

1.0 LOGIN SCREEN

The mockup shows a white login form centered on a light gray background. At the top, it says 'THE REPORTING PORTAL' with a blue square containing the number '1' next to it. Below the title is the text 'Welcome back! Please login to your account.' There are two input fields: 'Username' and 'Password'. Below the password field is a checkbox labeled 'Remember me' with a blue square containing the number '2' next to it, and a link 'Forgot Password'. At the bottom, there are two buttons: 'Login' and 'Sign up', with a blue square containing the number '3' next to the 'Login' button.

- 1 Portal Login Screen**
 - logo and welcome message
- 2 Remember Me and Forgot Password**
 - links to cache login information and to retrieve password
- 3 Login and Sign Up Buttons**
 - buttons highlight when pressed

1.2 SIGN UP/REGISTRATION SCREEN

The mockup shows a white sign-up form centered on a light gray background. At the top, it says 'THE REPORTING PORTAL' with a blue square containing the number '1' next to it. Below the title is the text 'Please complete to create your account.' There are five input fields: 'First name', 'Last name', 'Username', 'Email', and 'Password'. Below the password field is a 'Confirm Password' field. Below the confirm password field is a checkbox labeled 'I agree with terms and conditions' with a blue square containing the number '3' next to it. At the bottom, there is a 'Sign up' button with a blue square containing the number '4' next to it, and a link 'Already have an account? Sign in.' with a blue square containing the number '5' next to it.

- 1 Portal Login Screen**
 - logo and welcome message
- 2 Sign Up Form**
 - for administrators and managers
- 3 Checkbox for Terms and Conditions**
 - must be checked for form to go through
- 4 Sign Up Button**
 - button will send confirmation message
- 5 Existing Account Message**
 - message for guests with accounts

1.3 LOST PASSWORD SCREEN

THE
REPORTING
PORTAL

1 Enter your email and we send you a password reset link.

Email

2

- 1 **Reset Password Message**
 - to fill out email to reset their password
- 2 **Send Request Button**
 - button will generate confirmation message

1.3 PASSWORD RESET CONFIRMATION SCREEN

THE
REPORTING
PORTAL

1 You have requested to have a password reset link sent to your email.
Please check your inbox from us and enter the password reset code we have sent to:
amanda.clarke@thehealingplace.com

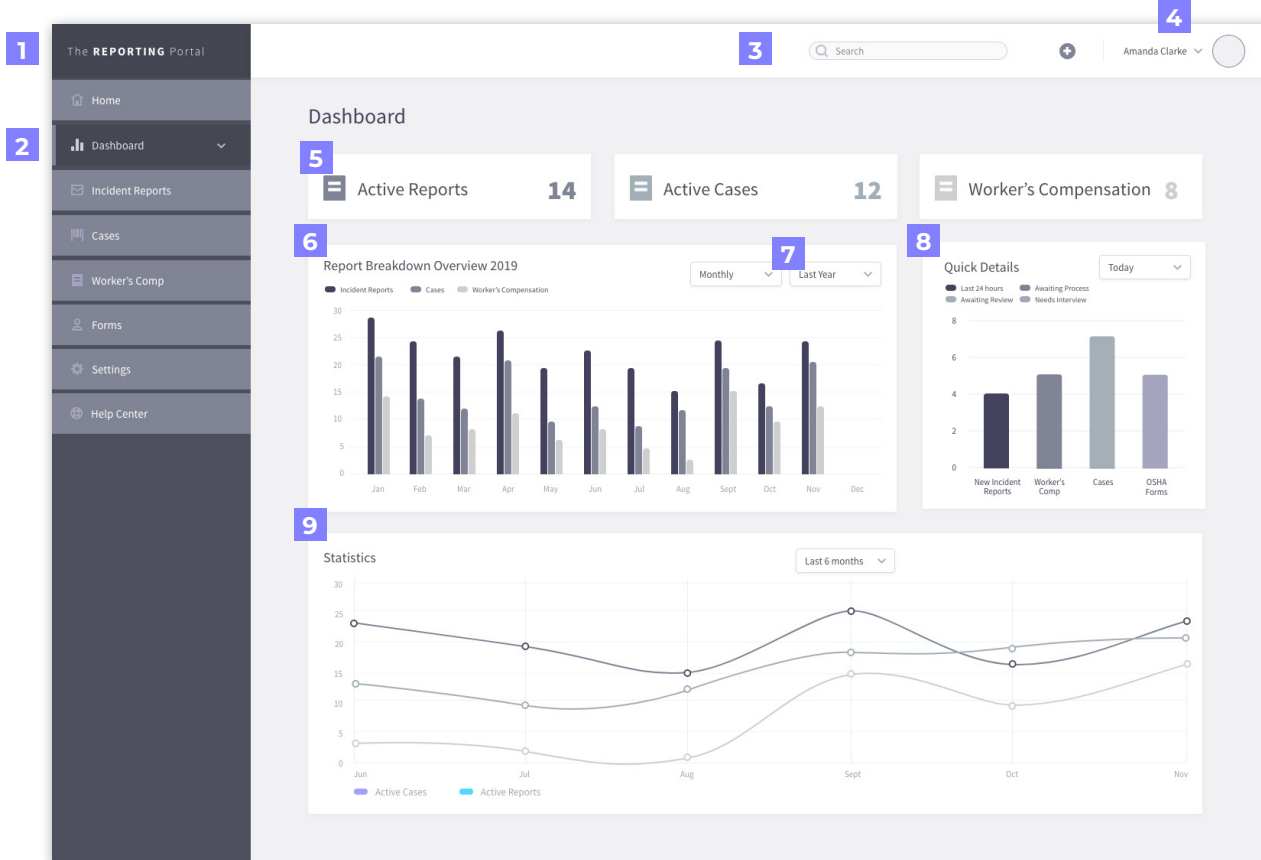
Password Reset Code

2

3

- 1 **Password Reset Confirmation Message**
 - to fill out email to reset their password
- 2 **OK Button**
 - button will reset password and allow login to portal
- 3 **Resend Code Button**
 - button will resend a code to guest to the email provided

2.1 DASHBOARD SCREEN



- 1 Portal Menu with Logo**
 - All sections of the portal are listed here for easy view
- 2 Pressed Down Menu Look**
 - The pressed down menu denotes what screen of the portal the user is currently on
- 3 Search Bar**
 - Allows user to search for a specific word or project
- 4 Current Profile in Use**
 - When user logs in, this will show the user's name and profile photo
- 5 Reports and Cases at a Glance**
 - These sections show how many active reports, cases and worker compensation forms are currently open
- 6 Bar Chart of Report Breakdown**
 - Each set of the bar chart shows the reports that have been filed by month
- 7 Date dropdown**
 - These buttons allow the user to show the bar chart breakdown by month or year
- 8 Quick Details**
 - This bar chart breaks down the reports by type and within each bar, breaks down the information by the amount of cases waiting review, process and interviews.
- 9 Statistics of Cases**
 - This dot chart shows the cases that are active and broken down by month.

