

StreamLine

<https://stream-lined.netlify.app/home>

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

Workplace Injury Form

Near Miss Form

iPad 7:42 PM

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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

19:42

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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

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small window
for touchpad,
full screen for
phone

StreamLine

<https://stream-lined.netlify.app/form-builder>

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

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
Long Answer
File Upload

Preview Form

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Short Answer
Long Answer
File Upload

Preview Form

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

Full Name
Short Answer
Long Answer
File Upload

Preview Form

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StreamLine

<https://stream-lined.netlify.app/form-builder/preview>

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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

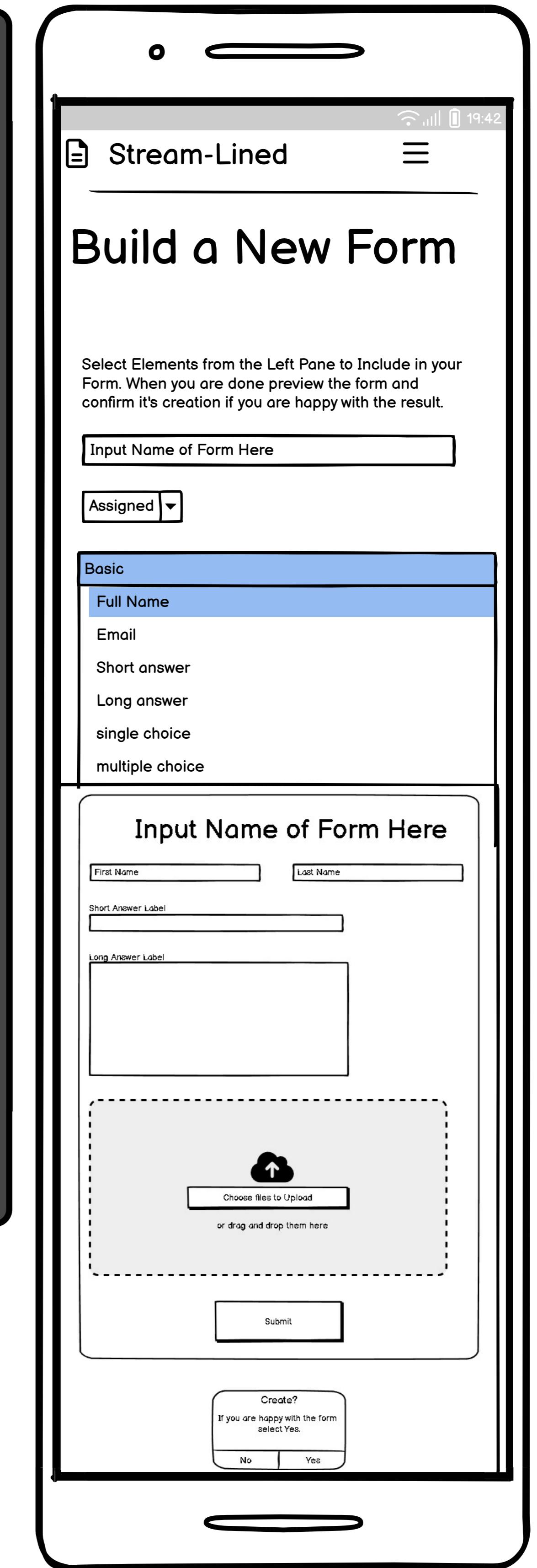
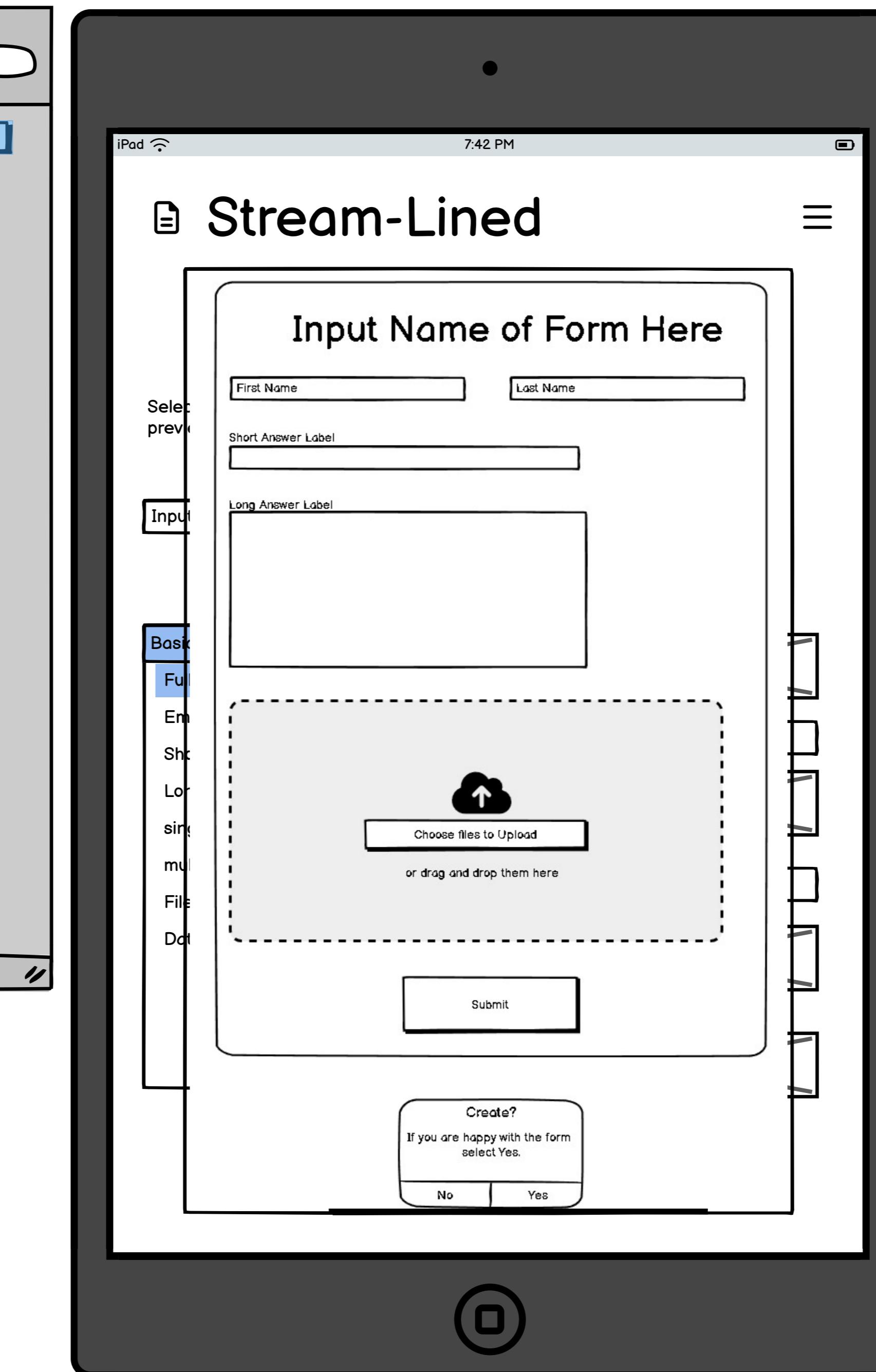
Short Answer Label

