

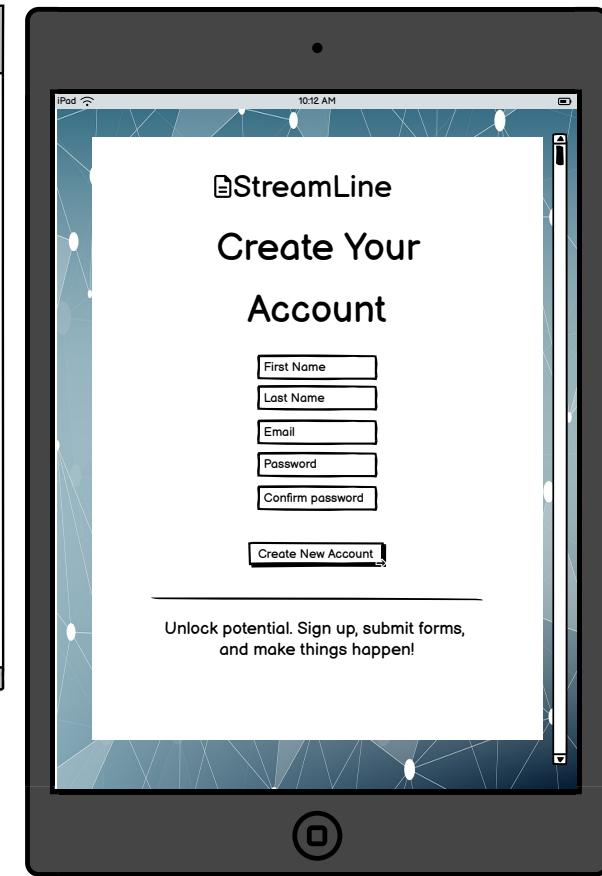
Welcome to StreamLine
https://streamline.com/login

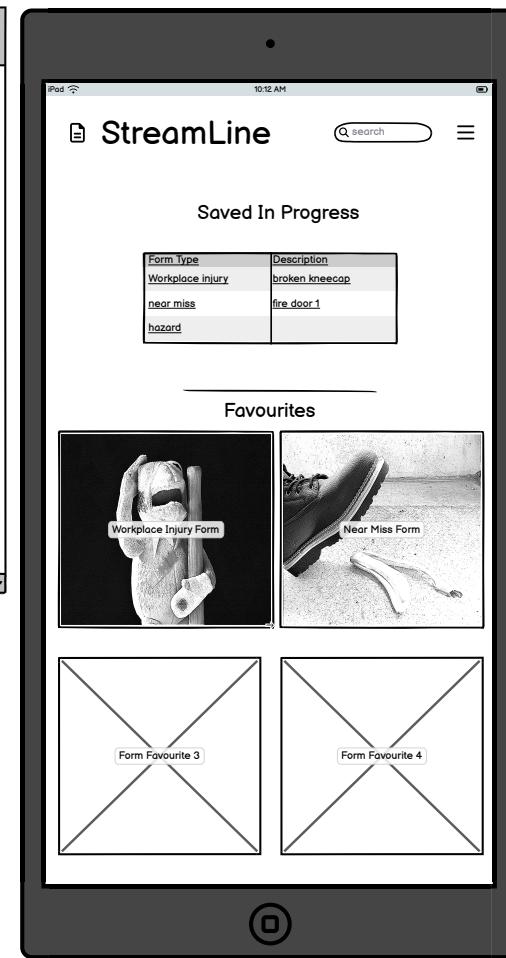
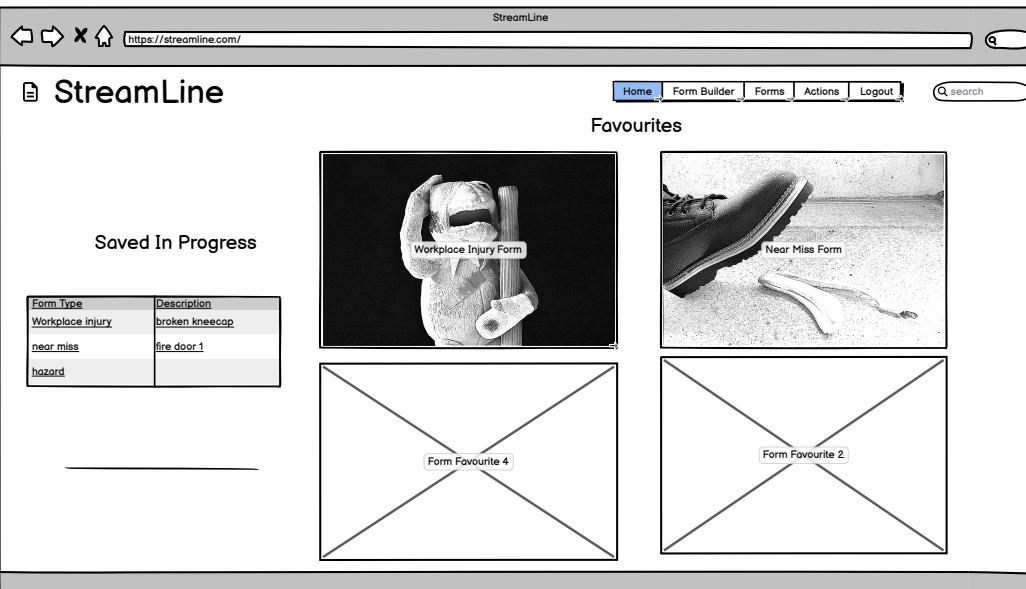
StreamLine

