

Now Anyone

Can Build Offline Enterprise Grade Smartphone Data Capture and Dispatch Apps*

in Minutes

(vs weeks -- even with low code platforms)



www.alphasoftware.com

See Various Paper Forms and Workflows Turned into Mobile Apps in the Following Pages

*A high percentage of Enterprise Mobile apps revolve around data capture and dispatch

Sample Apps

all work offline

Created with
alpha
TransForm™

Surgery Checklist

Pump-Jack Checklist/Repair

High Voltage
Equipment Maintenance

Patient Intake

Commercial
Dishwasher Service

Medical Evaluation

Travel Expense
Submission system

Solar Panel
Installation

Building Inspection/
remediation

Contents

- Visiting Nurse App **Slide 4**
- Service App Dispatch **Slide 15**
- Medical Research App **Slide 26**
- Travel Expense App **Slide 34**
- Perioperative Surgery App **Slide 39**
- Home Inspection App **Slide 49**
- Pumpjack inspection App **Slide 62**
- Accident and Incident reporting App **Slide 68**

Visiting Nurse Chart

created
with

 **alpha**
TransForm™



[illegible]

- [illegible]

[illegible]

Problems with Paper Forms

- Handwriting is not always clear
- Data entered cannot be validated and calculations are not possible
- Data has to be re-entered often into some computer system
- Expensive/wasteful to change the form template once printed
- Data cannot be reported-on and analyzed without re-entry
- Data Types cannot include rich media such as pictures (including annotations,) sounds (patient coughs, voice, stethoscope audio,) and drawings
- Data Entry cannot automate and validate time and location collection
- Paper Forms are not designed to accept input from scanners
- Storage and retention becomes cumbersome and expensive over time



A Better Way

Use a Smartphone to
Capture Form Data instead



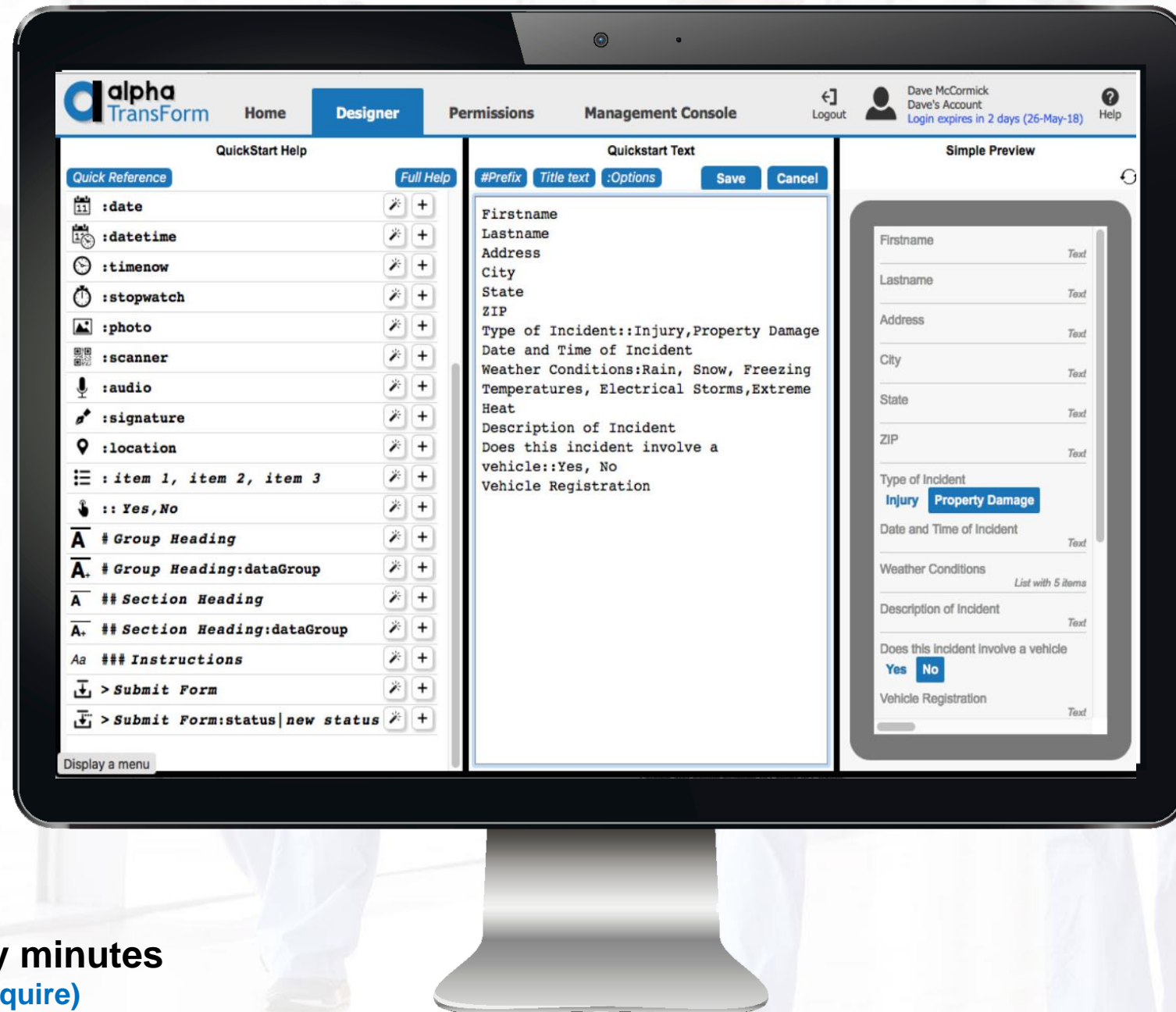
Create a Data Capture App in just a Few Steps

1. List all the fields you want to capture
2. Paste them into TransForm
3. Indicate its type by choosing options from the QuickStart Menu such as text, numeric, date, etc. Insert sections and define groups for relational data

Additional Fields and Features are Added

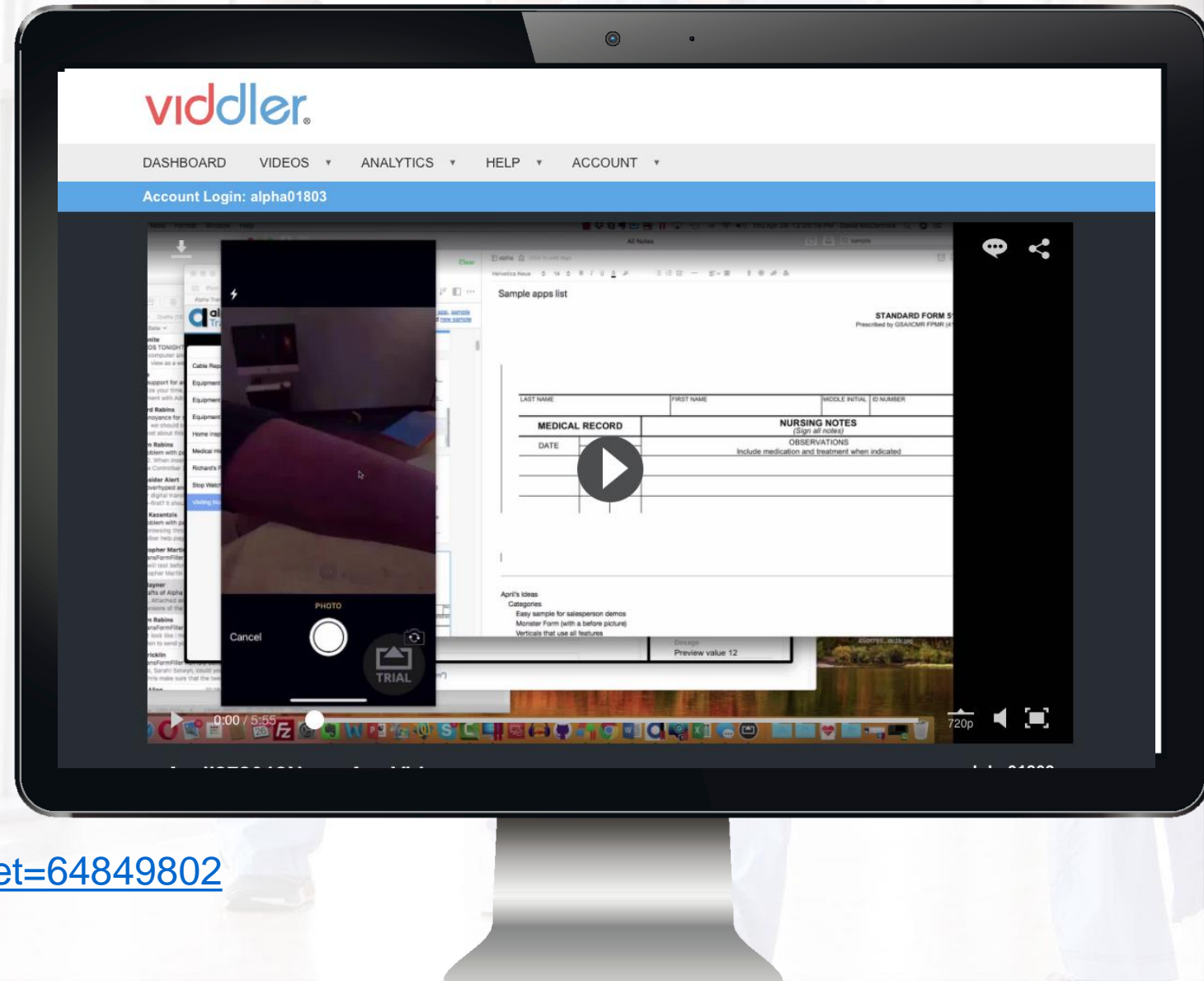
1. like stop watches for taking heart-rate,
2. photo fields (with annotations and hand written notes,)
3. location fields, elapsed time fields,
4. audio recordings of coughs/voice/stethoscope sounds
5. equipment serial numbers from UPC codes and more.

Even with all of these “extras,” it takes only minutes
(not weeks which low-code systems would still require)
to build & deploy this app/form and anyone can do it!



See this all in action.

(this video is being re-recorded)



A video of this application

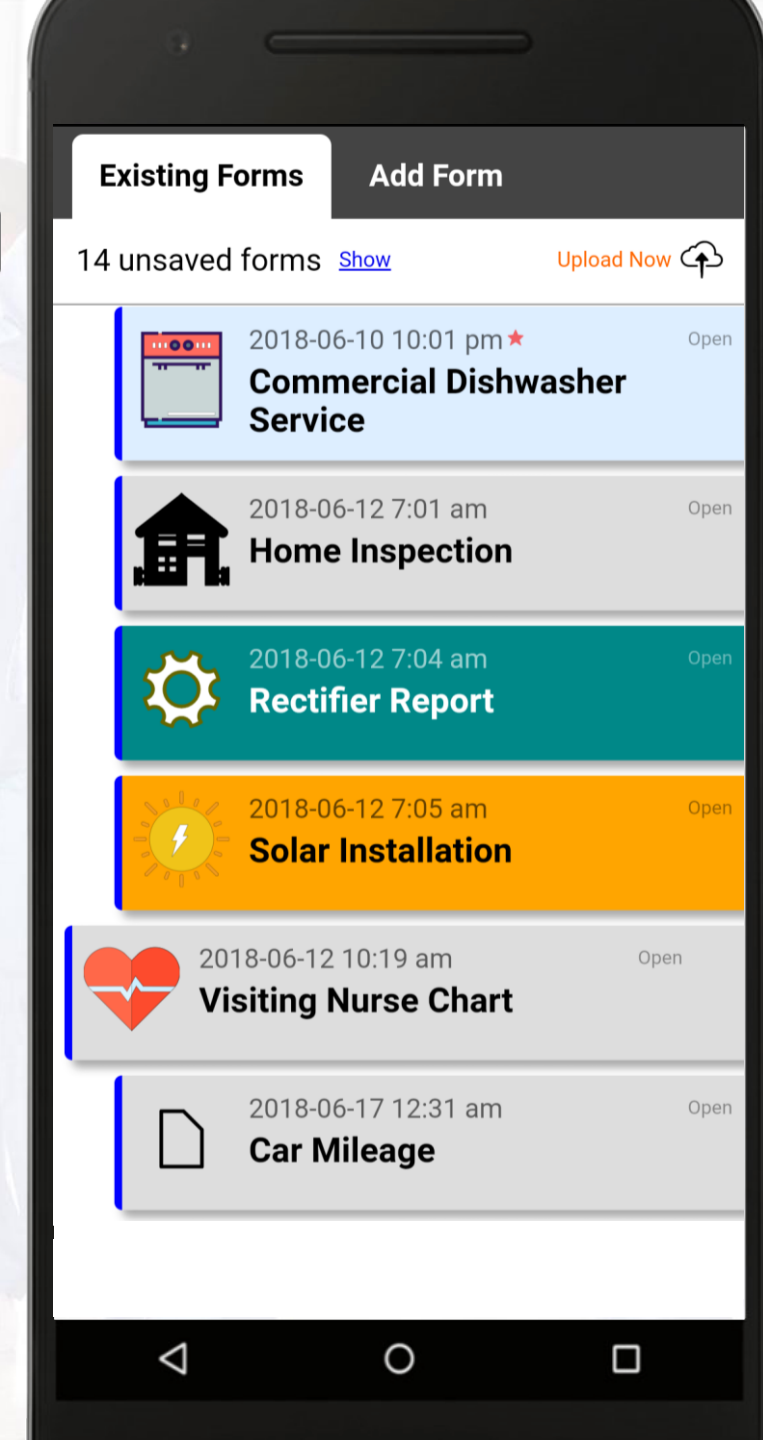
<https://www.viddler.com/v/425f389e?secret=64849802>

Data is captured on Smartphones using the TransForm Filler App



All Data captured is stored in JSON format either in Alpha Cloud (running on AWS,) or on in-house servers running the Alpha Server

- Application is deployed to a phone where data is collected
- Data is encrypted on the device and in transit



Data is received and managed at TransForm Central Running in the Cloud or in-house

- Access and review all form data submitted
- All Data stored in JSON
- Export data to Excel, PDF, and more
- Use the built in API to integrate with systems of record or have the data seamlessly moved into Alpha Anywhere
- View form definitions, update or create new forms with a full-featured form design tool
- Define user security permissions for accessing/filling-in forms on multiple levels

The screenshot displays the Alpha TransForm Management interface. The top navigation bar includes 'Home', 'Designer', 'Permissions', and 'Management'. The main content area is divided into two panels. The left panel, titled 'Equipment Inspection', shows a table of inspection records. The right panel, titled 'Form Contents', displays a detailed view of a specific form, including fields for 'Equipment ID', 'Type of Equipment', 'Equipment Location', 'Equipment Photo', and 'Inspector Signature'.