3.1 HOME SCREEN

The screenshot shows the 'The REPORTING Portal' interface. A dark sidebar on the left contains navigation items: Home (1), Dashboard (2), Incident Reports (4), Cases, Worker's Comp, Forms, Settings, and Help Center. The main content area features a welcome message (3) for Amanda Clarke. Below this are three modules: 'TASKS DUE SOON' (4) with a table of tasks, 'NOTIFICATIONS' (7) with a list of messages, and 'MOST RECENT REPORTS' (9) with a table of reports. A notification badge (2) with the number '4' is in the top right. A task due date badge (5) with 'Today' is next to the first task. A report status badge (10) with 'Pending Review Priority: LOW' is next to the first report.

TASKS DUE SOON	DATE DUE
NA-574430 • FINGER INJURY • Complete Incident Report	Today
NA-574428 • SHOULDER STRAIN • Interview for Incident Report	Thursday, December 12
NA-574425 • SKIN RASH • Review Case	Friday, December 13
NA-574420 • BACK STRAIN • Review Worker's Comp Case	Monday, December 16

MOST RECENT REPORTS	STATUS
NA-574434 • NEAR MISS • Nov. 22, 2019 • By Carlos Acevedo	Pending Review Priority: LOW
NA-574433 • ARM INJURY • Nov. 20, 2019 • By Amanda Clarke	Pending Review Priority: HIGH
NA-574432 • WRIST STRAIN • Nov. 20, 2019 • By Amanda Clarke	Pending Review Priority: MED
NA-574431 • TRIP AND FALL • Nov. 19, 2019 • By Carlos Acevedo	Pending Review Priority: HIGH

1

Current Screen

- When the menu item is pressed down, it shows the current menu the user is on

2

Notifications

- this number shows how many notifications the user has in their inbox

3

Personalized Welcome Message

- welcome message will show user's name

4

Tasks Due Soon Module

- shows the most current tasks that have the earliest due date

5

Task Due Date

- shows user when the current task is due

6

Report Color Classification

- each type of report has a different color classification for easier distinction

7

Notification Module

- shows latest messages from portal submission and other communication pertinent to reports and cases only

8

Number of Notifications

- shows user how many unopened messages there are

9

Most Recent Reports

- shows user the most recent reports that have been filed in the portal

10

Status of Reports

- shows what is pending on the new reports to move forward as well as priority level

4.1 ALL REPORTS SCREEN

The screenshot displays the 'All Reports' screen in a reporting portal. The interface includes a sidebar on the left with navigation options: Home (4), Dashboard, All Reports, Incident Reports, Cases, Worker's Comp, Forms, Settings, and Help Center. The main content area shows a table of 12 reports, with a search bar and user name (Amanda Clarke) at the top right. The table has columns for Case Number, Report Type, Admin, Status, Action, and Next Steps. The table is filtered to show 12 of 36 reports. The reports are listed as follows:

CASE NUMBER	REPORT TYPE	ADMIN	STATUS	ACTION	NEXT STEPS
NA-574430	INCIDENT: Finger Injury	Amanda Clarke	OPEN	View Edit	Interview Employee Append Photos
NA-574429	CASE: Knee Strain	Manny Estrella	PENDING REVIEW	View Edit	Review Case by Admin Generate Worker's Comp
NA-574428	CASE: Shoulder Strain	Amanda Clarke	REVIEW IN PROGRESS	View Edit	Append Photos Generate Worker's Comp
NA-574427	INCIDENT: Near Miss	Amanda Clarke	PENDING REVIEW	View Edit	Interview Eye Witnesses Append Photos
NA-574426	CASE: Patient Violence	Carlos Acevedo	PENDING REVIEW	View Edit	Review Case by Admin Interview Employee
NA-574425	WORKER'S COMP	Manny Estrella	REVIEW IN PROGRESS	View Edit	Review by Admin Generate OSHA Form
NA-574424	INCIDENT: Skin Rash	Amanda Clarke	REVIEW IN PROGRESS	View Edit	Interview Employee Append Photos
NA-574423	CASE: Hand Injury	Carlos Acevedo	OPEN	View Edit	Append Photos Generate Worker's Comp
NA-574422	WORKER'S COMP	Amanda Clarke	OPEN	View Edit	Review by Admin Generate OSHA Form
NA-574421	WORKER'S COMP	Carlos Acevedo	OPEN	View Edit	Review by Admin Generate OSHA Form
NA-574420	CASE: Slip & Fall, Back...	Amanda Clarke	OPEN	View Edit	Interview Employee Append Photos
NA-574419	INCIDENT: Elbow Strain	Amanda Clarke	CLOSED	View	No further action needed.

1

Case Number

• Shows the case number for each report - will change to report number

2

Report Type

• shows user what kind of report each entry is: incident report, case or worker's compensation

3

Admin

• shows which admin or manager first filed the report

4

Status

• shows user what the status of each report is

5

Action Pane

• buttons on action pane allow user to view, edit or view pending information needed, history log and print report option

6

Next Steps

• user can quickly see what are the next steps for each entry based on what has been completed for each case

5.1 ALL REPORTS SCREEN - FILTER VIEW

The screenshot displays the 'All Reports' screen in a reporting portal. The interface includes a sidebar with navigation options like Home, Dashboard, All Reports, Incident Reports, Cases, Worker's Comp, Forms, Settings, and Help Center. The main area shows a table of reports with columns for Case Number, Report Type, Cause, Admin/Manager, and Status. A filter dropdown menu is open, showing options for 'Show all', 'Incident Type', 'Injury or Illness', and 'To Do List'. The table lists various incidents such as 'Finger Injury', 'Back Strain', 'Skin Rash', 'Patient Violence', 'Shoulder Strain', 'Slip and Fall', 'Needle Prick', and 'Eye Injury'. A blue '4' highlights the 'Eye Injury' row.