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



Touch Dropdown Menu

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small window
for touchpad,
full screen for
phone

Overlaid Preview

Input Name of Form Here

First Name Last Name

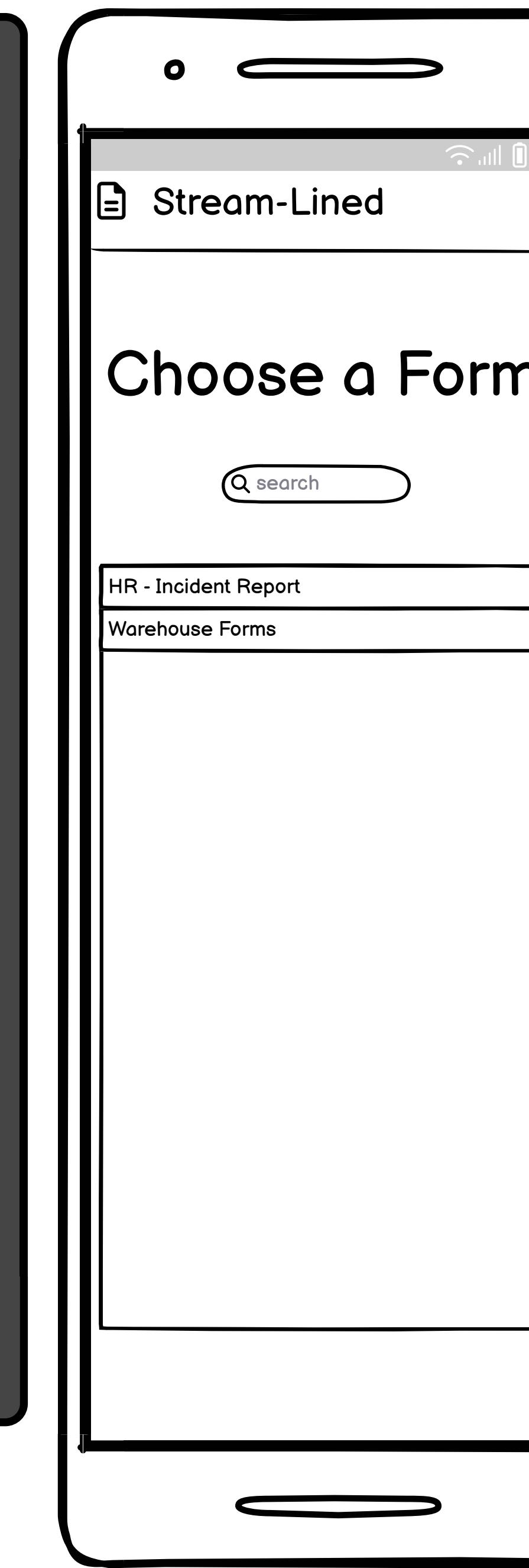
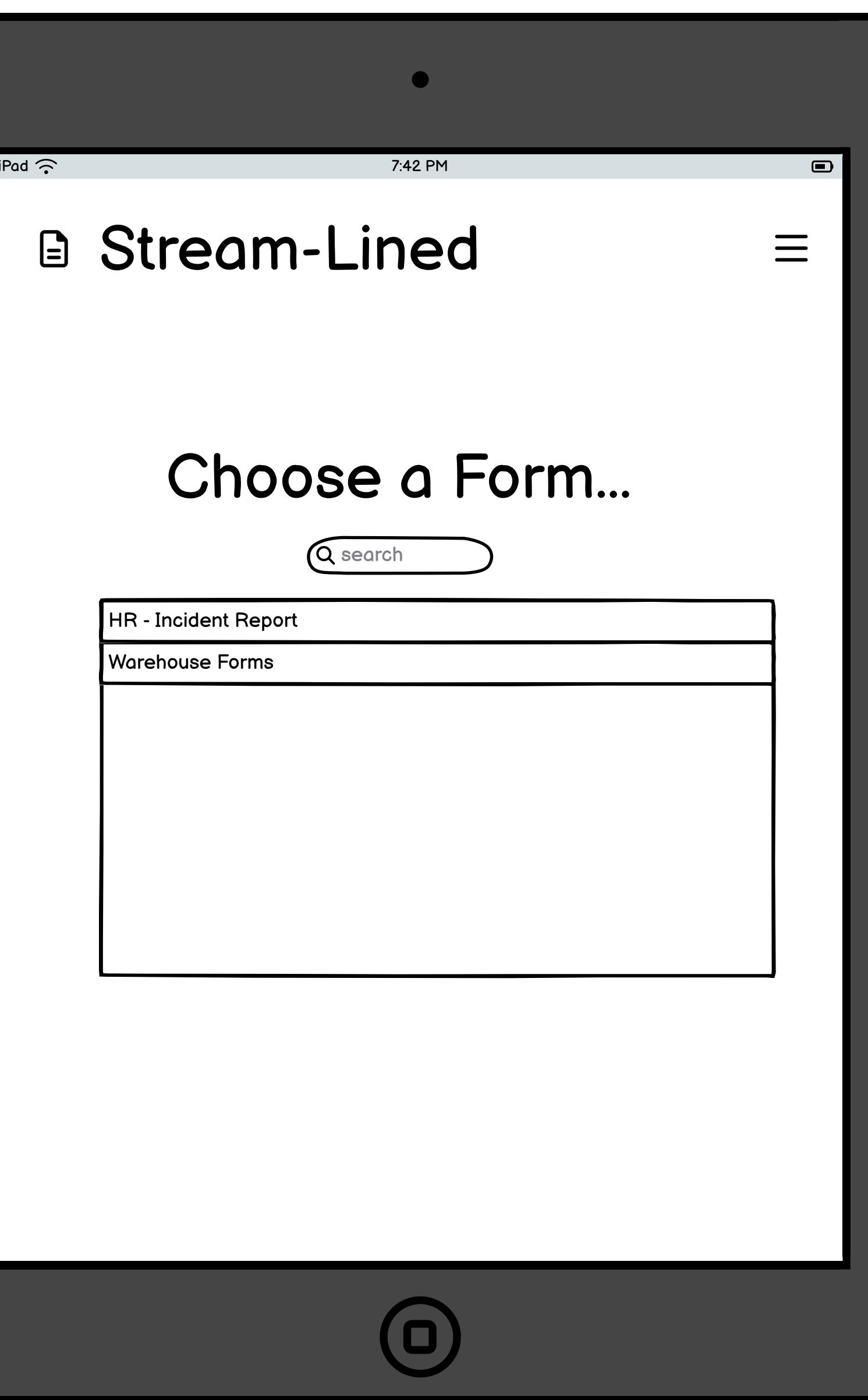
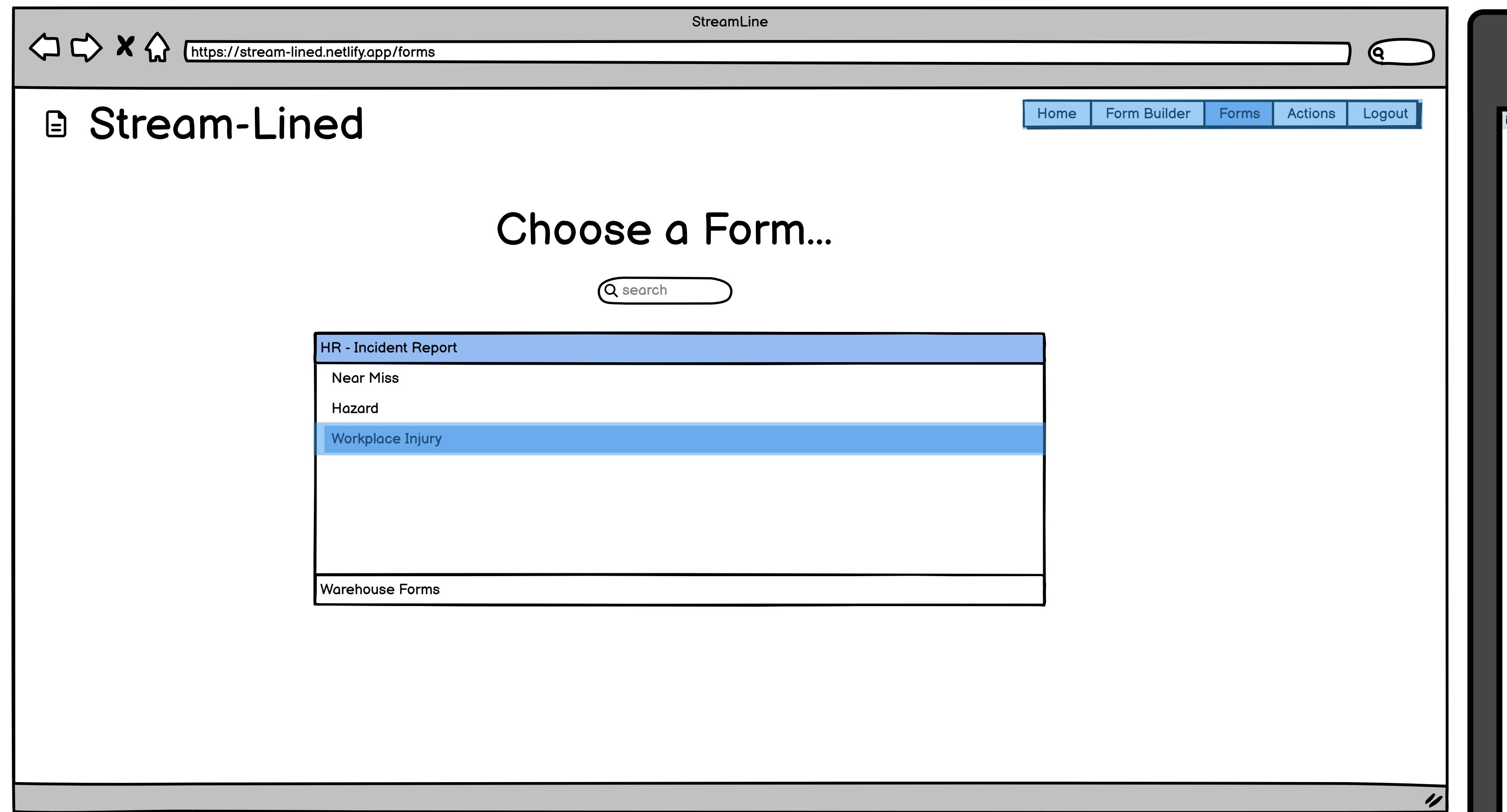
Short Answer Label