Check All	Clear All	Status	Created	Changed	User Name	Details
<input type="checkbox"/>		Closed	May 3	May 4	Nikos Kazantzis	Equipment ID: A123
<input type="checkbox"/>		Open	May 4		Nikos Kazantzis	Equipment ID: A456
<input type="checkbox"/>		Submitted	May 4	May 7	Nikos Kazantzis	Equipment ID:
<input type="checkbox"/>		Open	May 7		Nikos Kazantzis	Equipment ID: 1234
<input type="checkbox"/>		Open	May 7		Nikos Kazantzis	Equipment ID: 5253
<input type="checkbox"/>		Open	May 7		Nikos Kazantzis	Equipment ID: 43533
<input type="checkbox"/>		Open	May 7		Nikos Kazantzis	Equipment ID: 4454
<input type="checkbox"/>		Open	May 7		Nikos Kazantzis	Equipment ID: 8254
<input type="checkbox"/>		Open	May 7		Nikos Kazantzis	Equipment ID: 8873

Equipment ID: A123
Type of Equipment: TN3
Equipment Location: 38.027379,23.726902
Equipment Photo: [Image]
Inspector Signature: [Signature]
2019-05-20 17:30:45

Actions: Export Selected Form, View Comments, Delete Selected Form

Change Status: Open, Submitted, Approval

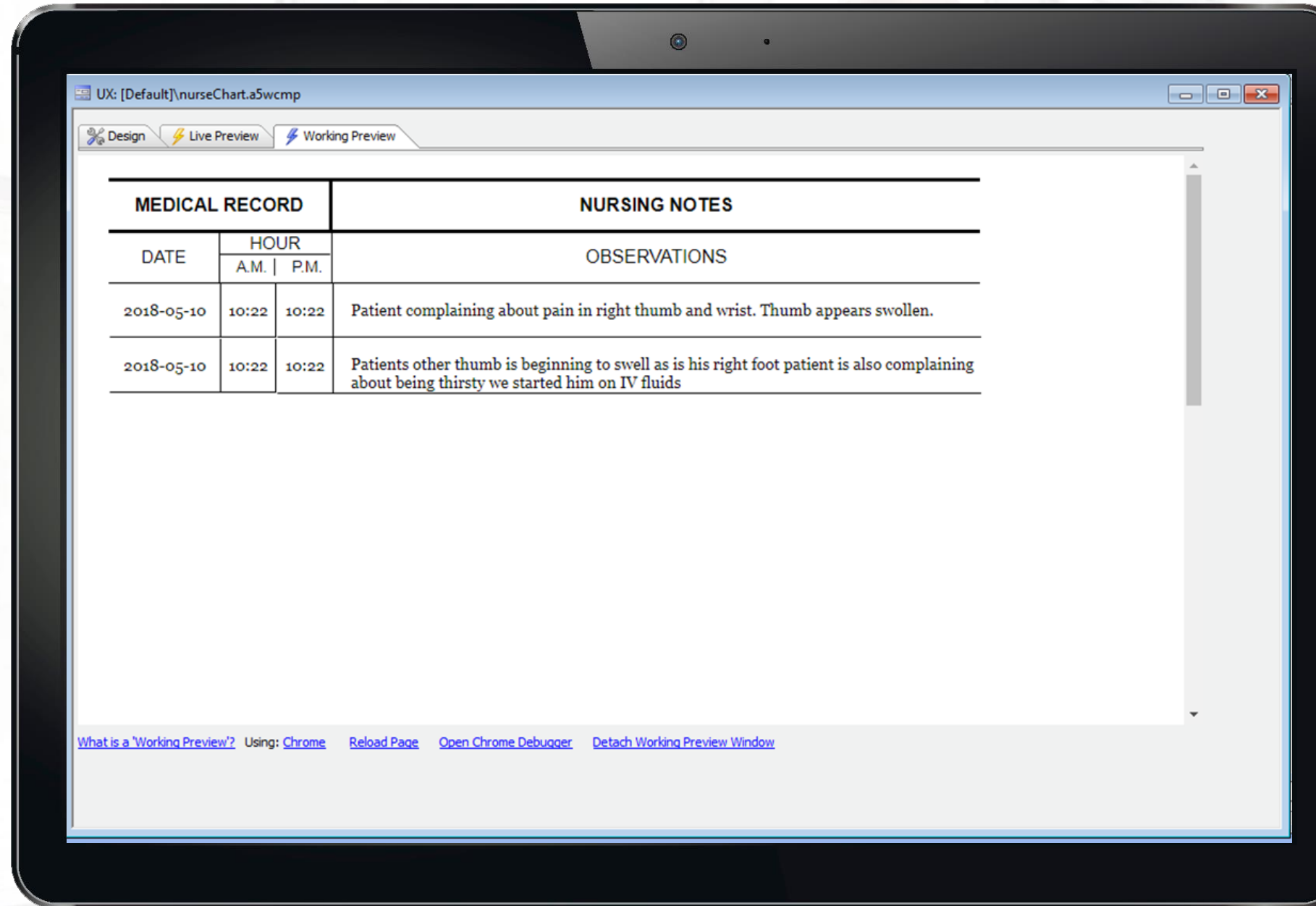
Full Featured API

- Integrate with your existing systems
- Manage Data
- Manage Form Designs
- Manage Users and Their Roles
- Includes Web Hooks For Real-time Updates





If desired,
Alpha Anywhere can be
used to merge the data
back into the original
format.





Service Dispatch

Customer calls into a call center to report a problem and to request a service appointment

rep enters the request into the system of record and sets up the appointment.

The screenshot displays the 'Management Console' interface of TransForm Central. The top navigation bar includes a 'Logout' button, a user profile for 'Dave McCormick' (Dave's Account, Login expires in 2 days (21-Jun-18)), and a 'Help' icon. The main content area is divided into three panels: 'Select Fields', 'Form Contents', and 'Actions'.

The 'Form Contents' panel is active, showing a form titled 'Values' with a 'JSON' tab and 'Cancel' and 'Save' buttons. The form fields are as follows:

- Customer Name: John Dee
- Company Name: Eat Fresh Deli
- Address: 7363 North Blvd
- City: Boston
- State: MA
- Zip:
- Phone #:
- Email:
- formdata.billType:
- Check/Card/Account #:
- Billing Name:
- Billing Address:
- Technician name:
- Service Company:

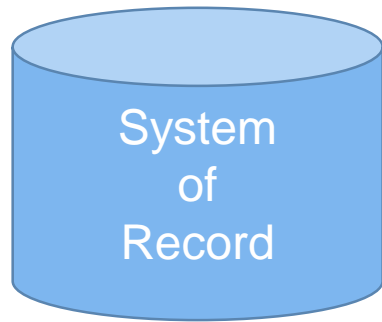
The 'Actions' panel on the right contains the following options:

- Export Selected Form
- View Comments
- Delete Selected Form
- Prevent Form Filler from downloading: ☐ Yes ☒ No
- User ID: dave@alphasoftware.com
- Revert
- Save changes
- Change Status: Currently: Open
- Submitted

Don't have a system of record?

No worries!

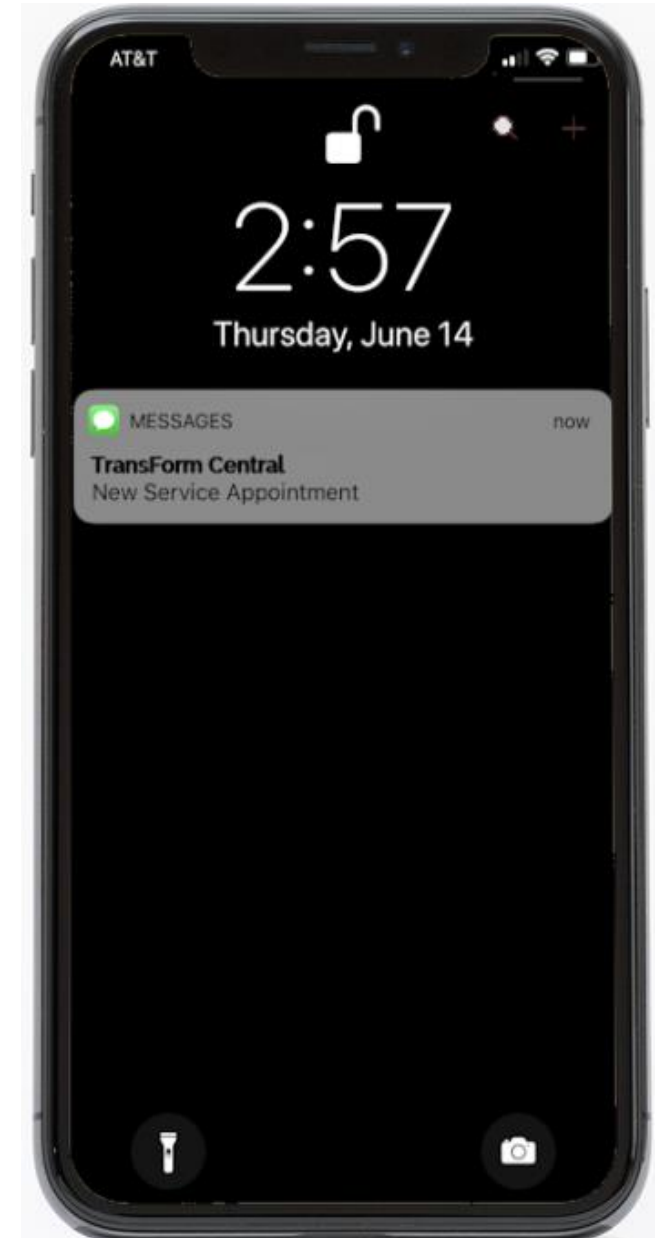
The request can also be entered directly into TransForm Central.



Data entered into the existing system of record or TransForm Central is pushed to the TransForm Cloud.



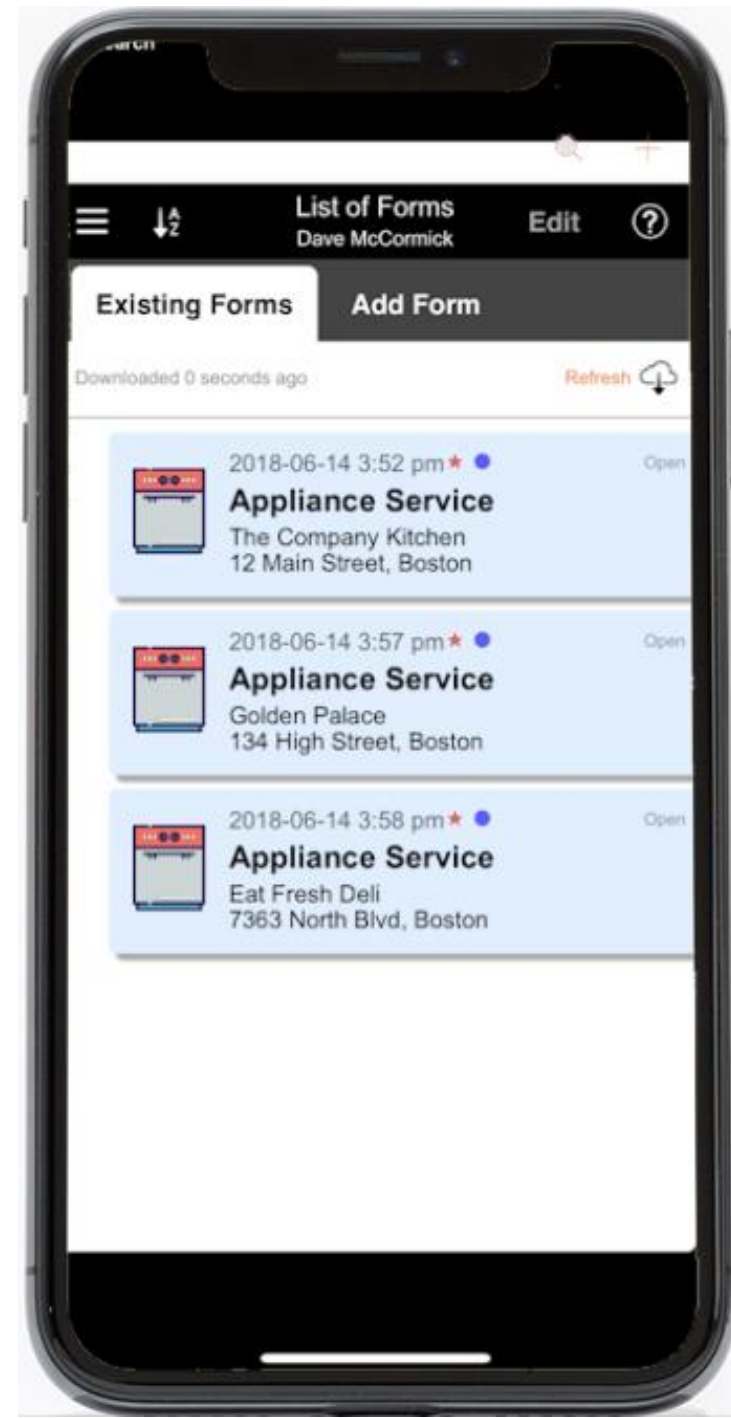
Optional: An SMS Notification is sent to the user to whom the form is assigned using Zapier, Alpha Anywhere, or other system.



When the user opens the app, the forms to which they have been assigned are automatically downloaded.

The forms are prefilled with the customer's name, address, and other information previously collected

(You can include any fields you want in this view. In this case we have chosen name and address fields.)





Service technician performs the repair and makes notes about the condition of the unit, the service performed and the parts used.

This does not require a cell phone or data connection. It works offline.

4:12
◀ Search

◀ Done Appliance Service ⭐ ☰

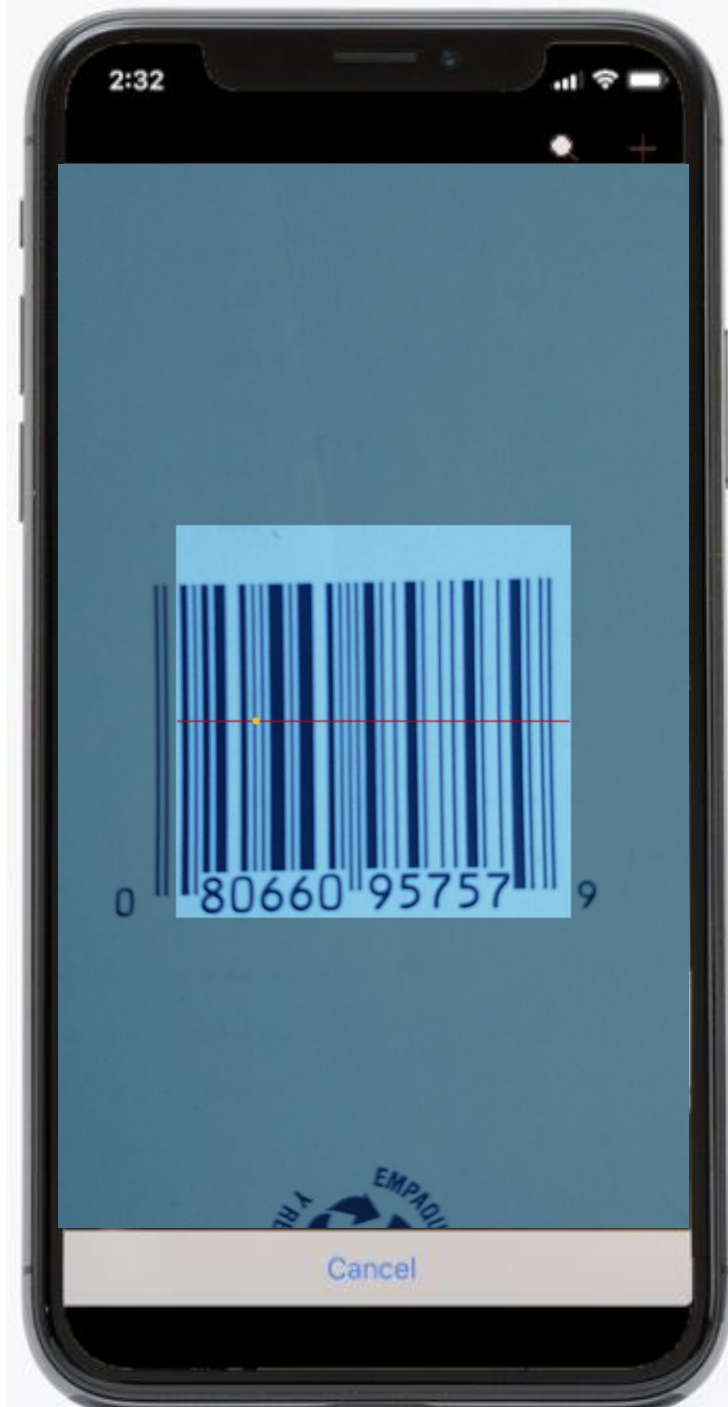
Equipment Brand:
Hobart

Equipment Model #:
3255

Picture of Equipment:

Reason for Service?
Scheduled Maintenance Repair

Reported Issues:
Water leak



Many different forms of data can be captured. In this case a barcode is captured which is used to look up the history of this item.