CASE NUMBER	REPORT TYPE	CAUSE	ADMIN/MANAGER	STATUS
NA-574430	INCIDENT	Finger Injury	Amanda Clarke	OPEN
NA-574429	CASE	Back Strain	Amanda Clarke	PENDING R
NA-574427	CASE	Skin Rash	Amanda Clarke	IN REVIEW
NA-574425	INCIDENT	Patient Violence	Amanda Clarke	PENDING R
NA-574422	CASE	Shoulder Strain	Amanda Clarke	PENDING R
NA-574421	WORKER'S COMP	Slip and Fall	Amanda Clarke	IN REVIEW
NA-574420	INCIDENT	Needle Prick	Amanda Clarke	IN REVIEW
NA-574419	CASE	Eye Injury	Amanda Clarke	OPEN
NA-574418	WORKER'S COMP	Wrist Injury	Amanda Clarke	OPEN
NA-574417	WORKER'S COMP	Knee Sprain	Amanda Clarke	OPEN
NA-574416	CASE	Back Strain	Amanda Clarke	OPEN
NA-574414	INCIDENT	Needle Prick	Amanda Clarke	CLOSED

1

Report Display

· shows user how many reports are being displayed on current page

2

Forward and Backward Buttons

· allows user to move forward to view other reports that are not currently shown on page view

3

Filter Button

· allows user to filter the view by incident type, incomplete reports, when report was created or what forms have been generated

4

Highlighted Report

· when a report is selected, the line will highlight by showing a tint of color

6.1 ALL CASES SCREEN

The screenshot displays the 'All Cases' screen in a reporting portal. The interface includes a sidebar with navigation options like Home, Dashboard, Incident Reports, Cases, Worker's Comp, Forms, Settings, and Help Center. The main content area shows a table of 12 cases with columns for Case Number, Report Type, Admin, Status, Action, and Next Steps. A search bar and user profile are at the top right. A 'Showing 12 of 36 Reports' indicator and a 'FILTER' button are also present.

CASE NUMBER	REPORT TYPE	ADMIN	STATUS	ACTION	NEXT STEPS
NA-574429	CASE: Knee Strain	Manny Estrella	PENDING REVIEW	View Edit	Review Case by Admin Generate Worker's Comp
NA-574428	CASE: Shoulder Strain	Amanda Clarke	REVIEW IN PROCESS	View Edit	Append Photos Generate Worker's Comp
NA-574426	CASE: Patient Violence	Carlos Acevedo	PENDING REVIEW	View Edit	Review Case by Admin Interview Employee
NA-574423	CASE: Hand Injury	Carlos Acevedo	OPEN	View Edit	Append Photos Generate Worker's Comp
NA-574420	CASE: Slip & Fall, Back...	Amanda Clarke	OPEN	View Edit	Interview Employee Append Photos
NA-574418	CASE: Eye Injury	Manny Estrella	PENDING REVIEW	View Edit	Review Case by Admin Generate Worker's Comp
NA-574414	CASE: Knee Injury	Amanda Clarke	REVIEW IN PROCESS	View Edit	Append Photos Generate Worker's Comp
NA-574412	CASE: Scratch	Carlos Acevedo	PENDING REVIEW	View Edit	Review Case by Admin Interview Employee
NA-574411	CASE: Back Sprain	Carlos Acevedo	OPEN	View Edit	Append Photos Generate Worker's Comp
NA-574409	CASE: Slip & Fall	Amanda Clarke	OPEN	View Edit	Interview Employee Append Photos
NA-574407	CASE: Patient Violence	Amanda Clarke	OPEN	View Edit	Interview Employee Append Photos

1

Showing All Cases Screen

· when selecting this menu choice, all cases will show on screen

2

Case Color

· when all cases show, the color bars will show as a pre-determined color

3

Highlighted Case

· when a specific case is selected, it will be highlighted by a faint tint of color

7.1 ALL REPORTS SCREEN

The screenshot displays the 'All Reports' screen in a reporting portal. The interface includes a sidebar with navigation options: Home, Dashboard, All Reports, Incident Reports, Cases, Worker's Comp, Forms, Settings, and Help Center. The main content area shows a table of reports with the following columns: CASE NUMBER, REPORT TYPE, ADMIN, and STATUS. A dropdown menu is open over the table, showing options: 'Create New Report', 'Review Pending Reports', 'View Reports in Progress', and 'To Do List'. The table contains 15 rows of report data with various statuses like 'OPEN', 'PENDING REVIEW', and 'REVIEW IN PROGRESS'.

CASE NUMBER	REPORT TYPE	ADMIN	STATUS	
NA-574430	INCIDENT: Finger Injury	Amanda Clarke	OPEN	
NA-574429	CASE: Knee Strain	Manny Estrella	PENDING REVIEW	View Edit Generate Worker's Comp
NA-574428	CASE: Shoulder Strain	Amanda Clarke	REVIEW IN PROGRESS	View Edit Append Photos Generate Worker's Comp
NA-574427	INCIDENT: Near Miss	Amanda Clarke	PENDING REVIEW	View Edit Interview Eye Witnesses Append Photos
NA-574426	CASE: Patient Violence	Carlos Acevedo	PENDING REVIEW	View Edit Review Case by Admin Interview Employee
NA-574425	WORKER'S COMP	Manny Estrella	REVIEW IN PROGRESS	View Edit Review by Admin Generate OSHA Form
NA-574424	INCIDENT: Skin Rash	Amanda Clarke	REVIEW IN PROGRESS	View Edit Interview Employee Append Photos
NA-574423	CASE: Hand Injury	Carlos Acevedo	OPEN	View Edit Append Photos Generate Worker's Comp
NA-574422	WORKER'S COMP	Amanda Clarke	OPEN	View Edit Review by Admin Generate OSHA Form
NA-574421	WORKER'S COMP	Carlos Acevedo	OPEN	View Edit Review by Admin Generate OSHA Form
NA-574420	CASE: Slip & Fall, Back...	Amanda Clarke	OPEN	View Edit Interview Employee Append Photos
NA-574419	INCIDENT: Elbow Strain	Amanda Clarke	CLOSED	View Edit No further action needed.

