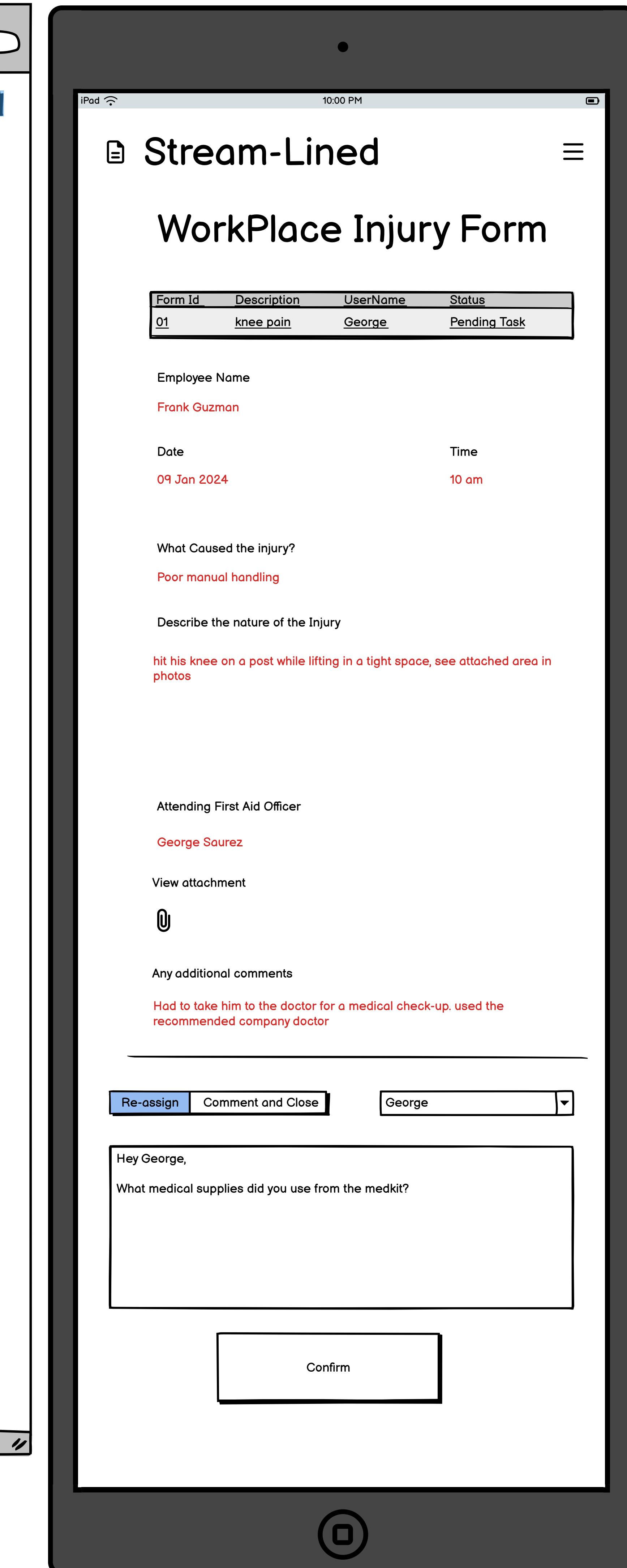
Any additional comments  
Had to take him to the doctor for a medical check-up, used the recommended company doctor

link to Assignee example Re-assign Comment and Close George When you click the comment and close the username element will disappear

Hey George,  
What medical supplies did you use from the medkit?

Confirm

On confirmation automatically jump to next action in the current Subcategory. Follow confirmation Button link to see Empty