You can also capture

- Audio
- GPS Location
- Signatures
- Date and Time
- Timings (using a countdown timer / stopwatch) and more...

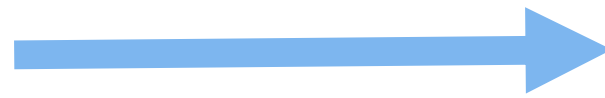
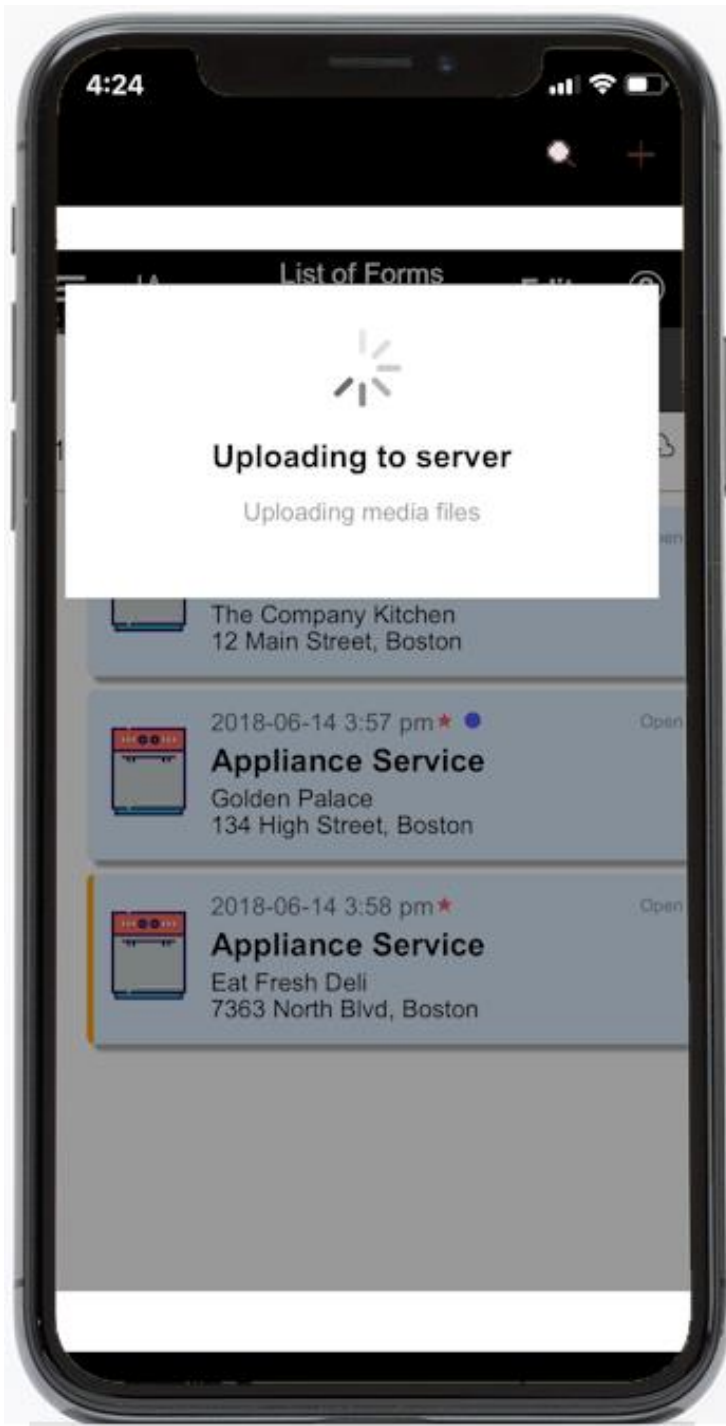


During the service call, the technician takes pictures of the conditions of the equipment before work starts. In this case, there is a water leak.

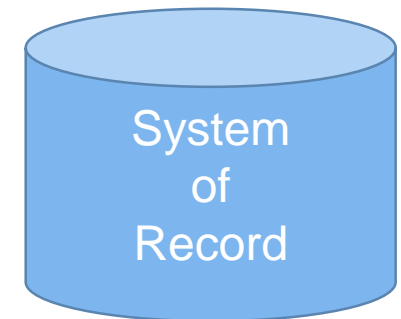


When the equipment is fixed, the technician can take a picture to confirm their work and the condition of the equipment.

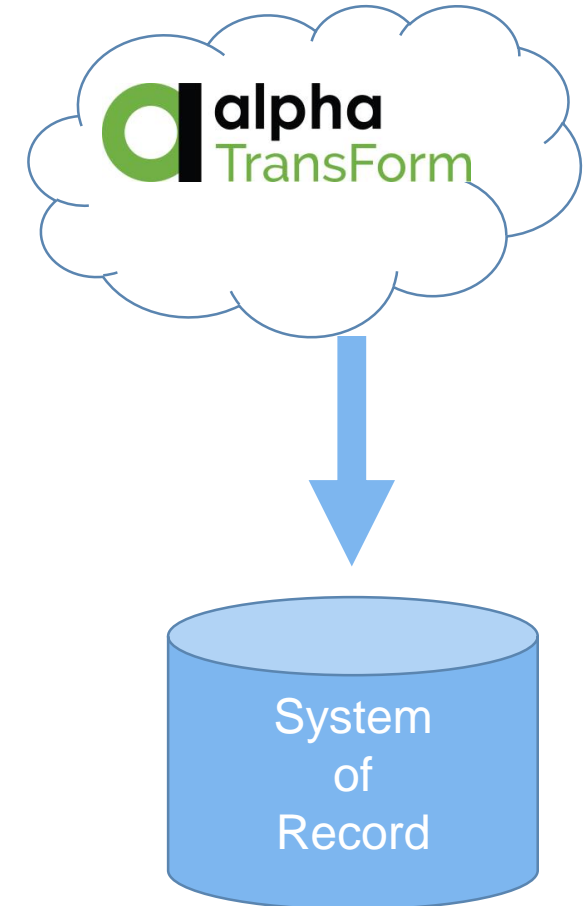
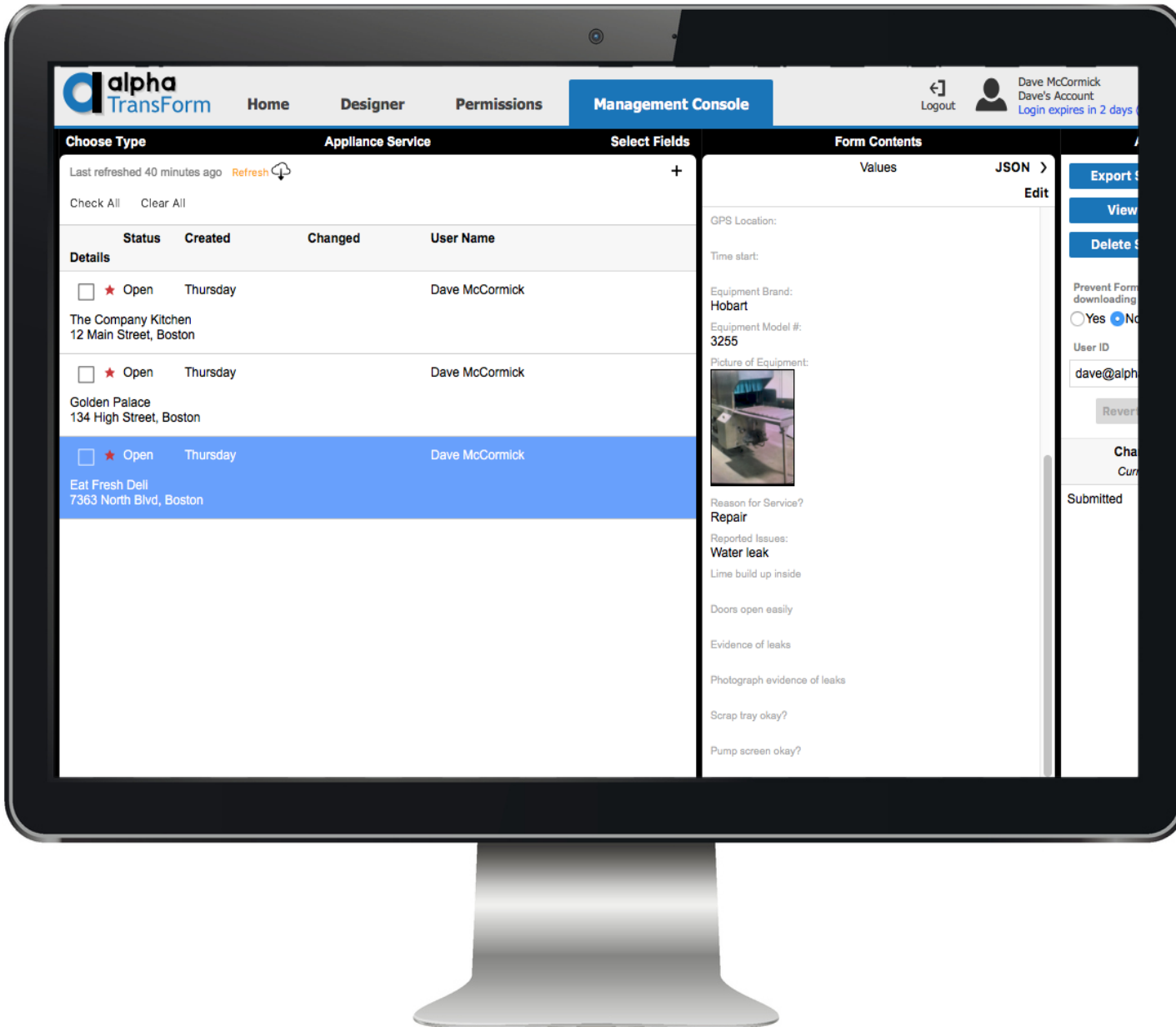
Images can be annotated with digital ink, no stylus required.



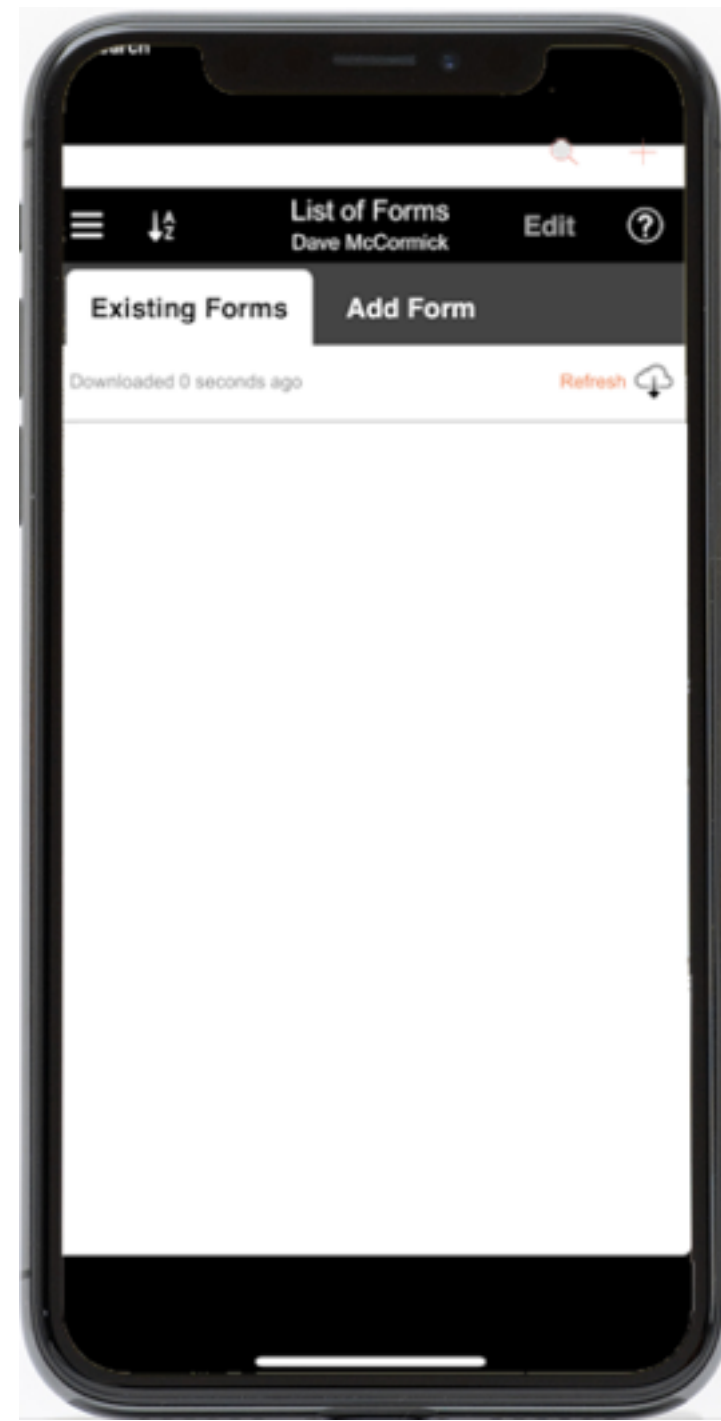
When a data connection is available, the collected data is passed back to the TransForm Server.

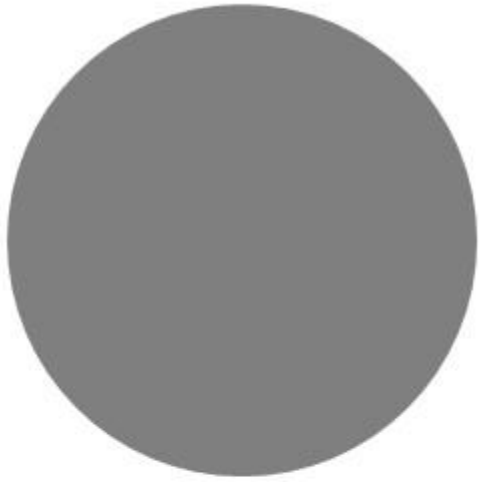


With the technician's data now back in the TransForm Cloud, it can be reviewed in TransForm Central and synchronized with the system of record via the API.