1

Add Button

· by pressing this button, a dropdown menu displays where the user can create a report, review pending reports, view reports in progress or display a to do list

8.1 NEW INCIDENT REPORT FORM

The REPORTING Portal

Search

Amanda Clarke

4

1 New Incident Report

INCIDENT: NA-574420

2 Report Created: November 18, 2019 • 11:22 PM

3

Filed by: Amanda Clarke

Employee Name: Jorge Bonilla Employee Position: Maintenance Staff Shift: Morning

Manager Name: Manny Estrella Date and Time of Incident: 12/09/2019 09:42 AM PM

Injury Type: Back Sprain Witness Name: Add Witness

Injury Description: Slip and Fall resulting in Back Sprain

Incident Description: Jorge was getting ready to fix a light and there was clear liquid on the floor, he didn't see it and he slipped and fell on his back

What could have been done to prevent this: Person who spilled liquid could have informed staff about the spill

Medical Symptoms: Pain on upper and lower back due to fall

Medical Evaluation: Yes No

Medical Diagnosis: Back sprain and Sprained Coxis

Did employee take time off due to injury? Yes No

Date of Leave: 12/09/2019 Date of Return: 12/19/2019

Physician Name or Health Care Professional: Dr. James Kafka

If treatment was given away from work environment, where was it given?

Facility: UHealth, University of Miami Address: 1800 Ponce de Leon Blvd., Coral Gables, FL 33146

Was employee treated in the emergency room? Yes No

Was employee hospitalized overnight as an inpatient? Yes No

Time employee began work: 09:42 AM PM

What was the employee doing just before the incident occurred? Be as specific as possible. Enter NONE if not applicable.

What object or substance directly harm the employee? Ex. Concrete floor, stair step, syringe, etc. Enter NONE if not applicable.

Did employee die? Yes No If employee died, when did death occur? MM/DD/YYYY

Attachments

Photo Video Audio

Images Attached:

- IMG_3454.jpg
- IMG_3455.jpg
- IMG_3456.jpg
- IMG_3457.jpg
- VID_3458.mov

Action Plan

Generate a Case Worker's Compensation

Admin Digital Signature: Amanda Clarke

Save Form & Resume Later Submit Cancel

1 New Incident Report Form

· when user presses create new report, this page will open with a new form for user to fill out a new incident report

2 Histroy Tracking

· this line shows the last action taken on this specific report.

3 Histroy Log Button

· whe this button is pressed, a Histroy tracking modal will pop up and show a list of each time the form was opened, edited or saved

9.1 NEW INCIDENT REPORT SCREEN

The screenshot shows the 'New Incident Report' form in a web portal. The form is titled 'INCIDENT: NA-574420' and was created on November 18, 2019, at 11:22 PM. It is filed by Amanda Clarke. The form includes fields for Employee Name (Jorge Bonilla), Employee Position (Maintenance Staff), Manager Name (Manny Estrella), and Date and Time of Incident (11/18/2019, 09:42 AM). The Injury Type is Back Sprain, and the Injury Description is 'Slip and Fall resulting in Back Sprain'. The Incident Description is 'Jorge was getting ready to fix a light and there was clear liquid on the floor, he didn't see it and he slipped and fell on his back'. The form also includes fields for Medical Symptoms, Medical Evaluation, Medical Diagnosis, and a section for 'What could have been done to prevent this'. At the bottom, there are sections for Attachments, Action Plan (Generate a Case or Close Incident), History Log, and Report Reviewed by (Carlos Acevedo). The form has a 'Save Form & Resume Later' button, a 'Submit' button, and a 'Cancel' button. A 'Review Log' modal is open, showing a list of logs for the incident.

1 History Log Modal

2 Attachments

3 Action Plan

4 History Log

5 Save Form and Resume Later

6 Submit and Cancel Buttons

1

History Log Modal

• this modal is what pops up when the history log button is pressed showing when the report was opened and any updates were made to the form and then saved

2

Attachments

• the user can attach/append photos, videos or audio to each form when needed. The list below shows what files have been uploaded to each report

3

Action Plan

• here, the user can select the next step to take on each report. they can select either to generate a case or close the incident

4

History Log

• the user can easily view the last 3 logs for each case. a pop up module will be displayed if user clicks on expand button

5

Save Form and Resume Later

• this button allows user to save the form at when they can't finish it and they are able to resume filling it out at a later time

6

Submit and Cancel Buttons

• these buttons are self explanatory. They allow user to submit the form, or cancel and dispose of the report all together. When the button is highlighted it means it has been pressed down

9.2 SUBMISSION CONFIRMATION FOR NEW REPORT

The screenshot shows the 'New Incident Report' form in the REPORTING Portal. The form is titled 'INCIDENT: NA-574420' and was created on November 18, 2019, at 11:22 PM. The user 'Amanda Clarke' is logged in. The form contains the following fields:

- Filed by: Amanda Clarke
- Employee Name: Jorge Bonilla
- Employee Position: Maintenance Staff
- Shift: Morning
- Manager Name: Manny Estrella
- Date and Time of Incident: 12/09/2019, 09:42 AM
- Injury Type: Back Sprain
- Witness Name: Add Witness
- Injury Description: Slip and fall
- Incident Description: Jorge was walking in the hallway and he slipped and fell on his back
- What could've been done to prevent this: Person was not wearing safety shoes
- Medical Symptoms: Pain on upper back
- Medical Evaluation: Yes
- Medical Diagnosis: Back sprain and Sprained Coxis
- Did employee take time off due to injury? Yes
- Date of Leave: 12/09/2019
- Date of Return: 12/19/2019
- Physician Name or Health Care Professional: Dr. James Kafka
- If treatment was given away from work environment, where was it given? Facility: UHealth, University of Miami; Address: 1800 Ponce de Leon Blvd., Coral Gables, FL 33146

The 'Submission Confirmation' modal displays the following text:

1 **Submission Confirmation** X

Thank you for submitting Incident Report **NA-574420**.
Shortly, you will be receiving a message with a confirmation number.