Long Answer Label

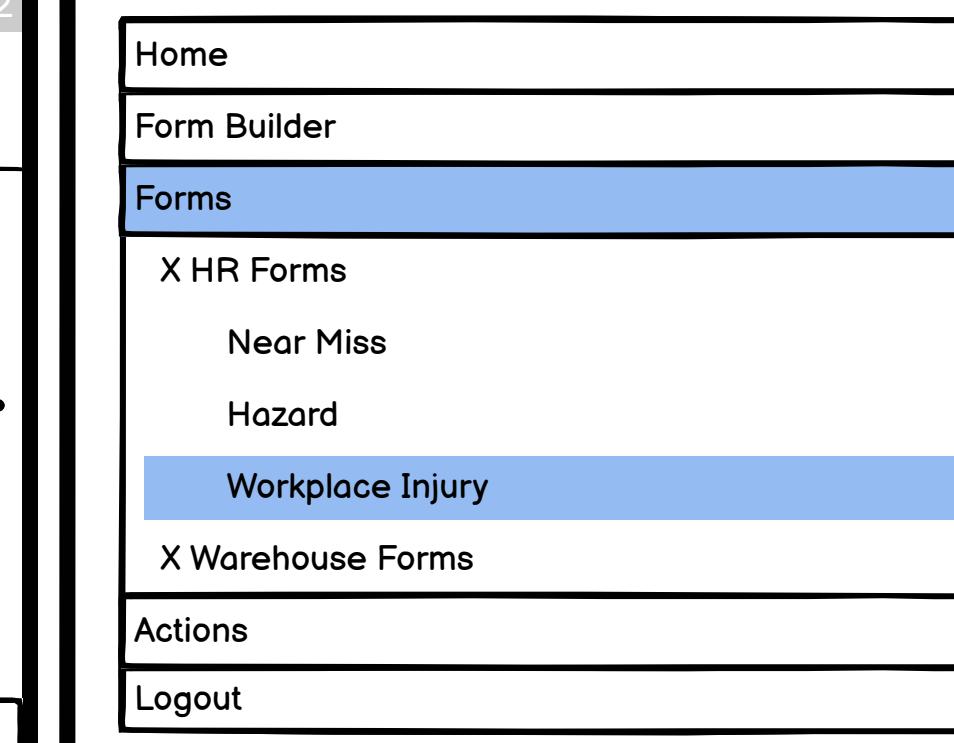
Choose files to Upload
or drag and drop them here

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://stream-lined.netlify.app/forms/workplaceInjuryForm>

Stream-Lined

HR - Incident Report

- Near Miss
- Hazard
- Workplace Injury**

Stays in place with view window

Workplace Injury Form

Favourite

Enter Description for New Form

Description

Create new

Edit Form

Delete Form

Review Existing Submissions

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

Show forms assigned to current user only or group of users for manager

Desktop, Admin and Manager only Button

Export Selection to spreadsheet

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

No Yes

iPad

7:42 PM

Stream-Lined

Workplace Injury Form

Favourite

Enter Description for New Form

Description

Create new

Edit Form

Delete Form

Existing Form Submissions

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

small window for touchpad, full screen for phone

Stream-Lined

Workplace Injury Form

Favourite

Enter Description for New Form

Description

Create new

Edit Form

Delete Form

Existing Form Submissions

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

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StreamLine

<https://stream-lined.netlify.app/forms/workplaceInjuryForm/fill-out>

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

Choose files to Upload
or drag and drop them here

Any additional comments

Submit

Returns to Forms page

Warehouse Forms

Stays in place with view window

iPad 7:42 PM

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

Choose files to Upload

Any additional comments

Submit

19:42

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

Choose files to Upload

Any additional comments

Submit

Touch Dropdown Menu

Home

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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