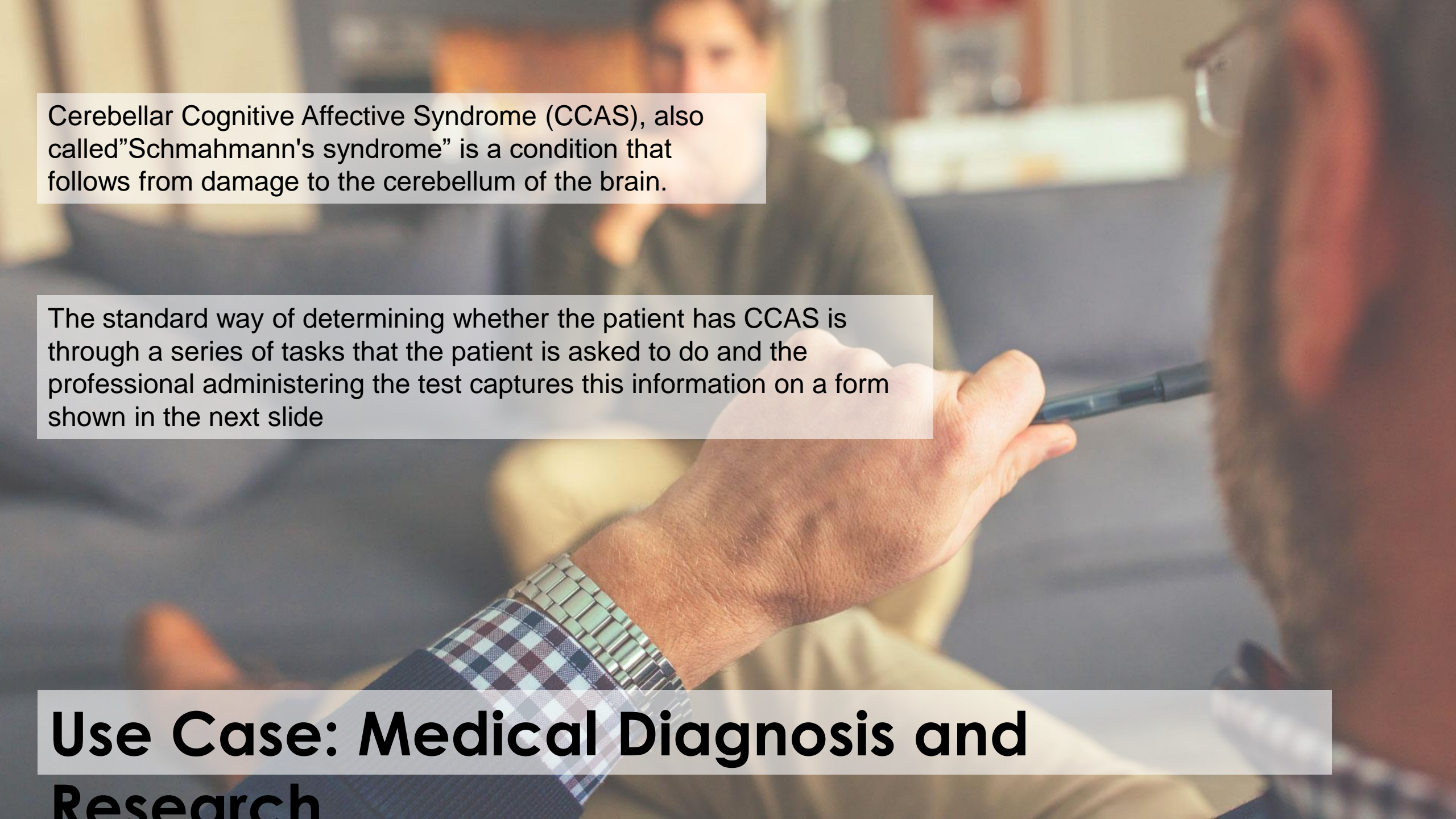
Once processed, the completed forms disappear from the device, and the technician's To Do list is now clear.





How TransForm is changing Data Collection in Medicine

A Case Study
Brain Research



Cerebellar Cognitive Affective Syndrome (CCAS), also called "Schmahmann's syndrome" is a condition that follows from damage to the cerebellum of the brain.

The standard way of determining whether the patient has CCAS is through a series of tasks that the patient is asked to do and the professional administering the test captures this information on a form shown in the next slide

Use Case: Medical Diagnosis and Research

The current paper form used for CCAS diagnosis

CEREBELLAR COGNITIVE AFFECTIVE / SCHMAHMANN SYNDROME SCALE (CCAS-Scale) VERSION 1A.

NAME: _____ ID# _____ DOB: _____
DATE _____ Education (Yrs) _____

TEST	RAW SCORE	PASS-6 FAIL-1
SEMANTIC FLUENCY Score = total correct words (up to a maximum of 20 words). Fail if Score 12 or less. (Use space bottom right for notation). Please name as many animals or living creatures as you can in one minute.	/26	
PHONEMIC FLUENCY Score = total correct words (up to a maximum of 19 words). Fail if Score 9 or less. (Use space bottom right for notation). Please name as many words as you can in one minute that start with the letter F. Do not use names of people or places or repeat the same word in different forms.	/19	
CATEGORY SWITCHING Score = total number of correct alternating words (up to a maximum of 10 alternations). Repetitions or set back errors are not scored. Fail if Score 6 or less. (Use space bottom right for notation). Please name a type of vegetable and then a type of profession or job, and then another vegetable and another profession, and so on, switching between the two lists. Name as many as you can in one minute.	/15	
VERBAL REGISTRATION This test is not scored. (The need for 4 attempts to learn 5 words raises concern for cerebral involvement). I am going to read you a list of words which I would like you to learn. Please repeat these words. I am going to ask you to give them back in a few minutes. (Read 5 words at rate of 1 / second. Subject repeats them once, then repeats them again. Repeat trials until subject recalls all 5 words. Stop after 4 attempts.) [Flower] [Robert] [Courage] [Speak] [Yellow] 1st attempt [] - [] - [] - [] - [] 2nd attempt [] - [] - [] - [] - [] 3rd attempt [] - [] - [] - [] - [] 4th attempt [] - [] - [] - [] - []		
DIGIT SPAN FORWARD Score = maximum string of numbers correctly repeated. Fail if Score 5 or less. I am going to read you some numbers. Please repeat them in exactly the same order (Read aloud at a rate of 1 per second. Start with * and administer previous items if subject fails to repeat *). 5-9 [] 4-8-7-0* [] 3-0-1-2-6-4 [] 2-0-5-6-9-7-3-8 [] 2-1-3 [] 1-6-9-2-5 [] 7-3-1-9-8-4-6 []	/8	
DIGIT SPAN BACKWARD Score = maximum string of numbers correctly repeated. Fail if Score 3 or less. Inability to reverse 2 digits scores 0. Now please say these numbers backwards, in reverse order. (Give example, then start with *). (e.g., 5-8 = 8-5) *6-1 [] 3-8-2 [] 4-7-0-0 [] 6-5-2-8-1 [] 5-0-0-3-7-4 []	/6	
CUBE (DRAW) Score = 12 points if 12 lines present and diagram is 3-dimensional. If 12 lines not present or the diagram is not 3 dimensional, administer "CUBE (COPY)". Please draw a cube - a six-sided box, make it transparent or see-through. (Use space bottom left).		
CUBE (COPY) Score = 12 points, 1 for each line. Deduct 1 point if not 3-D, 1 point for each line not drawn, 1 point for each additional line >12. Fail if Score 11 or less. Please copy the cube shown on PAGE 2. (Neatness not scored).	/15	

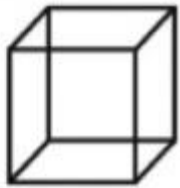
Notation:

Semantic Fluency	Phonemic Fluency	Category switching

Draw cube here.

TEST	RAW SCORE	PASS-6 FAIL-1
VERBAL RECALL Spontaneous = 3 points per word, category = 2 points, multiple choice = 1 point. Score = total points. Fail if Score 18 or less. Inability to recall more than 1 word from multiple choice raises concern for cerebral involvement. What were the words I asked you to learn earlier? (Subject recalls the words learned previously. Use cues and multiple choice alternatives bottom left if needed). [Flower] [Robert] [Courage] [Speak] [Yellow] Spontaneous recall: [] - [] - [] - [] - [] Recall with category cue: [] - [] - [] - [] - [] Recall with multiple choice: [] - [] - [] - [] - []	/15	
SIMILARITIES Correct answer (conceptual) = 1 point, partial answer (concrete) = 1 point, incorrect answer / no answer = 0 points. Score = total points. Fail if Score 6 or less. Key bottom right. How are the following words alike, what is the same about them? (Provide example, then test items). (e.g., Ball/Moon = Round) 1.Noise/Ear 2. Sheep/Elephant 3. Lake/River 4. Airplane/Motorcycle []/2 []/2 []/2 []/2	/8	
GO NO-GO 1 point for no errors, 1 point for one error, 0 points for two or more errors. Score = total points. Fail if Score 0. I am going to tap the table. When I tap once, please raise your finger then put it back down again. When I tap twice, don't do anything. (Give an example of each condition to make sure subject understands). 1-1-1-2-2-1-2-2-2-2-1-2-2-1-2-2-1	/2	
AFFECT Score 0 points if none are present. Subtract 1 for each item present. Fail if Score 4 or less. (Rater assesses if the following are present, incorporating input from patient and/or caregiver). Difficulty with focusing attention or mental flexibility Emotionally labile, incongruous emotions, appears hopeless or depressed Shows easy sensory overload or avoidant behaviors Expresses illogical thoughts or paranoia Lacks empathy, is apathetic, or has blunted affect Angry or aggressive, irritable, oppositional, difficulty with social cues and social boundaries	/6	
TOTAL SCORE	/20	/10

Calculate total raw scores (1st column) and total number of failed tests (2nd column).
1 failed test = Possible CCAS; 2 failed tests = Probable CCAS; 3 or more failed tests = Definite CCAS



Copy the cube here.

CUES AND MULTIPLE CHOICE ITEMS FOR VERBAL RECALL TEST					
Test word	Flower	Robert	Courage	Speak	Yellow
Cue	Ques in the garden	Boy's name	Word of virtue	Way of communicating	Color
Multiple choice items	Tree	Stephen	Bravery	Speak	Red
	Book	Michael	Courage	Talk	Green
	Flower	Joseph	Honour	Sing	Blue
	Grass	Robert	Patience	Shout	Yellow

SIMILARITIES	Correct (conceptual answers (examples))	Partial correct (concrete answers (examples))
Noise/Ear	Same organ	Face, body part
Sheep/Elephant	Mammals, animals	Legs, tails
Lake/River	Bodies of water	Wet, cold, rain
Airplane/Motorcycle	Vehicle, transportation	Use fuel, ride them

Hoche, Quail, Vangel, Sherman, Schmahmann
Ataxia Unit, Cognitive Behavioral Neurology Unit, Schmahmann Laboratory for Neuroanatomy and Cerebellar Neurobiology, Department of Neurology
Massachusetts General Hospital. © 2015 The General Hospital Corporation. All Rights Reserved.

But if one built a phone app for capturing this information that replicated the paper form...

One would end up with an impracticable app because it would require endless pinching/zooming and would not have phone optimized controls for data input.

AT&T 6:37 PM 29%

CCAS_Schmahmann Sc...

CEREBELLAR COGNITIVE AFFECTIVE / SCHMAHMANN SYNDROME SCALE (CCAS-Scale) NAME: EM DATE: DOB: Education (Yrs)

VERSION 1A.

SEMANTIC FLUENCY	100%	100%
PHONEMIC FLUENCY	100%	100%
CATEGORY SWITCHING	100%	100%
VERBAL REGISTRATION	100%	100%
DIGIT SPAN FORWARD	100%	100%
DIGIT SPAN BACKWARD	100%	100%
CUBE (DRAW)	100%	100%
CUBE (COPY)	100%	100%

Signature: _____

Signature	Signature	Signature
Signature	Signature	Signature
Signature	Signature	Signature

VERBAL RECALL

Signature	Signature	Signature
Signature	Signature	Signature
Signature	Signature	Signature

TransForm allows the CCAS form to be turned into an easy to use smartphone app that can perform data collection significantly faster and more accurately while taking advantage of the capabilities of the phone

The smartphone app can be built and deployed in roughly 30 minutes and ANYONE in an organization can do it with just 20 to 30 minutes of training. Low code products would require weeks of development by coders.

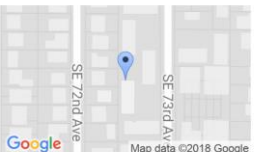
DOB:

Apr	22	2016
May	23	2017
Jun	24	2018
Jul	25	2019
Aug	26	2020

Today Clear

Location

Latitude, Longitude:
45.522105,-122.588433



Get Location

CCAS-Scale

CCAS-Scale

CEREBELLAR COGNITIVE
AFFECTIVE SCHMAHMANN
SYNDROME SCALE

(CCAS-Scale) Ver. 1A

Name:


DOB:

ID#:

Education (yrs):

Date:

Location

*option to enter text via voice

ID#:

0

AC

1

2

3

4

5

6

7

8

9

.

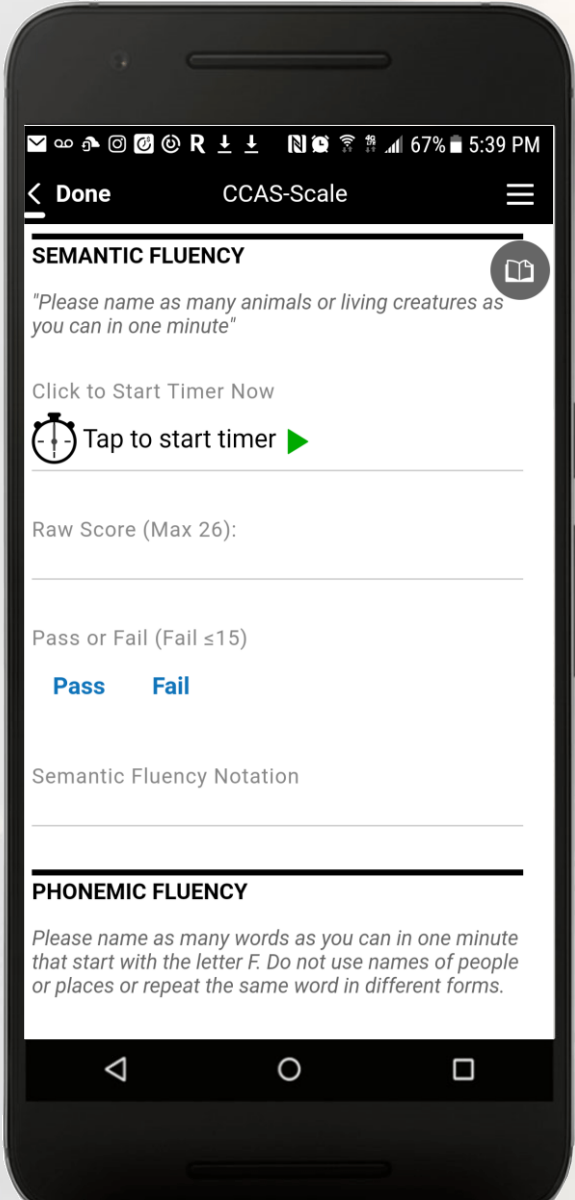
0

Done

Group and Timer inputs of TransForm make it easy to meet the requirements of turning CCAS into an app

TransForm has stopwatches and timers built in.