Ok

1

Report Submission Confirmation Modal

- this modal pops up when the Submit button is pressed and report has been submitted. It displays the report number and a message telling the user they will be receiving an email with a confirmation number

9.3 NEW MESSAGE NOTIFICATION

The screenshot displays the REPORTING Portal interface. On the left is a navigation sidebar with items: Home (5), Dashboard, All Reports, Incident Reports, Cases, Worker's Comp, Forms, Settings, and Help Center. A blue callout '2' is positioned over the 'Home' item. The main content area is titled 'All Incident Reports' and shows a table of 16 reports. A notification modal is open over the table, displaying a 'NEW MAIL' notification for incident report NA-574420. A blue callout '1' is positioned over the notification modal.

CASE NUMBER	REPORT TYPE	ADMIN	STATUS	ACTION
NA-574430	INCIDENT: Finger Injury	Amanda Clarke	OPEN	View Edit Append Photos
NA-574427	INCIDENT: Near Miss	Manny Estrella	PENDING REVIEW	View Edit Interview Eye Witnesses Append Photos
NA-574424	INCIDENT: Skin Rash	Amanda Clarke	REVIEW IN PROGRESS	View Edit Interview Employee Append Photos
NA-574420	INCIDENT: Back Strain	Amanda Clarke	SUBMITTED	View Edit Submitted for Worker's Comp
NA-574419	INCIDENT: Elbow Strain	Amanda Clarke	CLOSED	View Edit Closed
NA-574418	INCIDENT: Trip and Fall	Carlos Acevedo	REVIEW IN PROGRESS	View Edit Interview Employee Append Photos
NA-574416	INCIDENT: Leg Pain	Manny Estrella	REVIEW IN PROGRESS	View Edit Interview Employee Append Photos
NA-574413	INCIDENT: Skin Rash	Amanda Clarke	REVIEW IN PROGRESS	View Edit Interview Employee Append Photos
NA-574412	INCIDENT: Hand Injury	Carlos Acevedo	REVIEW IN PROGRESS	View Edit Interview Employee Append Photos
NA-574411	INCIDENT: Knee Injury	Manny Estrella	PENDING REVIEW	View Edit Interview Employee Append Photos
NA-574410	INCIDENT: Hip Strain	Carlos Acevedo	REVIEW IN PROGRESS	View Edit Interview Employee Append Photos
NA-574409	INCIDENT: Back Strain	Amanda Clarke	PENDING REVIEW	View Edit

1

Notification:

Report Submission Confirmation

- this notification pops up when the user clicks ok on email confirmation modal and shows the user has a new message

2

Message Notification

- after receiving a notification from the submission of the incident report, the count on the HOME notifications increases according to the amount of messages received

9.4 HISTORY LOG MODAL

The REPORTING Portal

Home 5

Dashboard

Incident Reports

Cases

Worker's Comp

Forms

Settings

Help Center

Search

Amanda Clarke

New Incident Report

INCIDENT: NA-574420 Last Updated: December 10, 2019 • 8:23 PM LOG

Filed by Amanda Clarke

Employee Name Jorge Bonilla **Employee Position** Maintenance Staff **Shift** Morning

Manager Name Manny Estrella **Date and Time of Incident** 12/09/2019 09:42 PM

Injury Type Back Sprain **Witness Name** Add Witness

Injury Description Slip and Fall resulting in Back Sprain

Incident Description Jorge was getting ready to fix a light and there was clear liquid on the floor, he didn't see it and he slipped and fell on his back

What could've been done to prevent this Person who spilled liquid could have informed staff about the spill

Medical Symptoms Pain on upper and

Medical Evaluation Yes

Medical Diagnosis Back sprain and Sp

Did employee take time off due to injury

Date of Leave 12/09/2019 **Date of Return** 12/19/2019

Physician Name or Health Care Professional Dr. James Kafka

If treatment was given away from work environment, where was it given?

Facility UHealth, University of Miami **Address** 1800 Ponce de Leon Blvd., Coral Gables, FL 33146

Was employee treated in the emergency room? Yes

Was employee hospitalized overnight as an outpatient? Yes

Time employee began work 08:30 AM

What was the employee doing just before the incident occurred? Be as specific as possible.
Employee was about to go up a ladder to fix a lighting fixture when he slipped on some clear liquid that was spilled on the floor

What object or substance directly harm the employee? Ex. Concrete floor, stair step, syringe, etc.
Hard Floor

Attachments

Photo Video Audio

Images Attached:
IMG_3454.jpg
IMG_3455.jpg
IMG_3456.jpg
IMG_3457.jpg
VID_3458.mov

Action Plan

Generate a Case Worker's Compensation

History Log

- 12/11/2019 • 10:30 AM • Amanda Clarke
- 12/10/2019 • 8:23 AM • Amanda Clarke
- 12/10/2019 • 12:37 AM • Amanda Clarke
- 12/09/2019 • 11:49 PM • Amanda Clarke
- 12/09/2019 • 11:22 PM • Amanda Clarke

Edit History Log

- 12/11/2019 • 10:30 AM • Amanda Clarke
- 12/10/2019 • 8:23 AM • Amanda Clarke
- 12/09/2019 • 11:22 PM • Amanda Clarke

Save Form & Resume Later Review Complete Cancel

1

Edit History Log Modal

- this modal pops up when the user clicks ok on the expand view button on the bottom Edit history log

10.1 ALL CASES SCREEN

The screenshot shows the 'All Cases' screen in a reporting portal. The interface includes a sidebar with navigation options like Home, Dashboard, Incident Reports, Cases, Worker's Comp, Forms, Settings, and Help Center. The main area displays a table of 11 cases with columns for Case #, Case Type, Admin, Status, Action, and Next Steps. A search bar and user profile are at the top right. Callout boxes 1, 2, and 3 highlight the 'All Cases' header, the 'Cases' sidebar tab, and a selected case row respectively.