Create Your Account

First Name
Last Name
Email
Password
Confirm password

Create New Account





Touch Dropdown Menu

Home
Form Builder
Forms
Actions
Logout

small window
for touchpad,
full screen for
phone

StreamLine

https://streamline.com/

Workplace Injury Form

Create New Form

Description Create

Review Existing Submissions

sort by filters search

Form Id	Description	Submission Date/Time	User Name	Status	Assigned	Tisked 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	

Export Selection to spreadsheet

Delete/Hide only visible when tasks selected

Hide Delete

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

No Yes

Desktop, Admin and Manager only Button

small window
for touchpad
full screen for phone

Touch Dropdown Menu

Home

Form Builder

Forms

X HR Forms

Near Miss

Hazard

Workplace Injury

X Warehouse Forms

Actions

Logout

StreamLine

https://streamline.com/

Workplace Injury Form Favourite

Employee Name

Date Time

What Caused the injury? Knee injury

Describe the nature of the Injury

Attending First Aid Officer

Add attachment Choose files to Upload
or drag and drop them here

Any additional comments

Returns to Forms page

StreamLine

Workplace Injury Form Favourite

Employee Name

Date Time

What Caused the injury?

Describe the nature

Attending First Aid Officer

Add attachment Choose files to Upload

Any additional comments

StreamLine

Workplace Injury Form Favourite

Employee Name

Date Time

What Caused the injury?

Describe the nature

Attending First Aid Officer

Add attachment Choose files to Upload

Any additional comments

Touch Dropdown Menu

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Form Builder

Forms

X HR Forms

Near Miss

Hazard

Workplace Injury

X Warehouse Forms

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small window
for touchpad
full screen for
phone

StreamLine

Near Miss 8
Workplace Injury 2

Knee Pain - George
Fell over Pallet - Bertha

Stays in place with view window

WorkPlace Injury Form

Form Id	Description	Submission Date/Time	User Name	Status	Assigned Task	User
01	knee pain	6:40am 10/01/2024	George	Pending Task	Thomas	George

Employee Name
Frank Guzman

Date Time
09 Jan 2024 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
[Attachment icon]