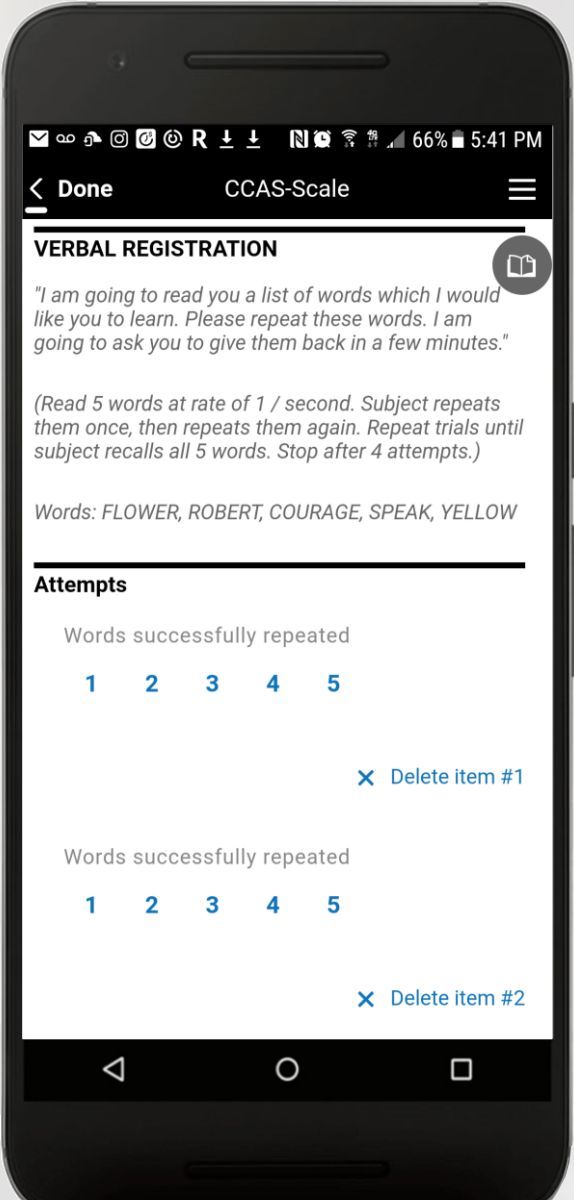
In the case of the CCAS form, patients name as many living creatures as they can in one minute.



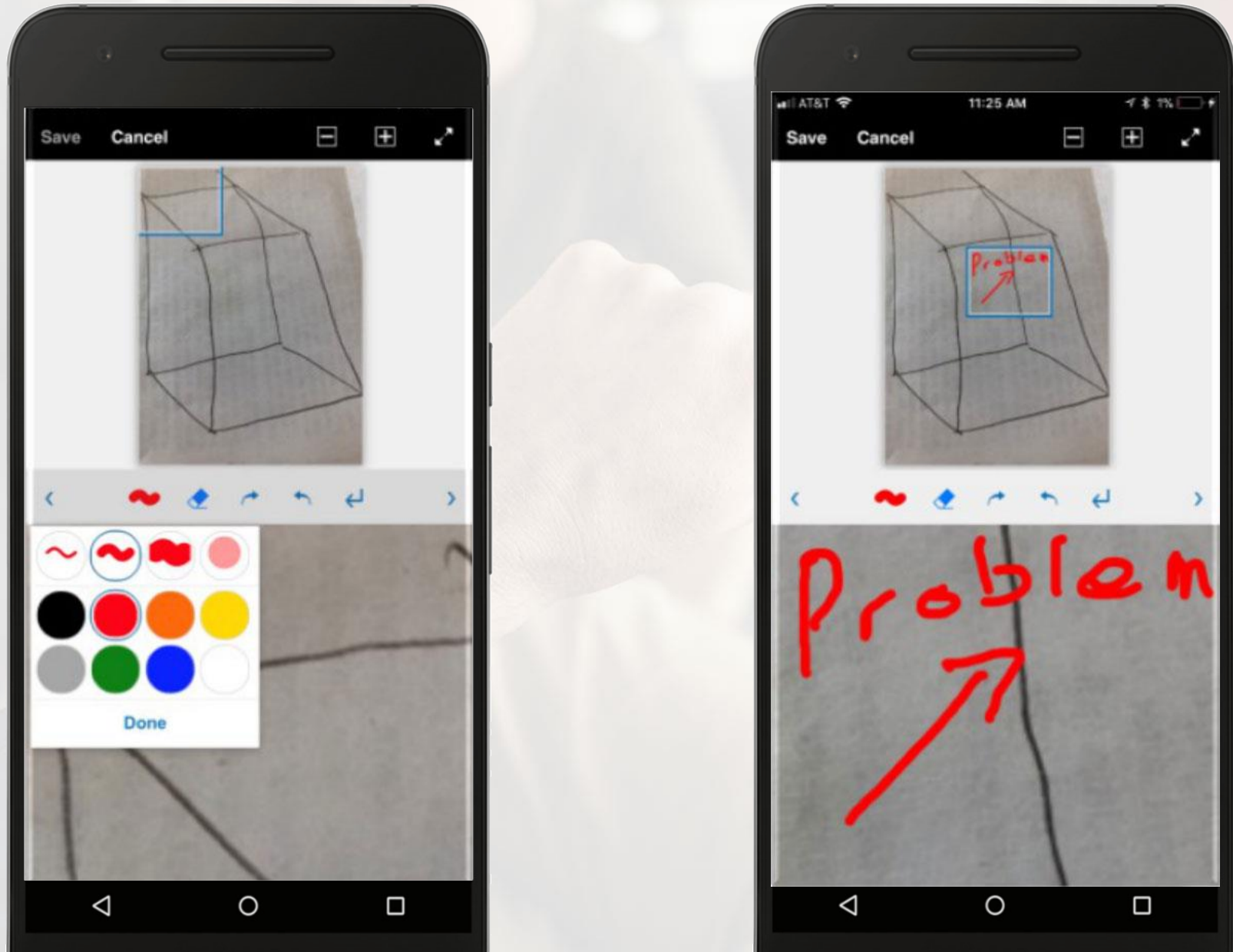
Through group controls, TransForm apps can model data capture requirements that reflect an unlimited number of related underlying tables.

There is no requirement to know anything about relational databases

TransForm just takes care of it.



Powerful drawing and annotation tools with zoom allow TransForm Apps to support handwriting and sketching



TransForm allows for signatures, branching, convenient pick lists and more

< Done CCAS-Scale 2


TEST TOTALS

Total Raw Score:
1256


Total Pass/Fail Score:
78

SCORE: Pass/Fail Score equals the number of failed tests. 1 failed test = Possible CCAS; 2 failed tests = Probable CCAS; 3 or more failed tests = Definite CCAS

Photo of Test Subject



Signature of Test Administrator



2018-05-31 19:02:05

< Done CCAS-Scale 2

Fail if total points for all words is 10 or less. Inability to recall more than 1 word from multiple choice raises concern for cerebral involvement.

SIMILARITIES

"How are the following words alike; what is the same about them? For Example: Ball/Moon=Round"

NOSE/EAR

Correct Partial Incorrect

SHEEP/ELEPHANT

Correct Partial Incorrect

LAKE/RIVER

Correct Partial Incorrect

AIRPLANE/MOTORCYCLE

Correct Partial Incorrect

SCORE: Correct Answer (conceptual) = 2 points / Partial Answer (concrete) = 1 point / Incorrect Answer or No Answer = 0 points. Score = total points.

Raw Score (Max 8):



Travel Expense Report

created
with

 **alpha**
TransForm™

Standard Travel Expense Report

Travel Expense Report

Complicated than it needs to be and
many fields you may never use and
as one runs into limits caused by
number of rows

Formulas and calculations are “built in”

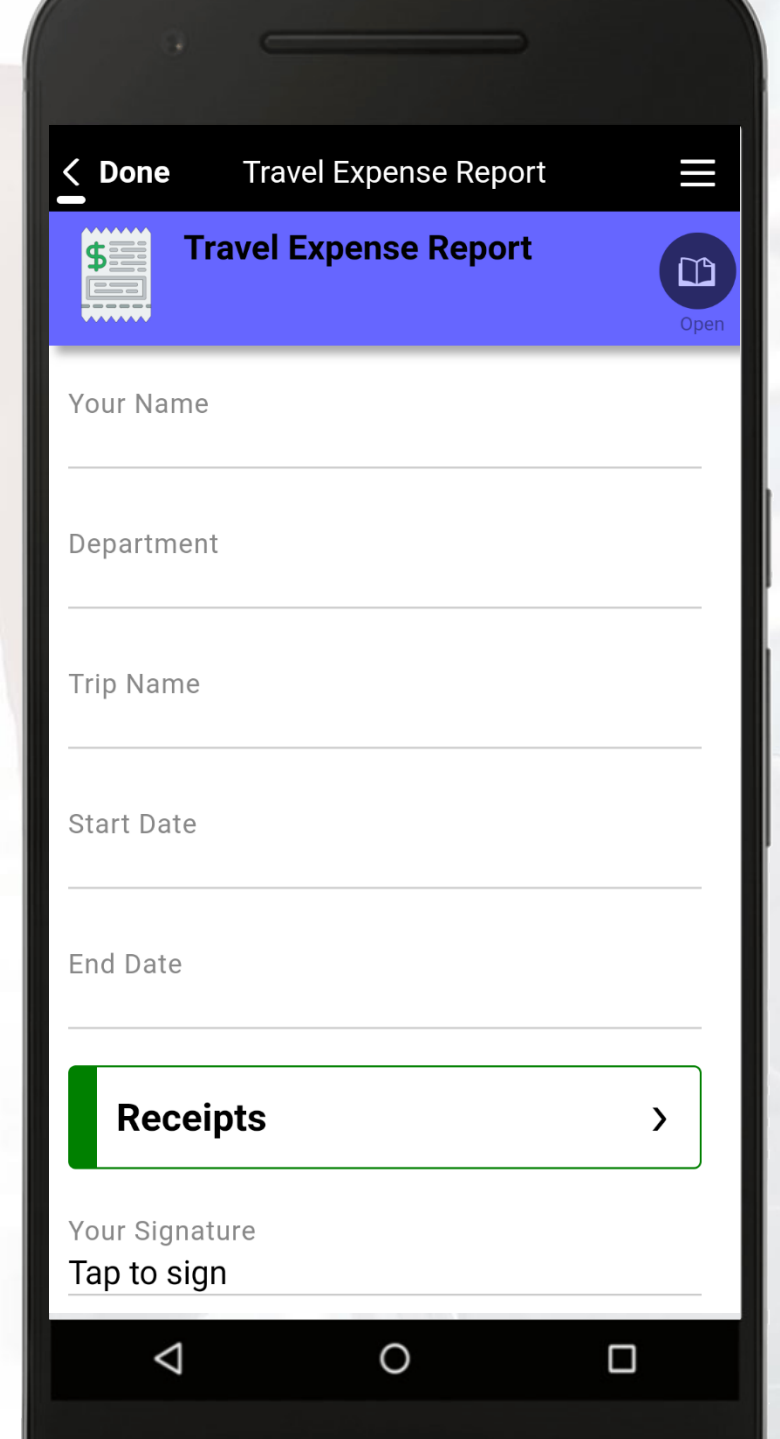
Expenses are typically tracked with
but there is no clear means to
them

- A typical Travel Expense Report
- More complicated than it needs to be and has many fields you may never use and sometimes one runs into limits caused by a fixed number of rows
- No validation and calculations are “built in”
- All expenses are typically tracked with receipts but there is no clear means to attach them

[illegible]

A Travel Expense Report Created with Alpha Transform

- Quick and simple to fill in
- Capable of documenting as many receipts as needed for your travel
- A signature field verifies the forms user as well as the date and time that the report is filled



The image shows a smartphone screen displaying the 'Travel Expense Report' app. The app has a blue header bar with a 'Done' button, the title 'Travel Expense Report', and a menu icon. Below the header is a blue bar with a receipt icon, the title 'Travel Expense Report', and an 'Open' button. The main form area is white and contains several input fields: 'Your Name', 'Department', 'Trip Name', 'Start Date', and 'End Date'. Below these fields is a green button labeled 'Receipts' with a right arrow. At the bottom is a signature field labeled 'Your Signature' with the instruction 'Tap to sign'. The phone's navigation bar is visible at the very bottom.

< Done Travel Expense Report

Travel Expense Report Open

Your Name

Department

Trip Name

Start Date

End Date

Receipts >

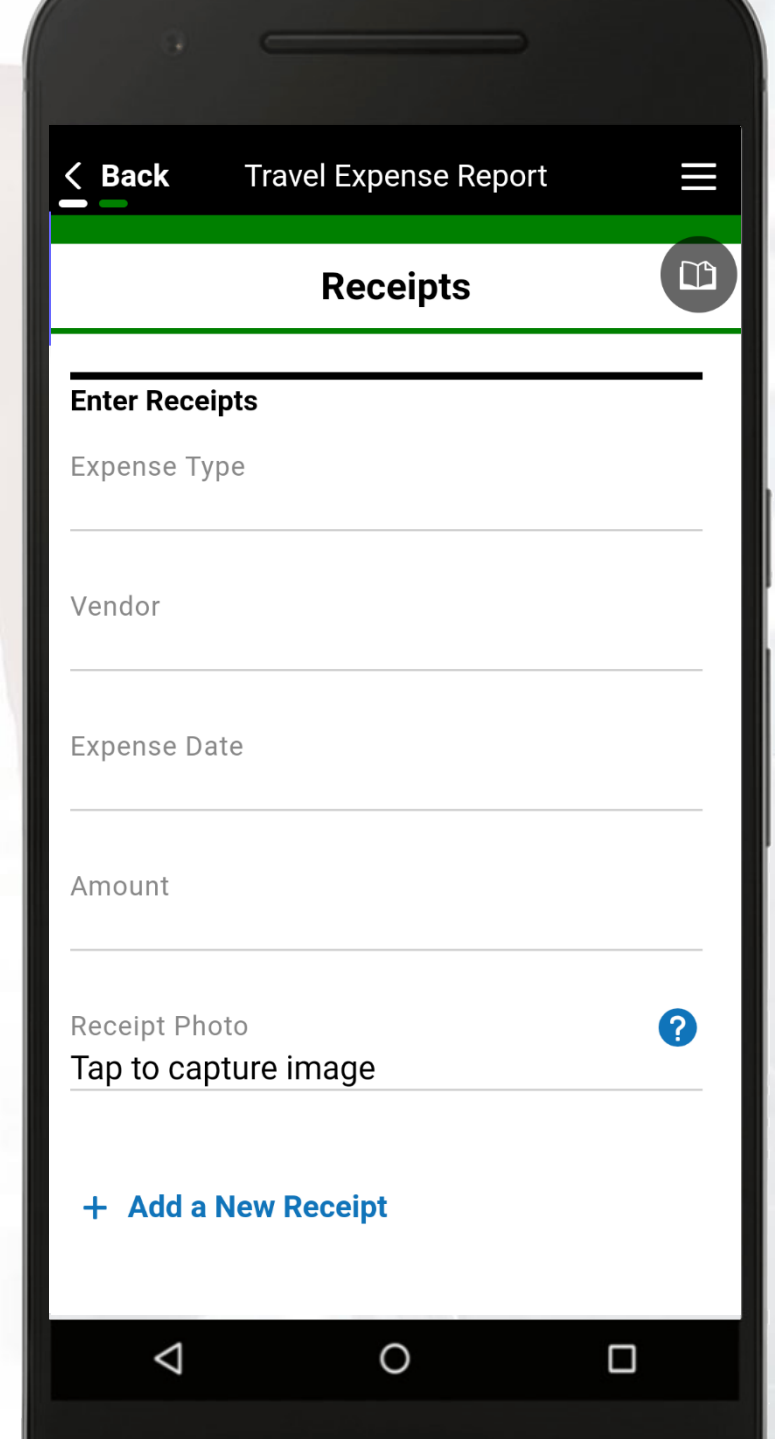
Your Signature
Tap to sign

Keep Track of Receipts

All drop down list of relevant receipt types are provided.