CASE #	CASE TYPE	ADMIN	STATUS	ACTION	NEXT STEPS
NA-574429	Knee Strain	Manny Estrella	PENDING REVIEW	View Edit	Review Case by Admin Generate Worker's Comp
NA-574428	Shoulder Strain	Amanda Clarke	REVIEW IN PROCESS	View Edit	Append Photos Generate Worker's Comp
NA-574426	Patient Violence	Carlos Acevedo	PENDING REVIEW	View Edit	Review Case by Admin Interview Employee
NA-574423	Hand Injury	Carlos Acevedo	OPEN	View Edit	Append Photos Generate Worker's Comp
NA-574420	Back Sprain	Amanda Clarke	OPEN	View Edit	Worker's Compensation & OSHA Form Creation
NA-574418	Eye Injury	Manny Estrella	PENDING REVIEW	View Edit	Review Case by Admin Generate Worker's Comp
NA-574414	Knee Injury	Amanda Clarke	REVIEW IN PROCESS	View Edit	Append Photos Generate Worker's Comp
NA-574412	Scratch	Carlos Acevedo	PENDING REVIEW	View Edit	Review Case by Admin Interview Employee
NA-574411	Back Sprain	Carlos Acevedo	OPEN	View Edit	Append Photos Generate Worker's Comp
NA-574409	Slip & Fall	Amanda Clarke	OPEN	View Edit	Interview Employee Append Photos
NA-574407	Patient Violence	Amanda Clarke	OPEN	View Edit	Interview Employee Append Photos

1

All Cases View

· this screen shows a view of all current open cases

2

Cases Tab Selected

· this darker mode shows the user where they are in the navigation of the portal

3

Selected Case

· this light tint shows the user the case that has been selected for viewing. Double clicking on the case will open it or the user can use the View button as well

11.1 NEW CASE REVIEW

The REPORTING Portal

Home 5

Dashboard

Incident Reports

Cases

Worker's Comp

Forms

Settings

Help Center

New Case 1

CASE: NA-574420 Last Updated: December 11, 2019 • 10:30 PM LOG

Filed by Amanda Clarke 2 EDIT

Employee Name Jorge Bonilla Employee Position Maintenance Staff Shift Morning

Manager Name Manny Estrella Date and Time of Incident 12/09/2019 09:42 AM

Injury Type Back Sprain Witness Name Add Witness

Injury Description Slip and Fall resulting in Back Sprain

Incident Description Jorge was getting ready to fix a light and there was clear liquid on the floor, he didn't see it and he slipped and fell on his back

What could've been done to prevent this Person who spilled liquid could have informed staff about the spill

Medical Symptoms Pain on upper and lower back due to fall

Medical Evaluation Yes

Medical Diagnosis Back sprain and Sprained Coxis

Did employee take time off due to injury? Yes

Date of Leave 12/09/2019 Date of Return 12/19/2019

Physician Name or Health Care Professional Dr. James Kafka

If treatment was given away from work environment, where was it given?

Facility UHealth, University of Miami Address 1800 Ponce de Leon Blvd., Coral Gables, FL 33146

Was employee treated in the emergency room? Yes

Was employee hospitalized overnight as an outpatient? Yes

Time employee began work 08:30 AM

What was the employee doing just before the incident occurred? Be as specific as possible.

Employee was about to go up a ladder to fix a lighting fixture when he slipped on some clear liquid that was spilled on the floor

What object or substance directly harm the employee? Ex. Concrete floor, stair step, syringe, etc.

Hard Floor

Attachments 3

Photo Video Audio

Images Attached:
IMG_3454.jpg
IMG_3455.jpg
IMG_3456.jpg
IMG_3457.jpg
VID_3458.mov

Action Plan 4

Worker's Compensation OSHA Reportable

Edit History Log

12/11/2019 • 10:30 AM • Amanda Clarke
12/10/2019 • 8:23 AM • Amanda Clarke
12/09/2019 • 11:22 PM • Amanda Clarke

Save Form & Resume Later 5 Review Complete Cancel

1 New Case to be Reviewed

- after clicking on the selected case, the portal opens the new case with information generated from the initial incident report. User can see that most fields have been filled out and only certain fields are new to be filled

2 EDIT Button

- in this review screen, user can edit the case information to be able to add additional information or attachments

3 Add Attachments

- when in review screen, user can add more images, videos or audio to this case

4 Action Plan

- in the case view, the action plan choices change and they become checkboxes (user can select more than 1 choice)

- the options are to Create a Worker's compensation case and make it OSHA Reportable

5 Review Complete Button

- when user finishes reviewing the case, they click the Review Complete button and

11.2 NEW CASE SUBMISSION

The **REPORTING** Portal

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Amanda Clarke

New Case

CASE: NA-574420 Last Updated: December 11, 2019 • 10:30 PM **LOG**

Filed by Amanda Clarke **EDIT**

Employee Name Jorge Bonilla **Employee Position** Maintenance Staff **Shift** Morning

Manager Name Manny Estrella **Date and Time of Incident** 12/09/2019 09:42 AM

Injury Type Back Sprain **Witness Name** Add Witness

Injury Description Slip and Fall

Incident Description Jorge was working on a ladder to fix a lighting fixture when he slipped and fell on his back

What could've been done to prevent this Person who spilled liquid

Medical Symptoms Pain on upper back

Medical Evaluation Yes

Medical Diagnosis Back sprain and Sprained Coxis

Did employee take time off due to injury? Yes

Date of Leave 12/09/2019 **Date of Return** 12/19/2019

Physician Name or Health Care Professional Dr. James Kafka

If treatment was given away from work environment, where was it given?

Facility UHealth, University of Miami **Address** 1800 Ponce de Leon Blvd., Coral Gables, FL 33146

Was employee treated in the emergency room? Yes

Was employee hospitalized overnight as an outpatient? Yes

Time employee began work 08:30 AM

What was the employee doing just before the incident occurred? *Be as specific as possible.*

Employee was about to go up a ladder to fix a lighting fixture when he slipped on some clear liquid that was spilled on the floor

What object or substance directly harm the employee? *Ex. Concrete floor, stair step, syringe, etc.*

Hard Floor

Attachments

Photo Video Audio

Images Attached:

- IMG_3454.jpg
- IMG_3455.jpg
- IMG_3456.jpg
- IMG_3457.jpg
- VID_3458.mov

Action Plan

Worker's Compensation OSHA Reportable

Edit History Log

- 12/11/2019 • 10:30 AM • Amanda Clarke
- 12/10/2019 • 8:23 AM • Amanda Clarke
- 12/09/2019 • 11:22 PM • Amanda Clarke

Case Submission Confirmation

1 Thank you for submitting Case number NA-574420. You have selected to generate a Worker's Compensation report. You will be receiving a message with a confirmation number shortly which contains additional information.