<https://stream-lined.netlify.app/actions/workplaceInjuryForm/:id>

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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

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Stream-Lined

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

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[View attachment](#)

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Just a heatpack

Confirm

19:42

Stream-Lined

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?
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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

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

Response

Just a heatpack

Confirm

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X Workplace Injury 1 Knee Pain - George
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small window
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full screen for
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StreamLine https://stream-lined.netlify.app/actions/workplaceInjuryForm/id

Stream-Lined

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

link to Assignee example

Re-assign Comment and Close George

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

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

Confirm

Stream-Lined

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

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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

Re-assign Comment and Close George

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

Confirm

Stream-Lined

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 Saurez

[View attachment](#)

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

Re-assign Comment and Close George

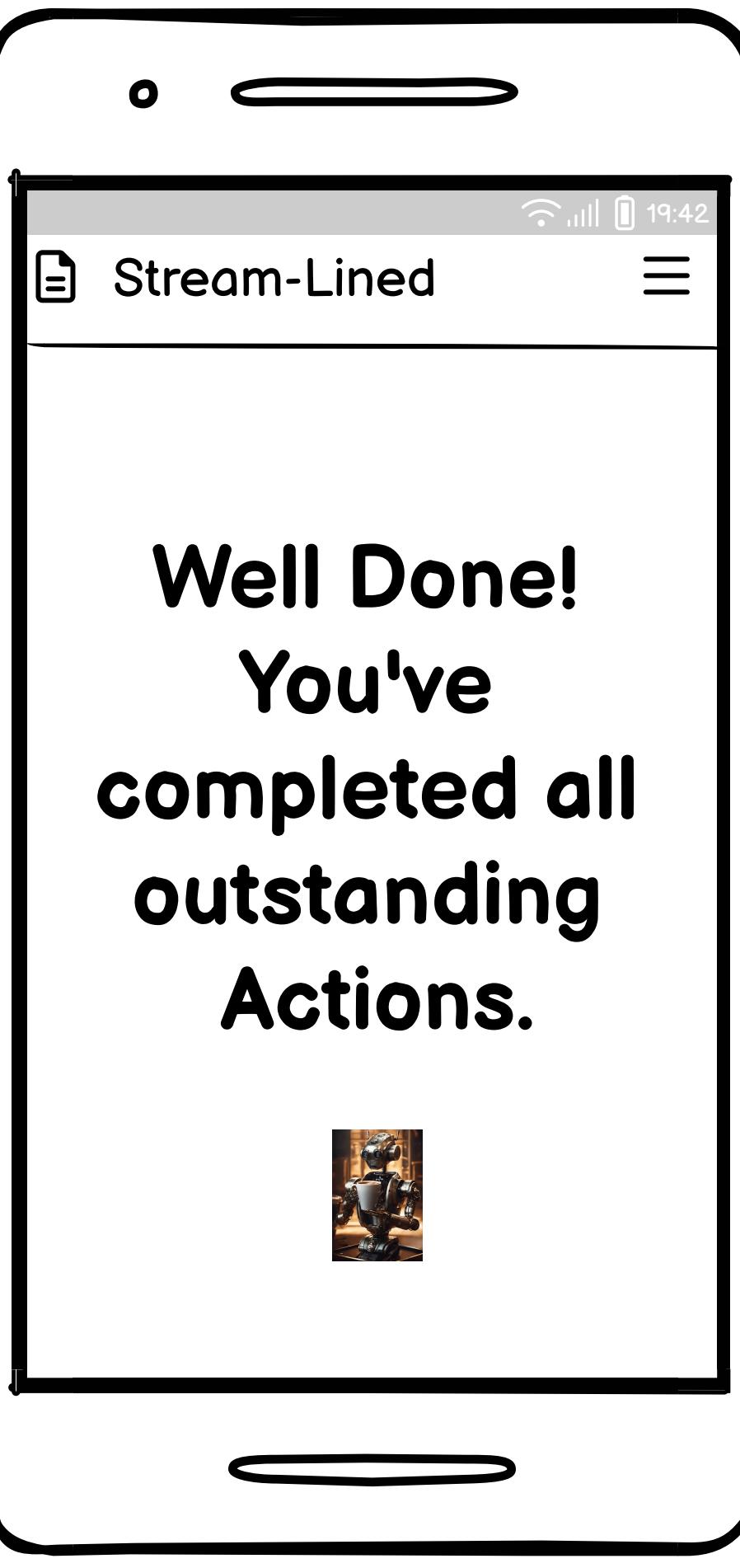
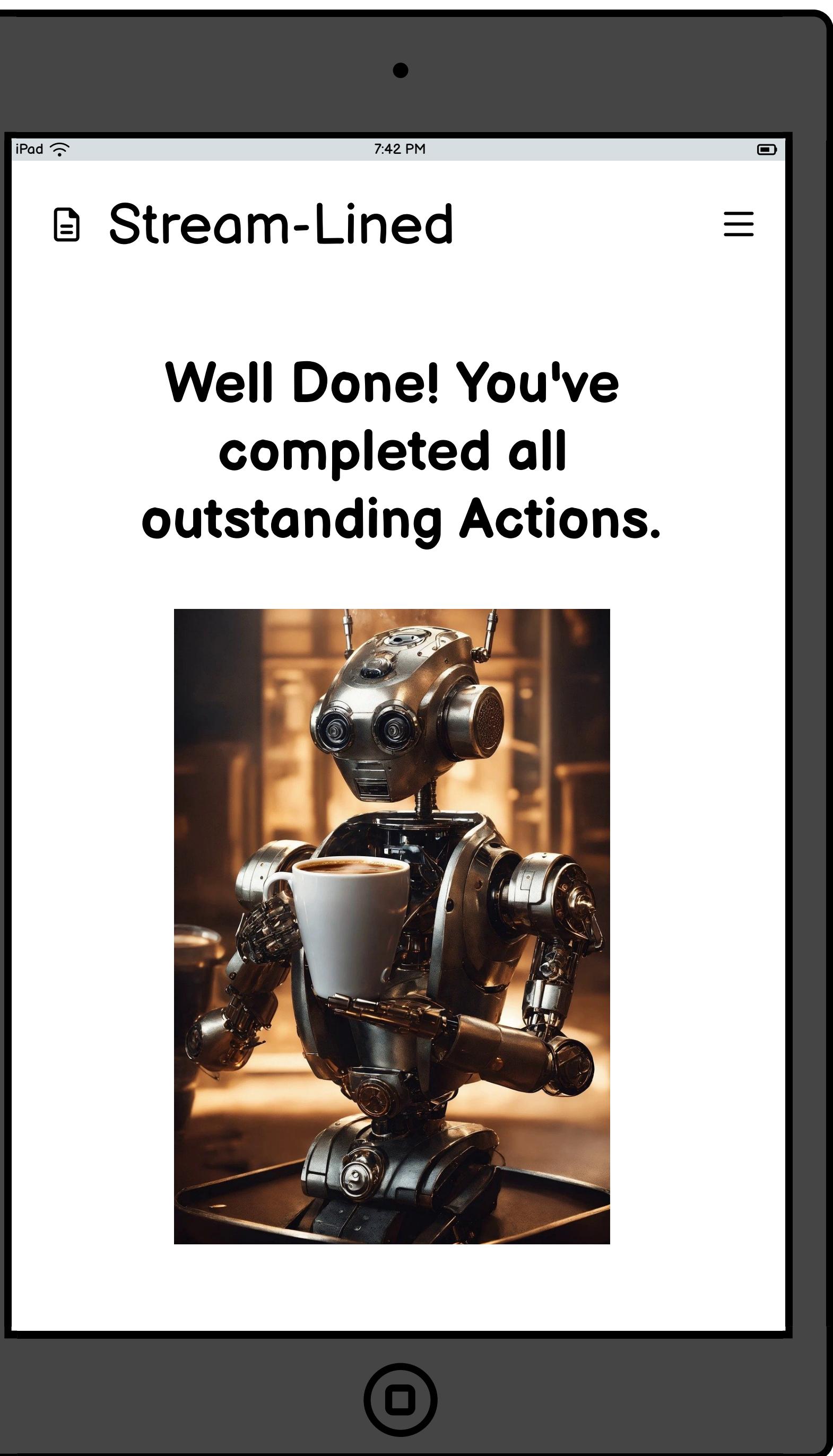
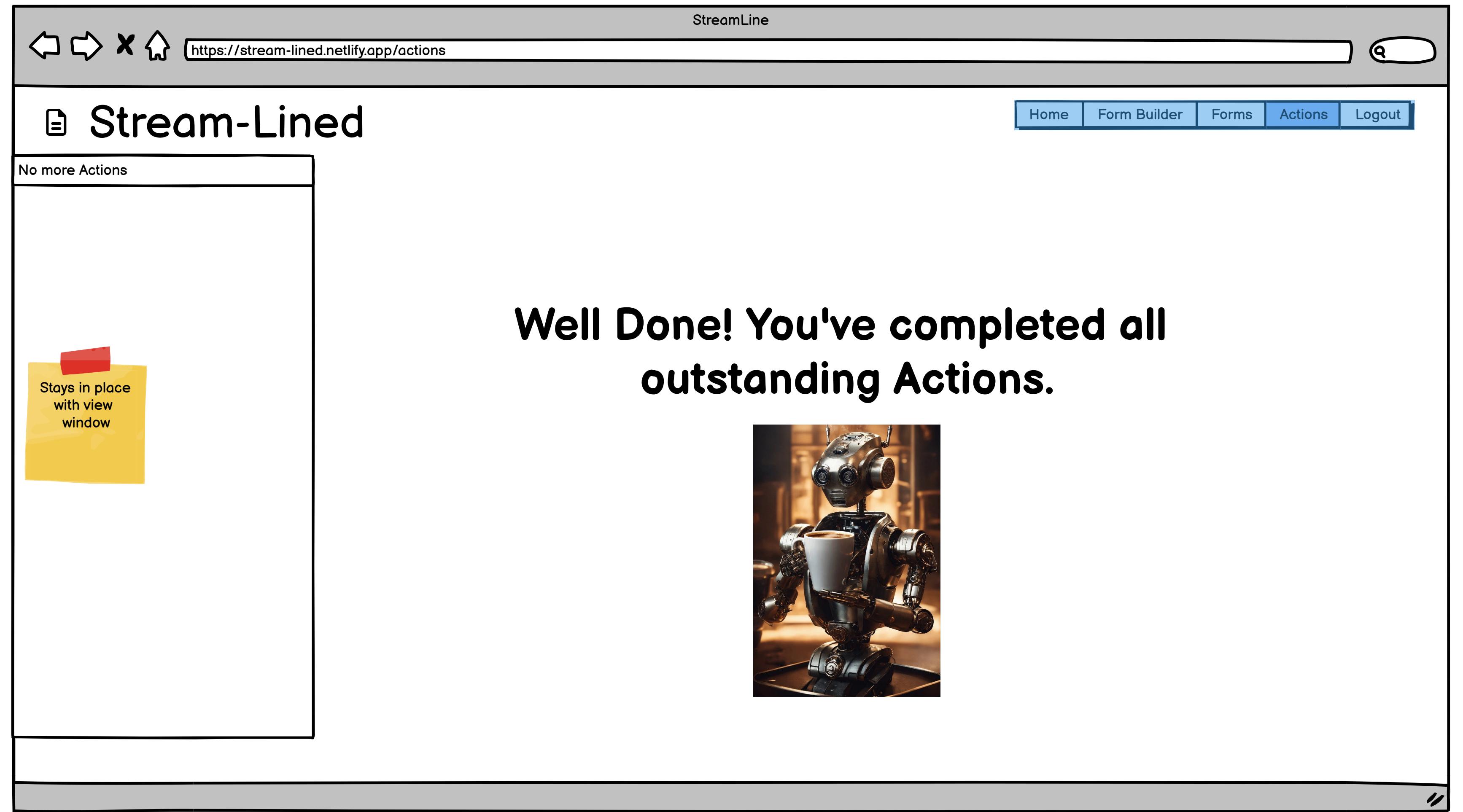
Hey George,
What medical supplies did you use from the medkit?

Confirm

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X Workplace Injury 2
Knee Pain - George
Fell over Pallet - Bertha
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small window for touchpad, full screen for phone



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<https://stream-lined.netlify.app/forms/workplaceInjuryForm:id>

Stream-Lined

WorkPlace Injury Form

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

[Return](#)

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

iPad 7:42 PM

Stream-Lined

WorkPlace Injury Form

Form Id	Description	User Name	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 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

19:42

Stream-Lined

WorkPlace Injury Form

Form Id	Description	User Name	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 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

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