Photograph of the receipt is captured so there is no need for the traveler to keep a pile of paper receipts.

Add as many receipts as is needed for the trip.



The image shows a smartphone screen displaying a mobile application interface for tracking travel expenses. The app has a dark header bar with a back arrow, the text 'Travel Expense Report', and a menu icon. Below the header is a green bar with the word 'Receipts' in white, and a circular icon with a document symbol. The main content area is white and contains a form titled 'Enter Receipts'. The form has five input fields: 'Expense Type', 'Vendor', 'Expense Date', and 'Amount', each with a light gray label and a white input line. Below these is a section for 'Receipt Photo' with a blue question mark icon and the text 'Tap to capture image'. At the bottom of the form is a blue button with a plus sign and the text '+ Add a New Receipt'. The phone's navigation bar at the very bottom shows three icons: a back arrow, a circle, and a square.

Travel Expense Report

Receipts

Enter Receipts

Expense Type

Vendor

Expense Date

Amount

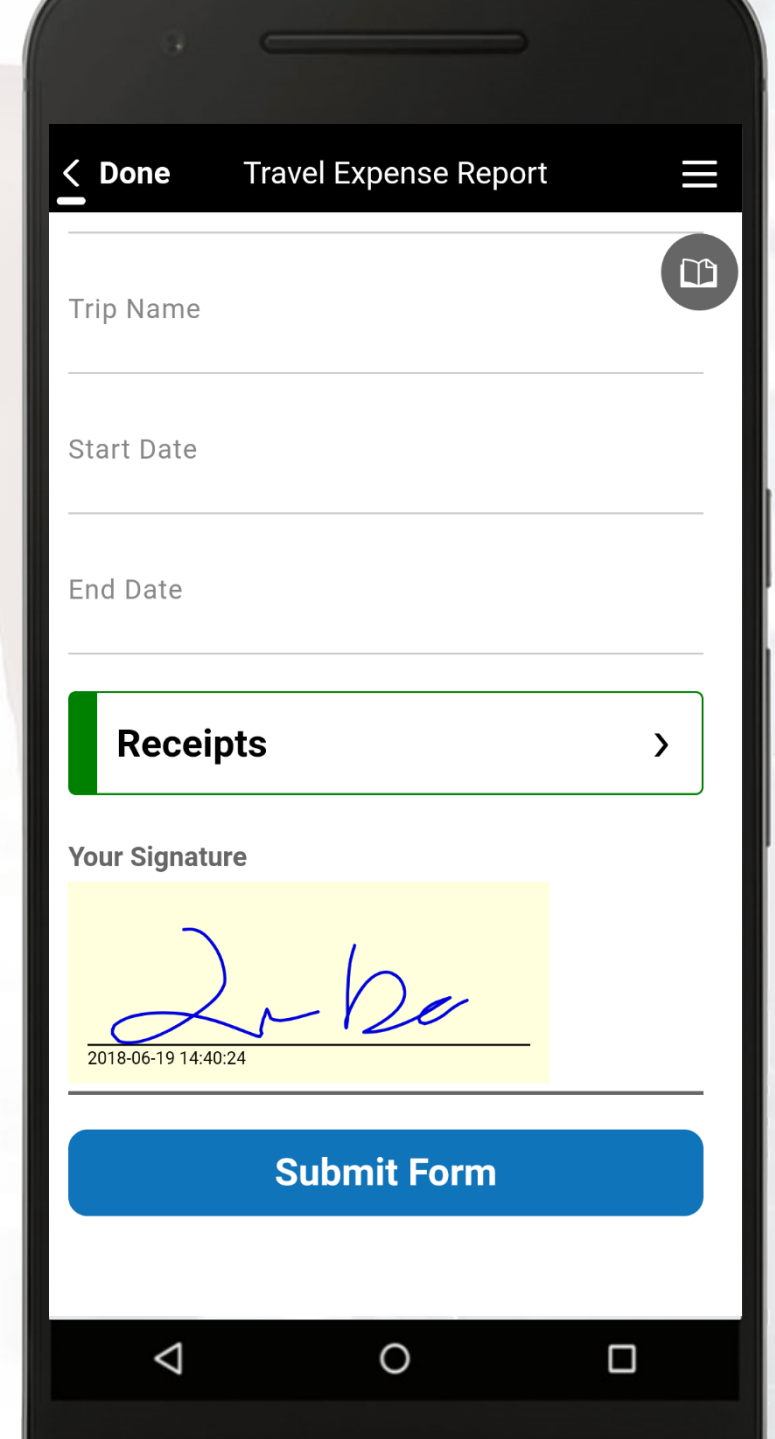
Receipt Photo ?
Tap to capture image

+ Add a New Receipt

Keep Track of Receipts

Provide your signature and then click Submit Form.

Once uploaded the collected data will be accessible in TransForm Central. It can easily be integrated with your systems of record or exported to a preferred file type like PDF or Excel



The image shows a smartphone screen displaying a 'Travel Expense Report' form. The form has a dark header with a back arrow, the text 'Done', the title 'Travel Expense Report', and a menu icon. Below the header, there is a 'Trip Name' field with a document icon on the right. This is followed by 'Start Date' and 'End Date' fields. A green-bordered box contains the word 'Receipts' with a right-pointing chevron. Below this is the 'Your Signature' section, which shows a blue ink signature on a yellow background with a timestamp '2018-06-19 14:40:24' underneath. At the bottom of the form is a large blue button labeled 'Submit Form'. The phone's navigation bar is visible at the very bottom.

< Done Travel Expense Report

Trip Name

Start Date

End Date

Receipts >

Your Signature

2018-06-19 14:40:24

Submit Form

Perioperative Nursing Record

created
with

 **alpha**
TransForm™



A Standard Perioperative Nursing Record

- Sample from US Govt. AF Form 1864
- Covers critical from activities from ward admission to surgery completion
- Utilized by multiple departments

PERIOPERATIVE NURSING RECORD											
(This form is subject to the Privacy Act of 1974. Use Blanket PAS - DD Form 2005)											
PREOPERATIVE ASSESSMENT REVIEWED: <input type="checkbox"/> AF Form 3241 - Adult Admission Note <input type="checkbox"/> Anesthesia Assessment <input type="checkbox"/> AF Form 3244 - Pediatric Admission Note <input type="checkbox"/> Facility Nursing Assessment Form <input type="checkbox"/> H & P <input type="checkbox"/> Patient Teaching Conducted IAW Local Policy (If not, state why in comments section)											
SKIN INTEGRITY (Rashes, infection, general skin condition) _____											
EMOTIONAL STATUS _____											
LEVEL OF CONSCIOUSNESS/MENTAL STATUS (Unconscious, alert, confused, learning impaired) _____											
SIGNIFICANT OTHER(S) _____ RELATIONSHIP: _____ LOCATION DURING SURGERY: _____											
YES	NO	Patient Identification: <input type="checkbox"/> ID Band <input type="checkbox"/> Verbal <input type="checkbox"/> Parent Allergies: _____ Language Barriers _____ Lab, EKG, X-rays as Appropriate _____ Consent: Signed, Witnessed, Date & Time _____ Confirmation of Surgical Site _____ Informed Consent _____ Confirmation of NPO _____ Implants/Location: _____						YES	NO	Dentures, Appliances, Prosthetics Removed _____ Jewelry, Makeup, Hairpins Removed _____ Preop Vital Signs Recorded _____ Preop Medication Given _____ Presence of Catheters/Drains _____	
										COMMENTS	
										Arrived PHA at _____	
										SIGNATURE OF OR NURSE: _____	
INTRAOPERATIVE SURGICAL EVENTS											
DATE: _____ OR NUMBER: _____ <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> AMBULATORY SURGERY											
ROOM OPEN: _____ TIME IN OR: _____ SURGERY START: _____ SURGERY STOP: _____ TIME OUT: _____ ROOM CLOSED: _____											
PREOPERATIVE DIAGNOSIS: _____											
OPERATIVE DIAGNOSIS: _____											
SURGICAL PROCEDURE: _____											
SURGEONS: _____ CIRCULATORS: _____ SCRUBS: _____ ANES. TEAM: _____ CD: I II III IV / Tourniquet: Up Down Up Down Total											
ANESTHESIA START: _____ ANESTHESIA STOP: _____ TYPE OF ANESTHESIA: <input type="checkbox"/> General <input type="checkbox"/> MAC <input type="checkbox"/> Regional <input type="checkbox"/> LOCAL LOCAL AGENT(S): _____ AMOUNT: _____ ADMINISTERED BY: _____ ASA CLASSIFICATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Emergency Urgent											
INTRAOP MEDS: _____ AMOUNT: _____ TIME: _____ ADMINISTERED BY: _____											
SPECIMENS: _____ Permanent X Fresh X Frozen X Culture X Cytology X Other X <input type="checkbox"/> None											
PATIENT TRANSFERRED TO: <input type="checkbox"/> PACU <input type="checkbox"/> NSG Unit <input type="checkbox"/> AMB Surgery Unit <input type="checkbox"/> SICU/ICU <input type="checkbox"/> Other: _____ VIA: <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/> Other: _____											
PATIENT STATUS: <input type="checkbox"/> Extubated <input type="checkbox"/> Intubated <input type="checkbox"/> Alert <input type="checkbox"/> Awake <input type="checkbox"/> Sedated <input type="checkbox"/> Asleep <input type="checkbox"/> Other: _____ Vitals Infant Delivered at Appar: 1 Min 5 Min											
PATIENT IDENTIFICATION										COMMENTS	
										Delay Code _____ Counts: C/I/NA _____ Drains/Packs: Y/N _____ Implants: Y/N _____	
										SIGNATURE OF OR NURSE: _____	

The App Created by TransForm

Clean and Organized

Patient name displayed in
forms list

Section menus for
easy navigation

The image shows a smartphone screen displaying the 'Perioperative Nursing Record' app. The interface is clean and organized, with a white background and black text. At the top, there is a navigation bar with a back arrow, the text 'Done', the title 'Perioperative Nursing Record', and a menu icon. Below the navigation bar, there is a header section with a document icon, the title 'Perioperative Nursing Record', and the patient name 'Miles Widrick'. A blue arrow points from the text 'Patient name displayed in forms list' to the patient name 'Miles Widrick'. Below the header, there is a form section with two fields: 'PATIENT NAME' with the value 'Miles Widrick' and 'PATIENT IDENTIFICATION' with the value 'M23ND2896331'. Below the form section, there are two section menus: 'PREOPERATIVE' with a green bar on the left and a right arrow, and 'INTRAOPERATIVE' with an orange bar on the left and a right arrow. A blue arrow points from the text 'Section menus for easy navigation' to the 'PREOPERATIVE' menu. The bottom of the screen shows the Android navigation bar with back, home, and recent apps icons.

Done Perioperative Nursing Record

Perioperative Nursing Record
Miles Widrick

PATIENT NAME
Miles Widrick

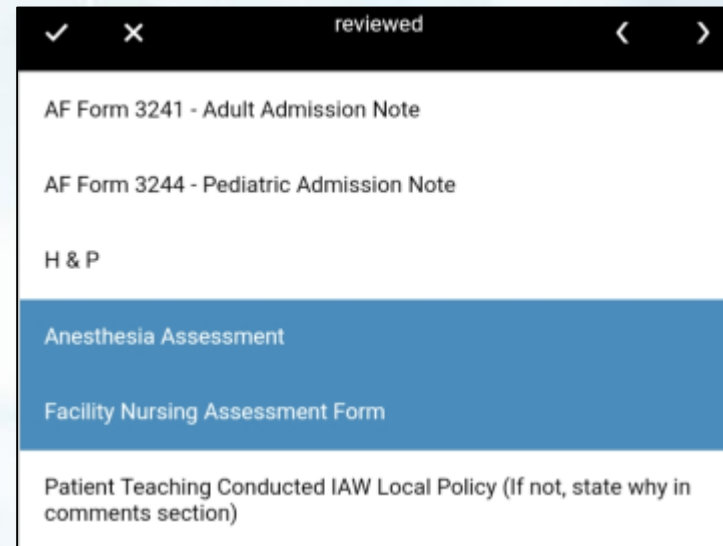
PATIENT IDENTIFICATION
M23ND2896331

PREOPERATIVE >

INTRAOPERATIVE >

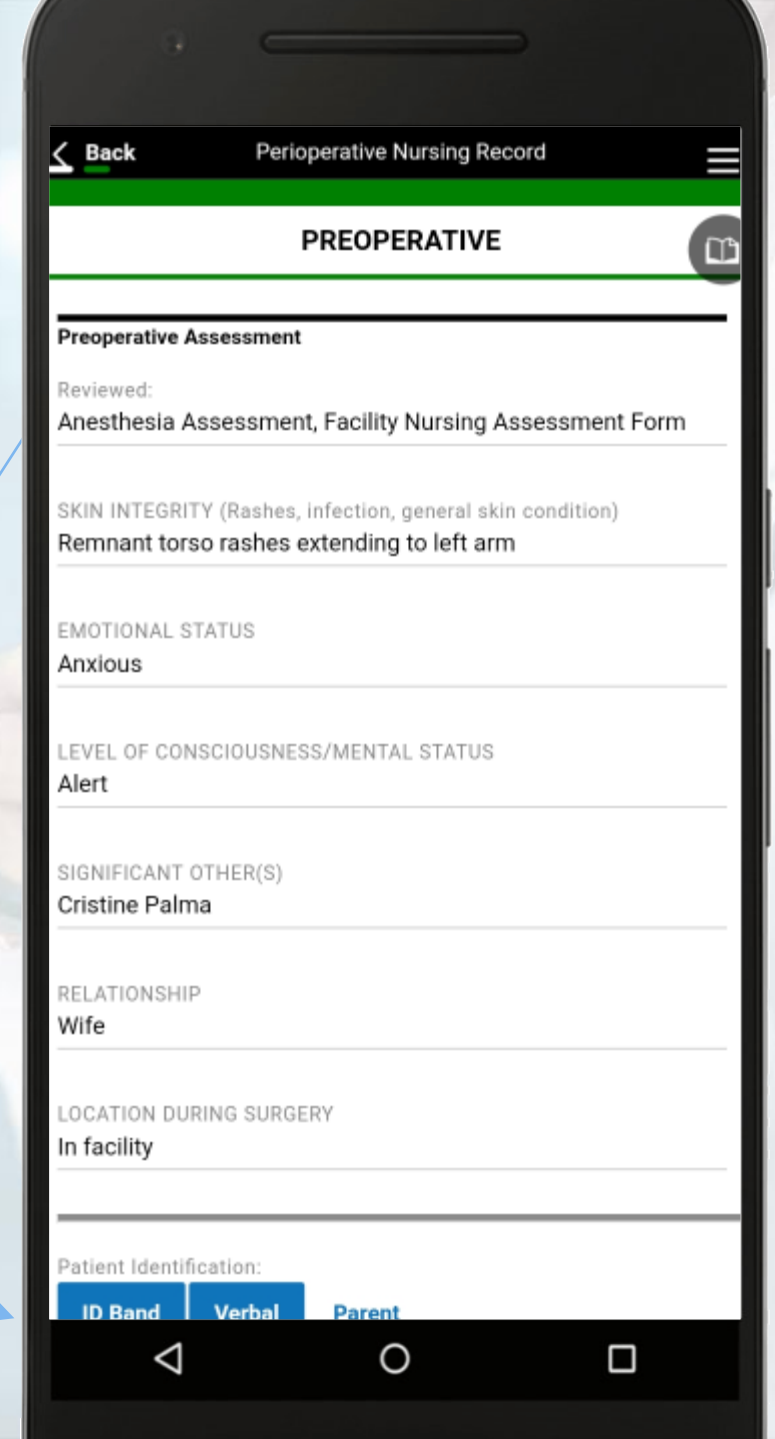
Preoperative Data

Dropdown with multiple simultaneous choices possible



A screenshot of a mobile application interface showing a dropdown menu titled "reviewed". The menu has a black header with a checkmark, an 'X' icon, and navigation arrows. The list of options includes "AF Form 3241 - Adult Admission Note", "AF Form 3244 - Pediatric Admission Note", "H & P", "Anesthesia Assessment" (highlighted in blue), "Facility Nursing Assessment Form" (highlighted in blue), and "Patient Teaching Conducted IAW Local Policy (If not, state why in comments section)".