OK

Save Form & Resume Later Review Complete Cancel

1

New Case Submission Modal

- after clicking Review Complete, a modal will pop confirming submission and informing user to check their notifications

12.1 WORKER'S COMPENSATION REPORTS VIEW

The screenshot displays the 'All Worker's Compensation Reports' view. The sidebar on the left contains navigation items: Home (5), Dashboard, Incident Reports, Cases, Worker's Comp (1), Forms, Settings, and Help Center. The main content area shows a table of reports with columns for Report #, Admin, Status, Action, and Next Steps. A modal is open for the first report (NAWC-574420), showing a 'PENDING' status and three action options: 'Review form and generate OSHA 301 Form', 'Submission Pending', and 'Print Report'. The 'Next Steps' for this report are 'Review by Admin' and 'Generate OSHA Form'.

REPORT #	ADMIN	STATUS	ACTION	NEXT STEPS
NAWC-574420	Amanda Clarke	PENDING	View Edit	Review by Admin Generate OSHA Form
NA-574418	Manny Estrella	OPEN	View Edit	Review by Admin Generate OSHA Form
NA-574417	Carlos Acevedo	OPEN	View Edit	Review by Admin Generate OSHA Form
NA-574416	Amanda Clarke	REVI	View Edit	Review by Admin Generate OSHA Form
NA-574408	Amanda Clarke	OPEN	View Edit	Review by Admin Generate OSHA Form
NA-574404	Carlos Acevedo	OPEN	View Edit	Review by Admin Generate OSHA Form
NA-574401	Amanda Clarke	OPEN	View Edit	Review by Admin Generate OSHA Form
NA-574399	Manny Estrella	OPEN	View Edit	Review by Admin Generate OSHA Form

1 Worker's Compensation Tab Selected

· this darker mode shows the user where they are in the navigation of the portal

2 Worker's Compensation Report List

· this list shows the open Worker's Compensation cases that are current

3 Action Modal

· this modal list shows Actions the user can select regarding the selected case

13.1 NEW WORKER'S COMPENSATION REPORT VIEW

The REPORTING Portal

- Home
- Dashboard
- Incident Reports
- Cases
- Worker's Comp**
- Forms
- Settings
- Help Center

Search

Amanda Clarke

New Worker's Comp Report

Last Updated: December 11, 2019 - 10:30 AM [LOG](#)

1 WORKER'S COMP: NAWC-574420

Employee Name: Jorge Bonilla Social Security #: XXX-XX-XXXX Birth Date: 12/22/1972 Gender: M F

Home Address: 7304 SW 325th Street, North Miami, FL 33161 Marital Status: Married

Home Phone: 954-676-3245 Work Phone: 305-235-745

Job Type: Maintenance Hire Date: 05/15/2015 Location: North Bay Village

Manager Name: Manny Estrella Work Phone: 305-235-745

Date and Time of Incident: 12/09/2019 09:42 AM Incident Location: North Bay Village

Date and Time of Reporting Incident: 12/09/2019 12:22 PM

Witnesses: Manny Estrella Veronica Adams

What was the employee doing just before the incident occurred? *Be as specific as possible.*

Employee was about to go up a ladder to fix a lighting fixture when he slipped on some clear liquid that was spilled on the floor

Incident Type: Slip and Fall

Incident Description: Jorge was getting ready to fix a light and there was clear liquid on the floor, he didn't see it and he slipped and fell on his back

Agree with the description of accident?

Parts of the body affected: Back and Coxis

Injury Type: Back Sprain Injury Location: Back

2 WORKER'S COMPENSATION ADDITIONAL INFORMATION

Has the employee ever been treated for a similar injury? *Be as specific as possible.*

No, first time this ever happened to him

Requesting medical treatment at this time? Yes

Did employee take time off due to injury? Yes

Date of Leave: 12/09/2019

Will you continue to pay wages instead of worker's comp? Yes No

Last day wages will be paid instead of worker's comp? 12/19/2019

Rate of Pay: \$ 22.00 Per Hour Day Month Week

Number of hours per day: 8

Number of hours per week: 40

Number of days per week: 5

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234. Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement.

EMPLOYEE SIGNATURE (if available to sign) _____ Date: 12/19/2019

EMPLOYER SIGNATURE _____ Date: 12/19/2019

CLAIMS-HANDLING ENTITY INFORMATION

1(a) Denied Case - DWC-12, Notice of Denial Attached

2. Medical Only which became Lost Time Case *(Complete all required information in #3)*

1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached 8th Day of Disability: 12/19/2019

3. Lost Time Case: 1st day of disability: 12/19/2019 Full Salary in lieu of comp? YES Full Salary End Date: 12/19/2019

Date First Payment Mailed: 12/19/2019 AWW: _____ Comp Rate: _____

Penalty Amount Paid in 1st Payment \$ _____ Interest Amount Paid in 1st Payment \$ _____

Additional Remarks

Lorem Ipsum

Insurer Name: AETNA

CLAIMS

Handling Entity Name: AETNA Insurance

Address: 3346 Commercial Blvd., Fort Lauderdale, FL 33222

Telephone: 954-874-6654

3 Admin Digital Signature: Amanda Clarke

3 Action Plan

OSHA Reportable

Edit History Log

12/11/2019 - 10:30 AM - Amanda Clarke

12/10/2019 - 8:23 AM - Amanda Clarke

12/09/2019 - 11:22 PM - Amanda Clarke

Save Form & Resume Later

Submit

Cancel

1 New Worker's Compensation Form

- this Worker's Compensation Form is auto-generated from the Incident Report

2 Worker's Compensation Additional Information

- the box denotes the additional information that is new and required for the admin to complete the form

3 Admin Digital Signature

- this is for the admin to select their name and sign digitally

3 Action Plan

- this checkbox will show checked if the admin had previously checked it on the Incident Report. Admin can uncheck if they deem that the Worker's Comp case is no longer reportable based on new information

13.2 COMPLETED WORKER'S COMP SCREEN

The **REPORTING** Portal

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Amanda Clarke

New Worker's Comp Report

1 Notifications

NEW MAIL
Worker's Compensation # NAWC-574420 was submitted on December 11, 2019 at 10:30 AM.
Confirmation # A6675-0074367

2 ✓ This case has been marked **REVIEWED** by Amanda Clarke on [Date]