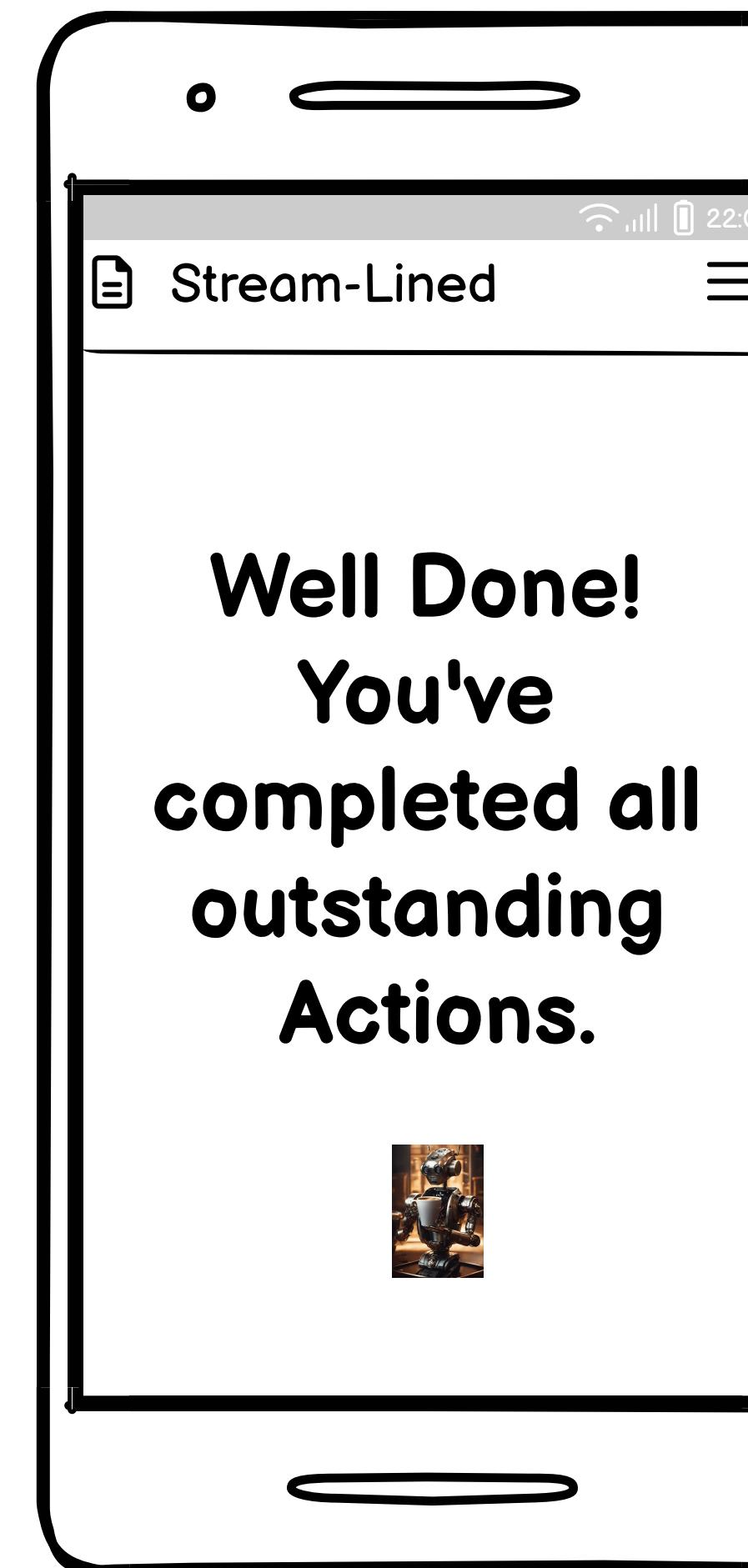
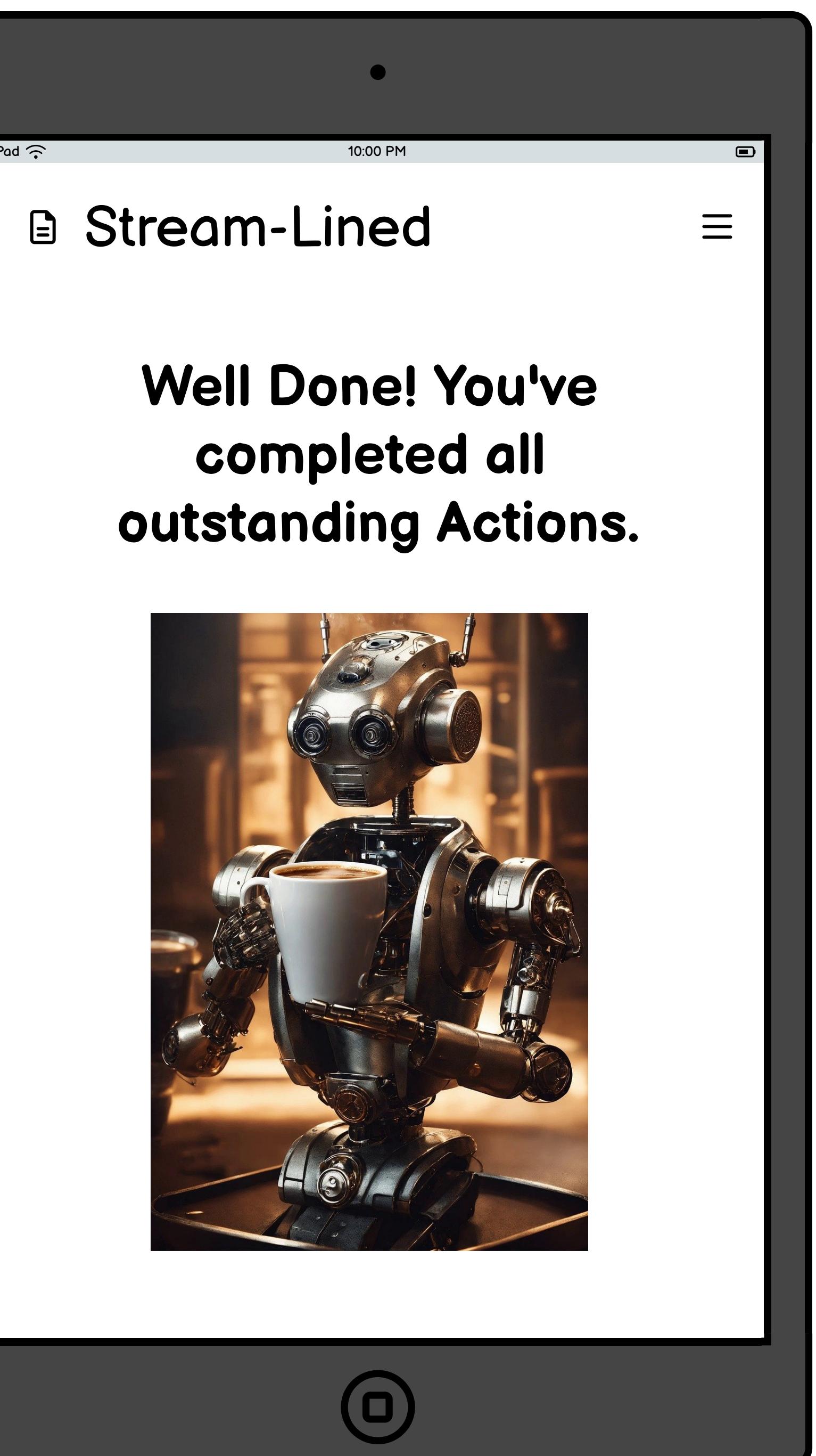