Button List with multiple simultaneous choices possible



A screenshot of a smartphone displaying the "Preoperative Nursing Record" form. The form has a black header with a "Back" button and a menu icon. The title "PREOPERATIVE" is centered in a green bar. The form sections include:

- Preoperative Assessment**
 - Reviewed: Anesthesia Assessment, Facility Nursing Assessment Form
 - SKIN INTEGRITY (Rashes, infection, general skin condition): Remnant torso rashes extending to left arm
 - EMOTIONAL STATUS: Anxious
 - LEVEL OF CONSCIOUSNESS/MENTAL STATUS: Alert
 - SIGNIFICANT OTHER(S): Cristine Palma
 - RELATIONSHIP: Wife
 - LOCATION DURING SURGERY: In facility
- Patient Identification:**
 - Buttons: ID Band, Verbal, Parent (all highlighted in blue)

Preoperative Data

Yes/No fields with “Notes” text area appearing on the same line

“Notes” does not appear before an option is selected, to reduce clutter

Perioperative Nursing Record

Back

Patient Identification:

ID Band Verbal Parent

Allergies: Yes No Notes
Walnuts, pecans

Language Barriers Yes No Notes

Lab, EKG, X-Rays as appropriate Yes No Notes

Consent: Signed, Witnessed, Date & Time Yes No Notes

Confirmation of Surgical Site Yes No Notes

Informed Consent Yes No Notes

Confirmation of NPO Yes No Notes

Preoperative Data

Date / Time Slide Selector

Apr	5	2016	06	:13
May	6	2017	07	:14
Jun	7	2018	08	:15
Jul	8	2019	09	:16
Aug	9	2020	10	:17

[Now](#) [Clear](#)

Signature Capture

[Back](#) Perioperative Nursing Record

Dentures, Appliances, Prosthetics Removed Notes: None present

Jewelry, Makeup, Hairpins Removed Notes: None present

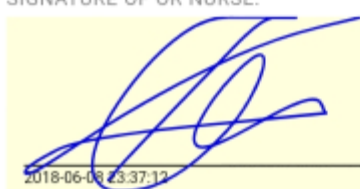
Preop Vital Signs Recorded Notes:

Preop Medication Given Notes: Zantac, Premperan

Presence of Catheters/Drains Notes:

Arrived PHA at 2017-06-07 06:35

SIGNATURE OF OR NURSE:



2018-06-08 23:37:12

Intraoperative Data

Button List with only a single choice permitted

Three responsive fields on the same line for a more compact form

Perioperative Nursing Record

INTRAOPERATIVE

Date: 2018-06-07 OR NUMBER: 3

CATEGORY: **INPATIENT** OUTPATIENT AMBULATORY SURGERY

ROOM OPEN	TIME IN OR	SURGERY START
2018-06-07 06:40	2018-06-07 06:45	2018-06-07 07:10
SURGERY STOP	TIME OUT	ROOM CLOSED
2018-06-07 07:55	2018-06-07 08:10	2018-06-07 08:25

PREOPERATIVE DIAGNOSIS
Lower right abdominal pain

OPERATIVE DIAGNOSIS
Acute appendicitis

SURGICAL PROCEDURE
Laparoscopic Appendectomy

Surgeons

Intraoperative Data

Arbitrary number of entries per section
(in this example, 2 Surgeons and one Circulator)

Helps to avoid unnecessary blank lines or insufficient space
for variable quantities of data

SURGEONS:				
CIRCULATORS:				
SCRUBS:				
ANES. TEAM:				

Perioperative Nursing Record

Surgeons

Surgeon
Leonard Hunziker

[Remove Surgeon #1](#)

Surgeon
Joseph Layne

[Remove Surgeon #2](#)

[+ Add another Surgeon](#)

Circulators

Circulator
Tien McGuffin

[Remove Circulator #1](#)

[+ Add another Circulator](#)

Intraoperative Data

Different marked sections for visual separation

Perioperative Nursing Record

Scrubs

Scrub
Jeniffer Mcpeak

[Remove Scrub #1](#)

[+ Add another Scrub](#)

Anesthesiologists

Anesthesiologist
Tony Cunningham

[Remove Anesthesiologist #1](#)

Anesthesiologist
Weston Moreno (Medical Doctor)

[Remove Anesthesiologist #2](#)

Anesthesiologist
Ann Hatfield (Anes. Nurse)

[Remove Anesthesiologist #3](#)

Intraoperative Data

Single Selection from
Dropdown List

patient_status

Extubated

Incubated

Alert

Awake

Sedated

Asleep

Other

Back Perioperative Nursing Record

SPECIMENS:
Permanent

PATIENT TRANSFERRED TO:
PACU

TRANSFERRED VIA:
Bed

PATIENT STATUS:
Awake

Delay Code: Counts: Drains/Packs: Implants:

NA Yes No Yes No

COMMENTS

SIGNATURE OF OR NURSE:

2018-06-08 23:37:12

Home Inspection

created
with

 **alpha**
TransForm™

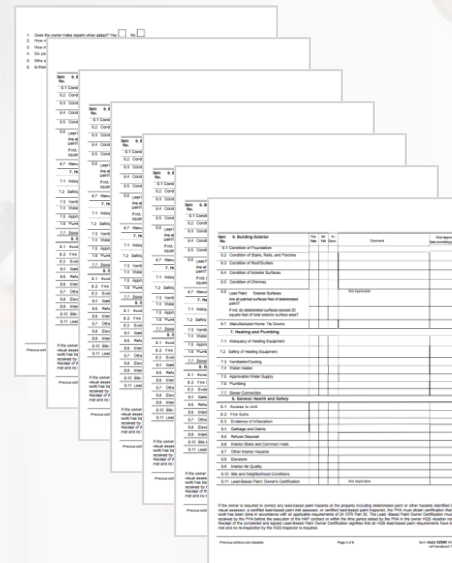


A Standard Home Inspection Checklist

There are many Home Inspection Forms. Some are simple checklists, other are massive forms like this one with many data entry fields across multiple pages. Alpha TransForm can handle forms of any size and complexity

The following pages show the sample Home Inspection Form that is included with Alpha TransForm. It can easily be customized to meet your needs.

No matter how simple or complex, TransForm can easily create the precisely the right Home Inspection Form for you.

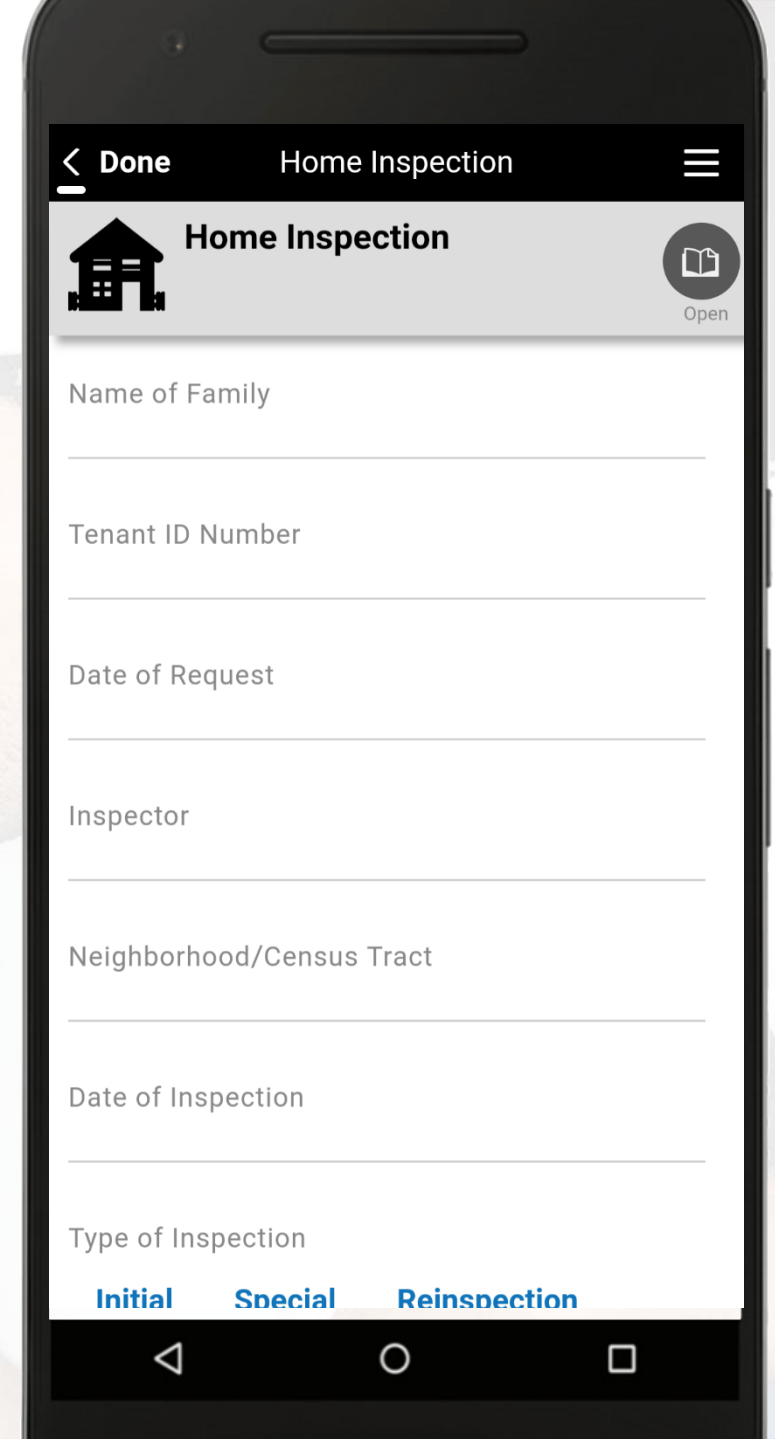


Inspection Checklist		U.S. Department of Housing and Urban Development Office of Public and Indian Housing		OMB Approval No. 2577-0169 (Exp. 04/30/2018)				
Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.								
Assurances of confidentiality are not provided under this collection.								
This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.								
Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.								
Name of Family		Tenant ID Number		Date of Request (mm/dd/yyyy)				
Inspector		Neighborhood/Census Tract		Date of Inspection (mm/dd/yyyy)				
Type of Inspection Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>		Date of Last Inspection (mm/dd/yyyy)		PIA				
A. General Information								
Inspected Unit		Year Constructed (yyyy)		Housing Type (check as appropriate)				
Full Address (including Street, City, County, State, Zip)				<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other				
Number of Children in Family Under 6								
Owner		Phone Number						
Name of Owner or Agent Authorized to Lease Unit Inspected		Address of Owner or Agent						
B. Summary Decision On Unit (To be completed after form has been filled out)								
Pass <input type="checkbox"/>		Number of Bedrooms for Purposes of the FMR or Payment Standard		Number of Sleeping Rooms				
Fail <input type="checkbox"/>								
Inconclusive <input type="checkbox"/>								
Inspection Checklist								
Item No.		1. Living Room		Yes	No	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1		Living Room Present						
1.2		Electricity						
1.3		Electrical Hazards						
1.4		Security						
1.5		Window Condition						
1.6		Ceiling Condition						
1.7		Wall Condition						
1.8		Floor Condition						
Previous editions are obsolete						Page 1 of 8		form HUD-52580 (4/2015) ref Handbook 7420.8

A Home Inspection Report created with Alpha Transform

This is the customizable header that can display your choice of logo, title, and color

No need to carry pen and paper, all the information you need to collect can be entered in fast text or number fields, or multiple choice responses.



< Done Home Inspection

Home Inspection Open

Name of Family

Tenant ID Number

Date of Request

Inspector

Neighborhood/Census Tract

Date of Inspection

Type of Inspection

Initial Special Reinspection

General Information

In this section, General Information is collected about the home.

The image below shows a portion of the Designer module at TransForm Central, the web portal where all forms are built and managed.

With the click of a button one can easily substitute the Street Address in the sample form with a GPS Location.

The screenshot shows the 'alpha TransForm' Designer interface. At the top, there are tabs for 'Home' and 'Designer'. Below the tabs, a list of form fields is displayed. The fields are numbered 9 through 13. Field 12 is highlighted in blue. A blue arrow points from the 'Data Field: Location' option in the list to the 'Street Address' field in the form on the right.