WORKER'S COMP: NAWC-574420

GENERATE OSHA 301 FORM

Employee Name Jorge Bonilla **Social Security #** XXX-XX-XX76 **Birth Date** 12/22/1972 **Gender** M F

Home Address 7304 SW 125th Street, North Miami, FL 33161 **Marital Status** Married

Home Phone 954-676-3245 **Work Phone** 305-235-745

Job Type Maintenance **Hire Date** 05/15/2015 **Location** North Bay Village

Manager Name Manny Estrella **Work Phone** 305-235-745

Date and Time of Incident 12/09/2019 09:42 AM **Incident Location** North Bay Village

Date and Time of Reporting Incident 12/09/2019 12:22 PM

Witnesses Manny Estrella Veronica Adams

What was the employee doing just before the incident occurred? *Be as specific as possible.*

Employee was about to go up a ladder to fix a lighting fixture when he slipped on some clear liquid that was spilled on the floor

Incident Type Slip and Fall

Incident Description Jorge was getting ready to fix a light and there was clear liquid on the floor, he didn't see it and he slipped and fell on his back

Agree with the description of accident?

Parts of the body affected Back and Coxis

Injury Type Back Sprain **Injury Location** Back

Has the employee ever been treated for a similar injury? *Be as specific as possible.*

No, first time this ever happened to him

Requesting medical treatment at this time? Yes

Did employee take time off due to injury? Yes

Date of Leave 12/09/2019

Will you continue to pay wages instead of worker's comp? Yes No

Last day wages will be paid instead of worker's comp? 12/19/2019

Rate of Pay Hour Week
\$ 22.00 Per Day Month

Number of hours per day 8
Number of hours per week 40
Number of days per week 5

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement.

EMPLOYEE SIGNATURE (If available to sign) _____ 12/19/2019
Date

EMPLOYER SIGNATURE _____ 12/19/2019
Date

1

Notification Message

• once the admin submits the Worker's comp form, they will receive a notification with a confirmation

2

Review Completed Message

• this message comes when admin completes review and submits worker's comp and if they checked the checkbox to generate OSHA form, here they are able to go directly to that form

14.1 OSHA FORM 301

The REPORTING Portal

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OSHA 301 FORM

OSHA: NAOS-574420

Last Updated: December 12, 2019 • 12:20 AM

1

INFORMATION ABOUT THE EMPLOYEE

Full Name: Jorge Bonilla

Home Address: 7304 SW 125th Street, North Miami, FL 33161

Birth Date: 12/22/1972 Hire Date: 05/15/2015 Gender: M F

INFORMATION ABOUT THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL

Physician Name or Health Care Professional: Dr. James Kafka

If treatment was given away from work environment, where was it given?

Facility: UHealth, University of Miami Address: 1800 Ponce de Leon Blvd., Coral Gables, FL 33146

Was employee treated in the emergency room? Yes No

Was employee hospitalized overnight as an inpatient? Yes No

Time employee began work: 09:42 AM PM

INFORMATION ABOUT THE CASE

Case Number from the Log: NA-574420

Date and Time of Injury or Illness: 12/09/2019 09:42 AM PM

Time employee began work: 08:30 AM PM

What was the employee doing just before the incident occurred? Describe the activity, a well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying light fixtures"; "spraying chlorine from a hand sprayer."

Employee was about to go up a ladder to fix a lighting fixture when he slipped on some clear liquid that was spilled on the floor

Incident Description. Tell us how the injury occurred.

Jorge was getting ready to fix a light and there was clear liquid on the floor, he didn't see it and he slipped and fell on his back

What was the injury or illness? Tell us what part of the body that was affected and how it was affected. Examples: "Strained back"; "Chemical burn, hand"; "carpal tunnel syndrome".

Slip and Fall

What object or substance directly harm the employee? Ex. Concrete floor, stair step, syringe, etc.

Hard Floor

Did employee die? Yes No

If employee died, when did death occur? MM/DD/YYYY

Admin Digital Signature: Amanda Clarke

Save Form & Resume Later

Cancel

Submit

Edit History Log

12/12/2019 • 1:43 PM • Amanda Clarke

1

OSHA Form

· this OSHA form is also auto-generated as well from the answers provided in the Incident Report, Case and Worker's Compensation Forms

14.2 OSHA FORM 301 SUBMISSION MODAL

The REPORTING Portal

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OSHA 301 FORM

OSHA: NAOS-574420 Last Updated: December 12, 2019 • 12:20 AM LOG

INFORMATION ABOUT THE EMPLOYEE

Full Name: Jorge Bonilla

Home Address: 7304 SW 125th Street, North Miami, FL 33161

Birth Date: 12/22/1972 Hire Date: 05/15/2015 Gender: M F

INFORMATION ABOUT THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL

Physician Name or Health Care Professional: [Empty]

If treatment was given away from facility: [Empty]

Facility: UHealth, University of Miami, FL 33146

Was employee treated in the emergency room? [Empty]

Was employee hospitalized overnight? [Empty]

Time employee began work: 09:42 AM PM

INFORMATION ABOUT THE CASE

Case Number from the Log: NA-574420

Date and Time of Injury or Illness: 12/09/2019 09:42 AM PM

Time employee began work: 08:30 AM PM

What was the employee doing just before the incident occurred? Describe the activity, a well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying light fixtures"; "spraying chlorine from a hand sprayer."

Employee was about to go up a ladder to fix a lighting fixture when he slipped on some clear liquid that was spilled on the floor

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What was the injury or illness? Tell us what part of the body that was affected and how it was affected. Examples: "Strained back"; "Chemical burn, hand"; "carpal tunnel syndrome".

Slip and Fall

What object or substance directly harm the employee? Ex. Concrete floor, stair step, syringe, etc.

Hard Floor

Did employee die? Yes No

If employee died, when did death occur? MM/DD/YYYY

Admin Digital Signature: Amanda Clarke

Save Form & Resume Later Cancel Submit

1 Submission Confirmation

Thank you for submitting OSHA 301 form NAOS-574420. You will be receiving a message with a confirmation number.

OK

Edit History Log

12/12/2019 • 1:43 PM • Amanda Clarke

1

Submission Confirmation Modal

· once the admin submits the OSHA form, they will receive a notification with a confirmation