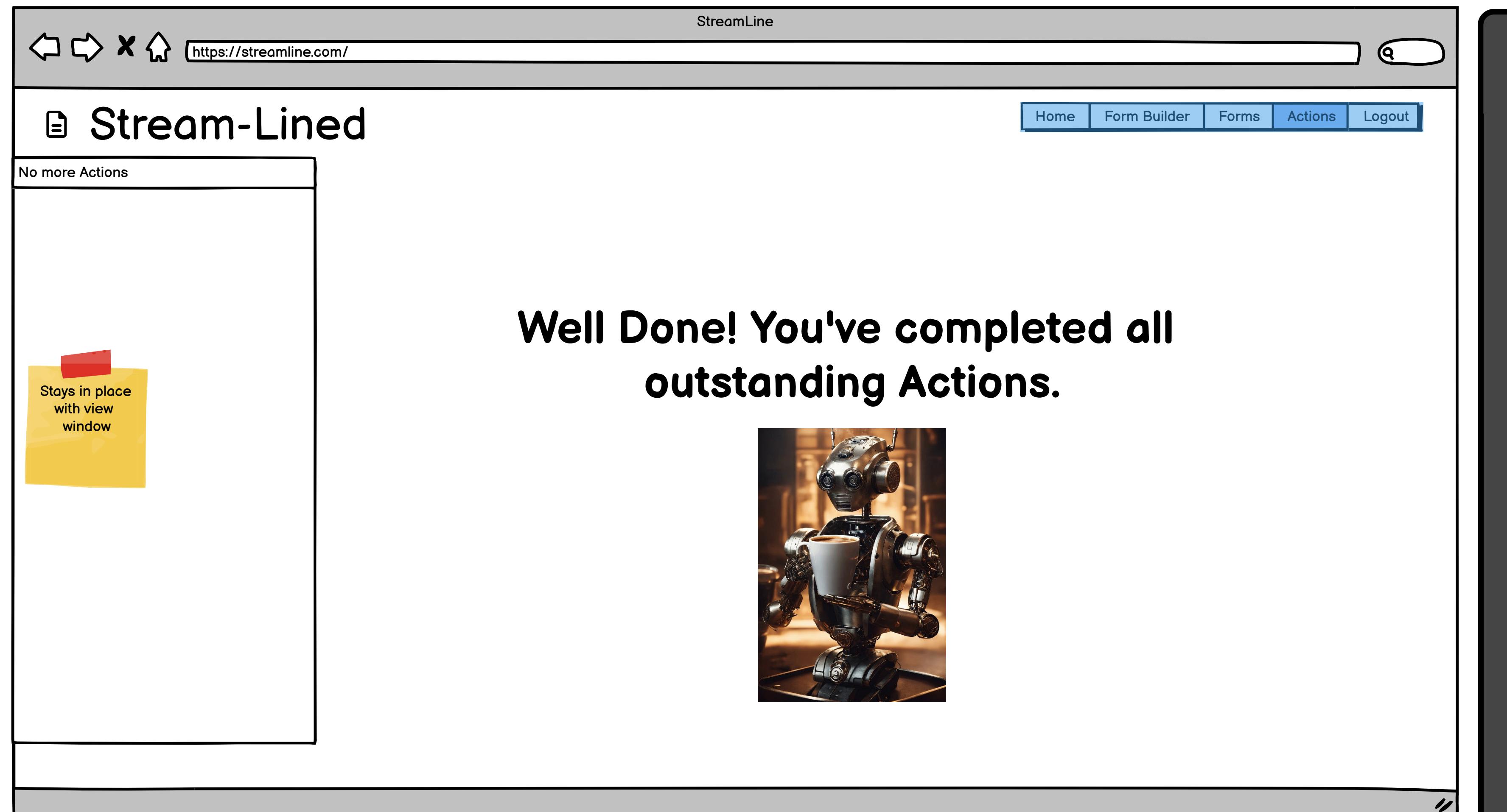
Touch Dropdown Menu