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

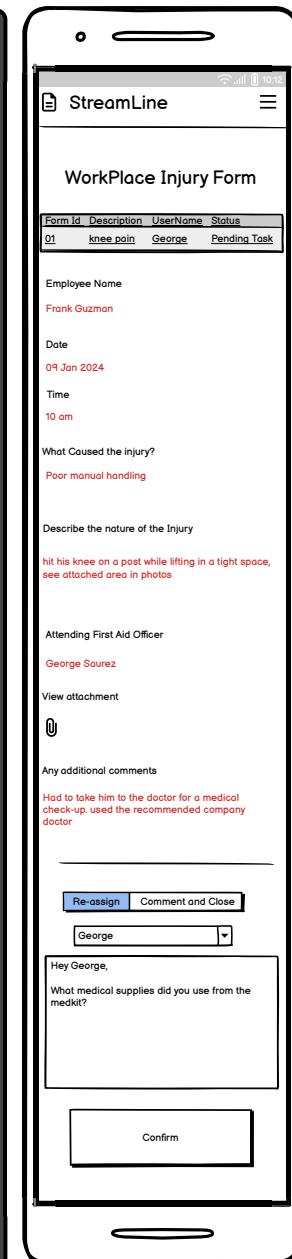
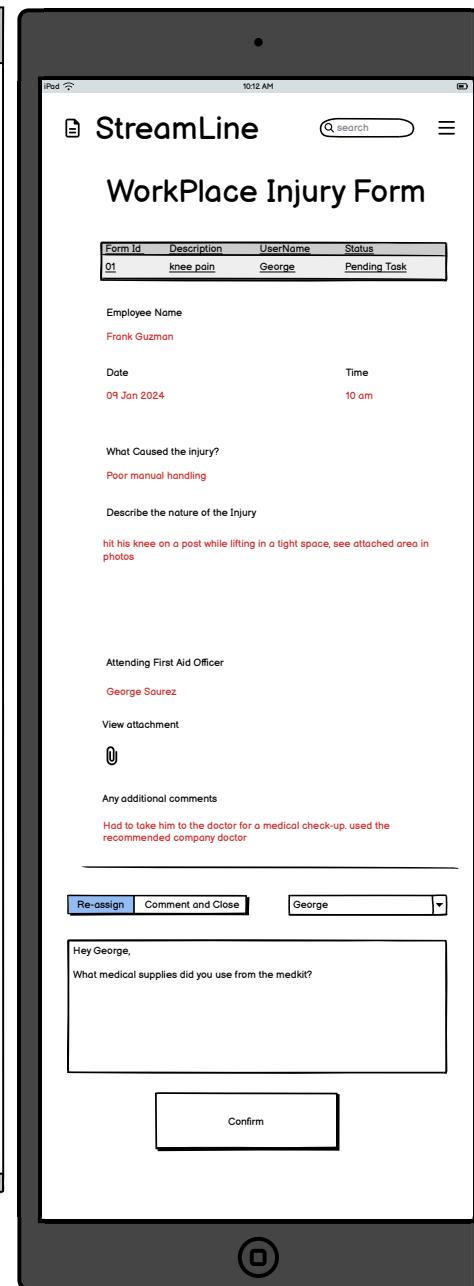
link to Assignee example
Re-assign Comment and Close George

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



small window for touchpad, full screen for phone

StreamLine

<https://streamline.com/>

Home Form Builder Forms Actions Logout search

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 Time
09 Jan 2024 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

Closure Comment

Work cover approved

StreamLine

10:12 AM

WorkPlace Injury Form

Form Id	Description	UserName	Status
02	cut finger	Mary	Closed

Employee Name
Frank Guzman

Date Time
09 Jan 2024 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

Closure Comment

Work cover approved

StreamLine

10:12 AM

WorkPlace Injury Form

Form Id	Description	UserName	Status
02	cut finger	Mary	Closed

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

Closure Comment

Work cover approved

Touch Dropdown Menu

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Near Miss 8

X Workplace Injury 2

Knee Pain - George

Fell over Pallet - Bertha

Logout

small window for touchpad, full screen for phone

 StreamLine <https://streamline.com/>

StreamLine

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 Time
09 Jan 2024 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

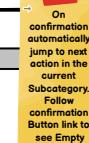

Any additional comments
Had to take him to the doctor for a medical check-up. used the recommended company doctor

Assigned Action from {user Name}

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

Response
Just a heatpack



iPod 10:12 AM

StreamLine

WorkPlace Injury Form

Form Id	Description	User Name	Status
01	knee pain	George	Pending Task

Employee Name
Frank Guzman

Date Time
09 Jan 2024 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

Assigned Action from {user Name}

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

Response
Just a heatpack



Touch Dropdown Menu

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X Workplace Injury 1
Knee Pain - George
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StreamLine

WorkPlace Injury Form

Form Id	Description	User Name	Status
01	knee pain	George	Pending Task

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

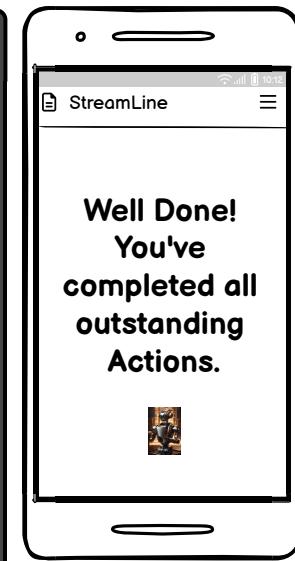
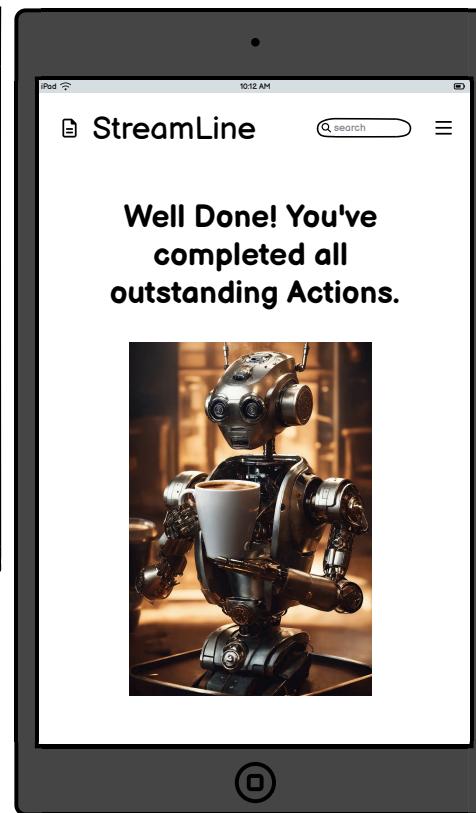
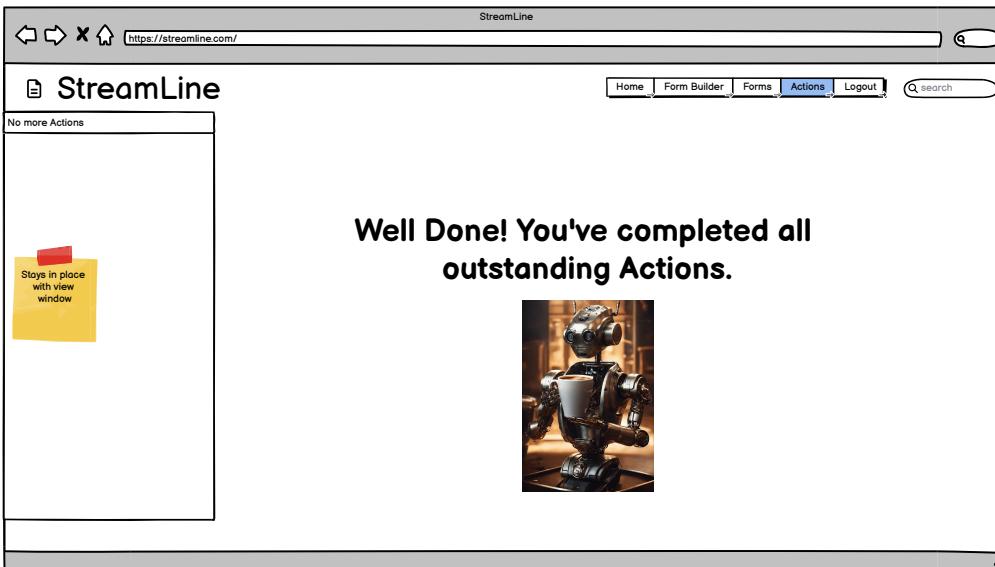
Assigned Action from

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

Response
Just a heatpack



 small window for touchpad, full screen for phone



Touch Dropdown Menu

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No more Actions
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for touchpad,
full screen for
phone

StreamLine

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.

Favourite

Basic

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

Must be name unique input

Preview Form

StreamLine

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.

Favourite

Basic

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

Preview Form

StreamLine

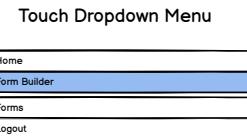
Build a New Form

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.

Basic

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

Preview Form



small window
for touchpad,
full screen for
phone

StreamLine

StreamLine

Home Form Builder Forms Actions Logout search

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

StreamLine

10:12 AM

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

StreamLine

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.

Basic

Full Name

Email
Short answer
Long answer
single choice
multiple choice
File upload

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