Home Form Builder Forms Actions

Near Miss	8
X Workplace Injury	2
Knee Pain - George	
Fell over Pallet - Bertha	

Logout

small window for touchpad, full screen for phone



Touch Dropdown Menu

Home
Form Builder
Forms
Actions
No more Actions
Logout

Touch Dropdown Menu

small window  
for touchpad,  
full screen for  
phone

StreamLine

<https://streamline.com/>

# Stream-Lined

WorkPlace Injury Form

Form Id	Description	Submission Date/Time	UserName	Status	Assigned	Tasked User
02	cut finger	6.40am 01/01/2024	Mary	Closed	Thomas	

Employee Name  
Frank Guzman

Date  
09 Jan 2024

Time  
10 am

What Caused the injury?  
Poor manual handling

Describe the nature of the Injury  
hit his knee on a post while lifting in a tight space, see attached area in photos

Attending First Aid Officer  
George Saurez

View attachment

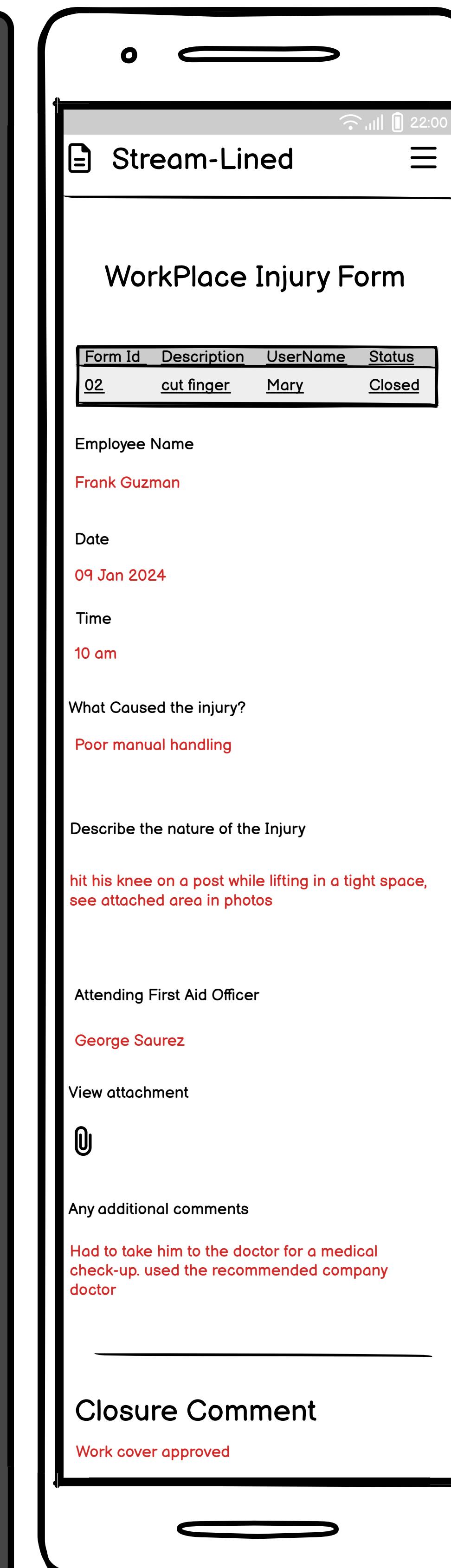
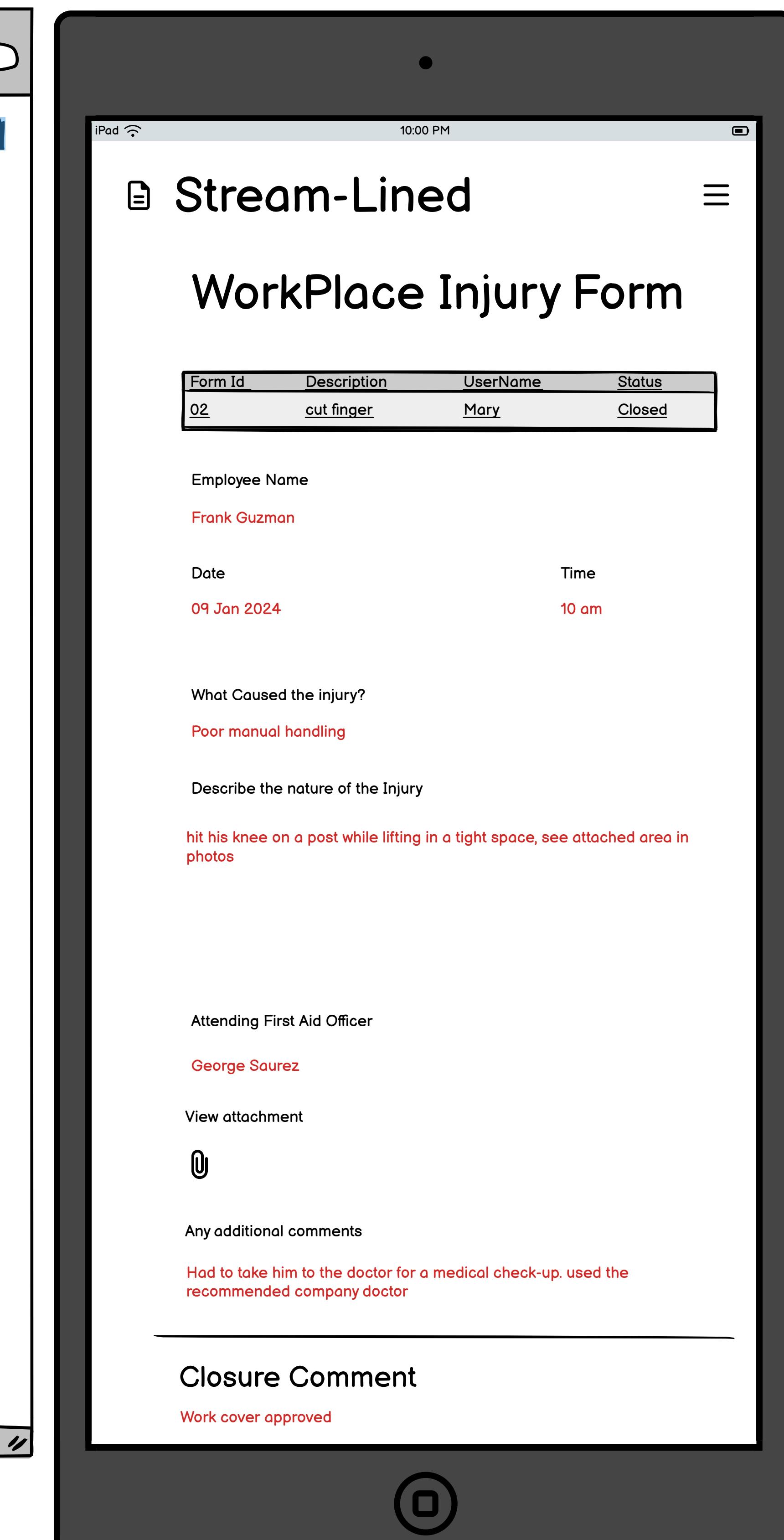
Any additional comments  
Had to take him to the doctor for a medical check-up. used the recommended company doctor

---

**Closure Comment**

Work cover approved

**Stays in place with view window**



Touch Dropdown Menu

Home
Form Builder
Forms
Actions
Near Miss 8
X Workplace Injury 2
Knee Pain - George
Fell over Pallet - Bertha
Logout

small window for touchpad, full screen for phone