Field ID	Field Name	Data Field	Heading
9	heading group "A. General Information"	Data Field: Signature	
10	field date field9 / "Year Constructed"	Data Field: Scanner	
11	field list field10 / "Housing Type (Family)"	Data Field: Location	
12	field text field11 / "Street Address"	Data Field: List	
13	field text field12 / "Apartment Number"	Data Field: Button List	

The screenshot shows a mobile application interface for 'Home Inspection'. The title bar at the top has a back arrow, 'Done', and 'Home Inspection'. The form contains the following fields:

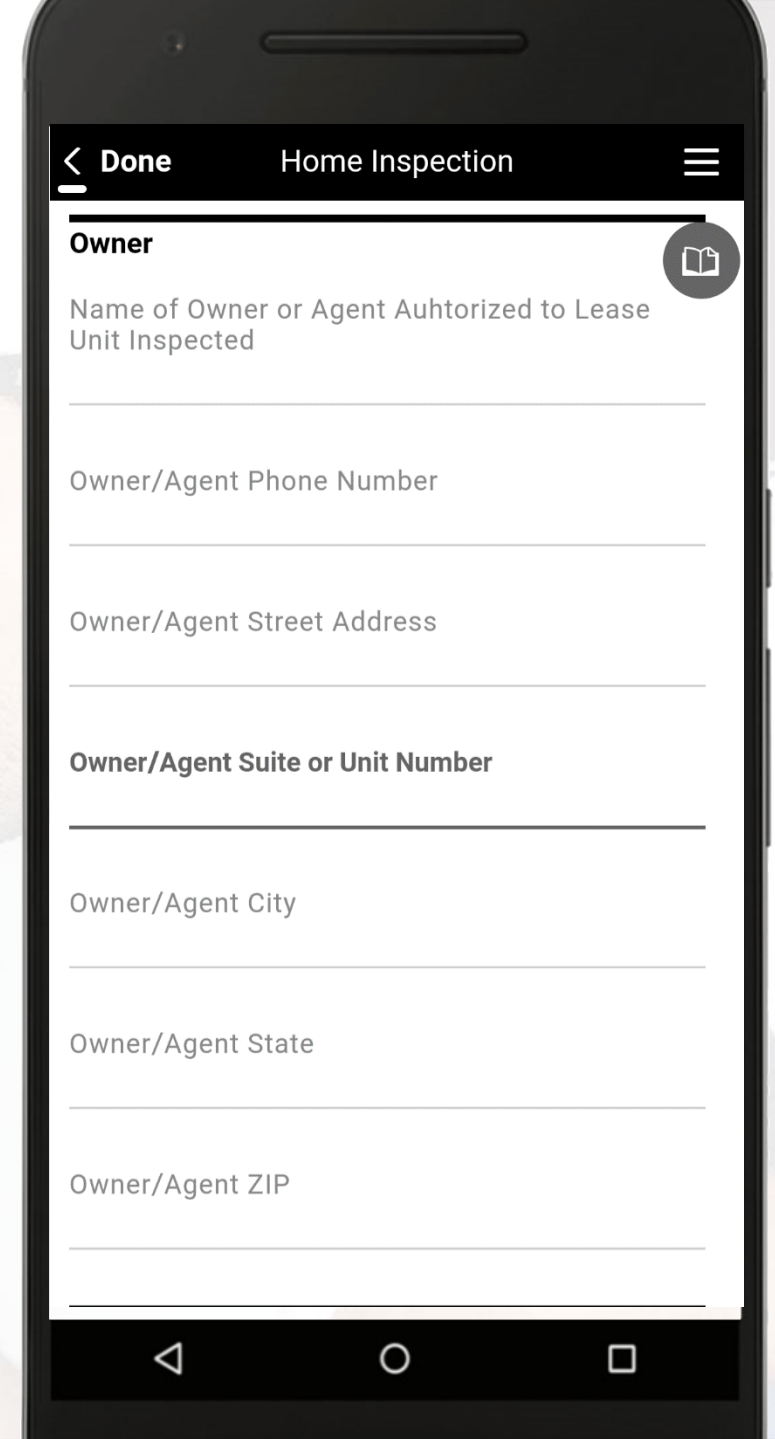
- Year Constructed
- Housing Type
- Street Address
- Apartment Number
- City
- State
- ZIP

A blue arrow points from the 'Data Field: Location' option in the Designer interface to the 'Street Address' field.

Owner/Agent Information

As we quickly scroll through the form we reach the Owner/Agent information section.

If this section didn't precisely fit your needs, it can be changed or deleted in minutes in TransForm Central.

A smartphone screen showing a mobile application interface for a home inspection. The background of the slide features a blurred image of a person wearing a white hard hat and holding a flashlight. The app interface has a dark header with a back arrow, the text 'Done', the title 'Home Inspection', and a menu icon. The main content area is white and titled 'Owner' with a document icon. It contains several text input fields for owner information.

< Done Home Inspection

Owner

Name of Owner or Agent Authorized to Lease Unit Inspected

Owner/Agent Phone Number

Owner/Agent Street Address

Owner/Agent Suite or Unit Number

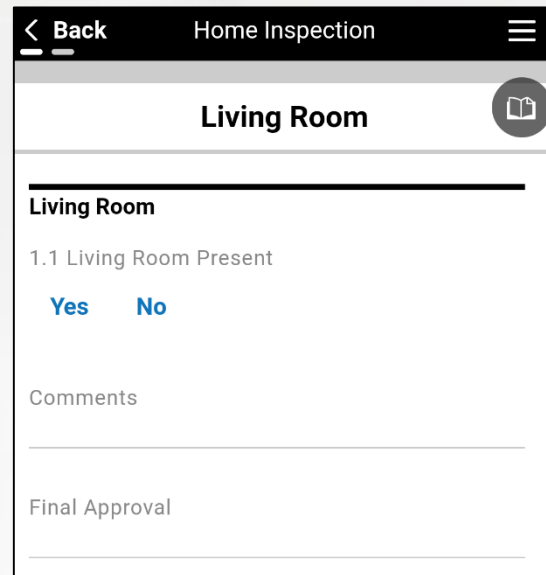
Owner/Agent City

Owner/Agent State

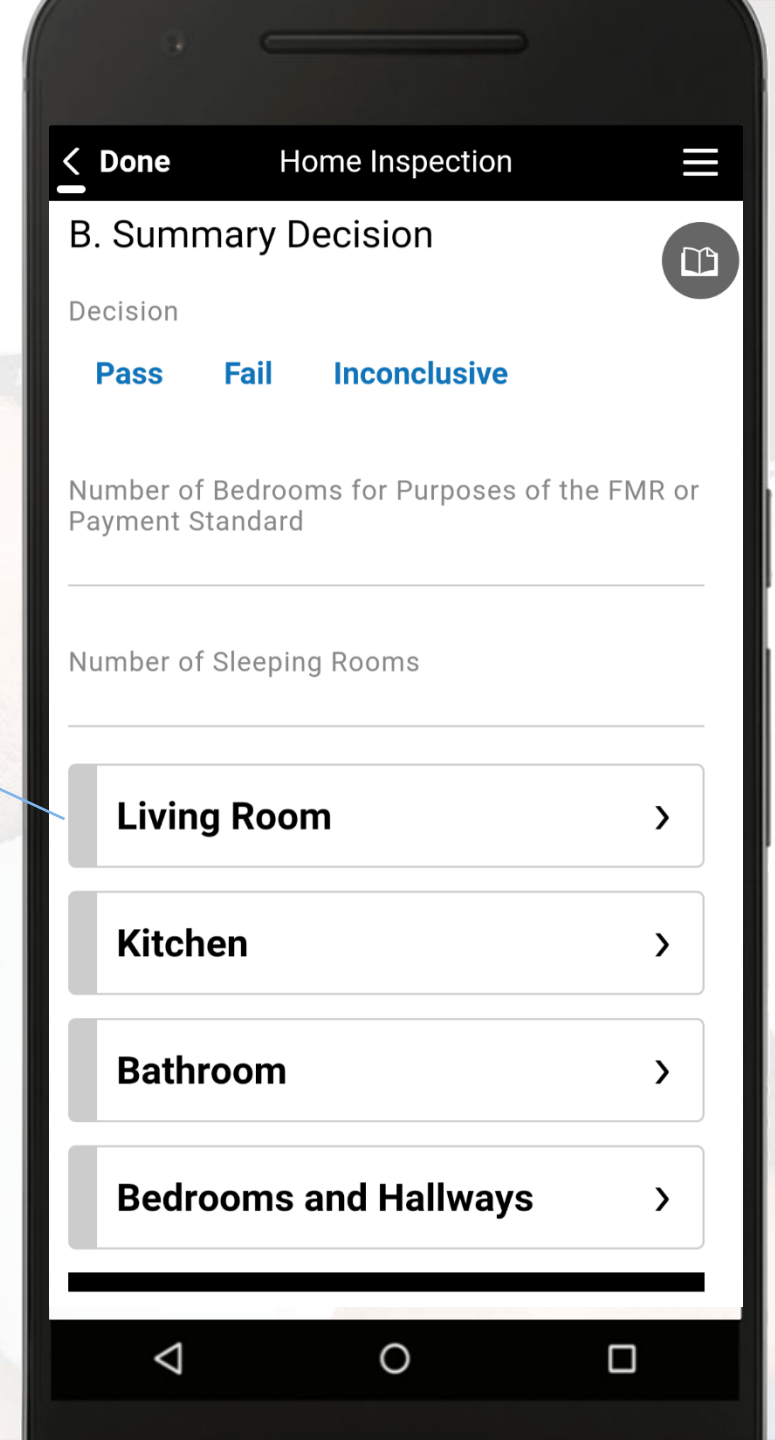
Owner/Agent ZIP

Summary Decision

This section applies to Fair Market Rent summary. A fast assessment of the home can be made room by room via quick navigation which escorts you through the process. (shown below)



The screenshot shows a mobile app interface for a 'Home Inspection'. The top bar has a '< Back' button, the title 'Home Inspection', and a menu icon. Below the bar, the section is titled 'Living Room' with a document icon. The form content includes a header 'Living Room', a question '1.1 Living Room Present' with 'Yes' and 'No' options, a 'Comments' field, and a 'Final Approval' field.



The screenshot shows a mobile app interface for a 'Home Inspection'. The top bar has a '< Done' button, the title 'Home Inspection', and a menu icon. Below the bar, the section is titled 'B. Summary Decision' with a document icon. The form content includes a 'Decision' section with 'Pass', 'Fail', and 'Inconclusive' options, and two text input fields for 'Number of Bedrooms for Purposes of the FMR or Payment Standard' and 'Number of Sleeping Rooms'. Below these are four large buttons with right-pointing arrows: 'Living Room', 'Kitchen', 'Bathroom', and 'Bedrooms and Hallways'. The bottom of the screen shows the Android navigation bar.

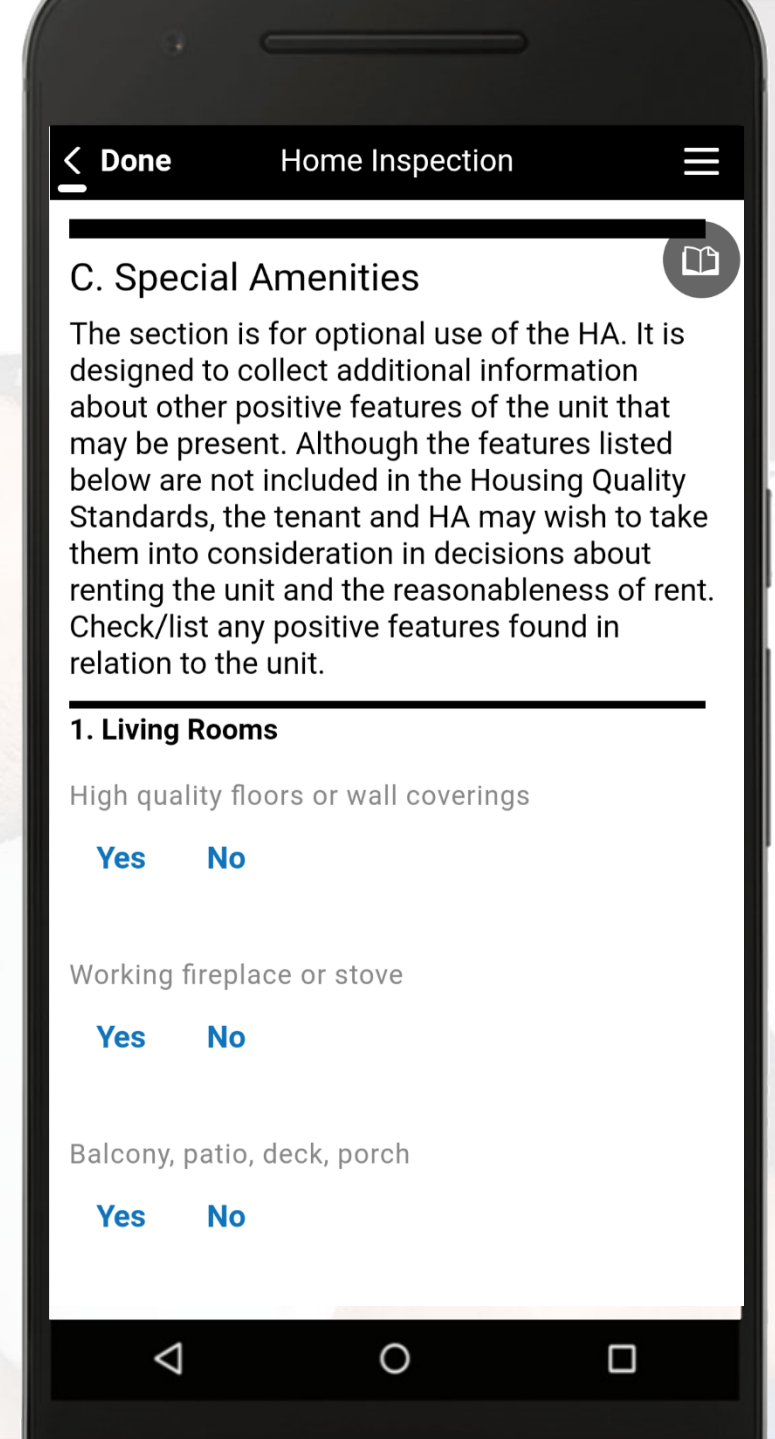
If this section is irrelevant to your inspection needs, it can quickly be removed in TransForm Central.

Special Amenities

This is an optional portion related to the Housing Authority (HA). As with all forms, quick edit or removal in Alpha TransForm is quick and easy.

Also shown is the beginning of a room by room assessment. Here we see the evaluation of the Living Room presented in Yes/No questions.

The form could easily be adapted to add text or audio notation or the questions could be adapted to provide multiple response options from a list.



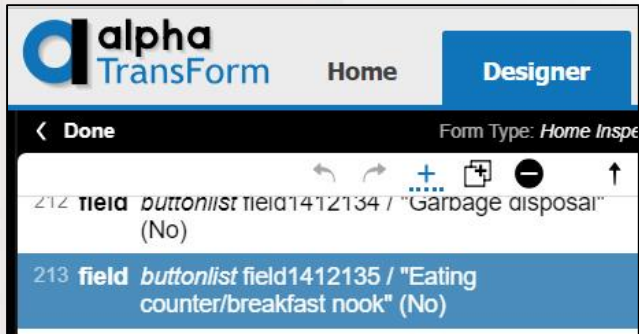
The image shows a smartphone screen displaying a mobile application interface for a 'Home Inspection' form. The top navigation bar includes a back arrow, the text 'Done', the title 'Home Inspection', and a menu icon. Below the navigation bar, the section 'C. Special Amenities' is displayed, accompanied by a book icon. The text explains that this section is for optional use of the Housing Authority (HA) to collect additional information about positive features of the unit. Below this, the '1. Living Rooms' section is shown, containing three questions with 'Yes' and 'No' response options:

- High quality floors or wall coverings
Yes **No**
- Working fireplace or stove
Yes **No**
- Balcony, patio, deck, porch
Yes **No**

Kitchen Assessment

Presented here is the first page of Kitchen Assessment. Perhaps you wish to provide photo(s) of the kitchen in your inspection.

Below, I demonstrate easily adding a photo capture of the eating counter/breakfast nook.



alpha TransForm

Home Designer

< Done Form Type: Home Inspection

212 field buttonlist field1412134 / "Garbage disposal" (No)

213 field buttonlist field1412135 / "Eating counter/breakfast nook" (No)

In TransForm Central, one selects the correct field, then clicks the + to add a new field.

Options for Data Fields pop up and one can select "Photo" from the list of choices. It's that simple!



Cancel

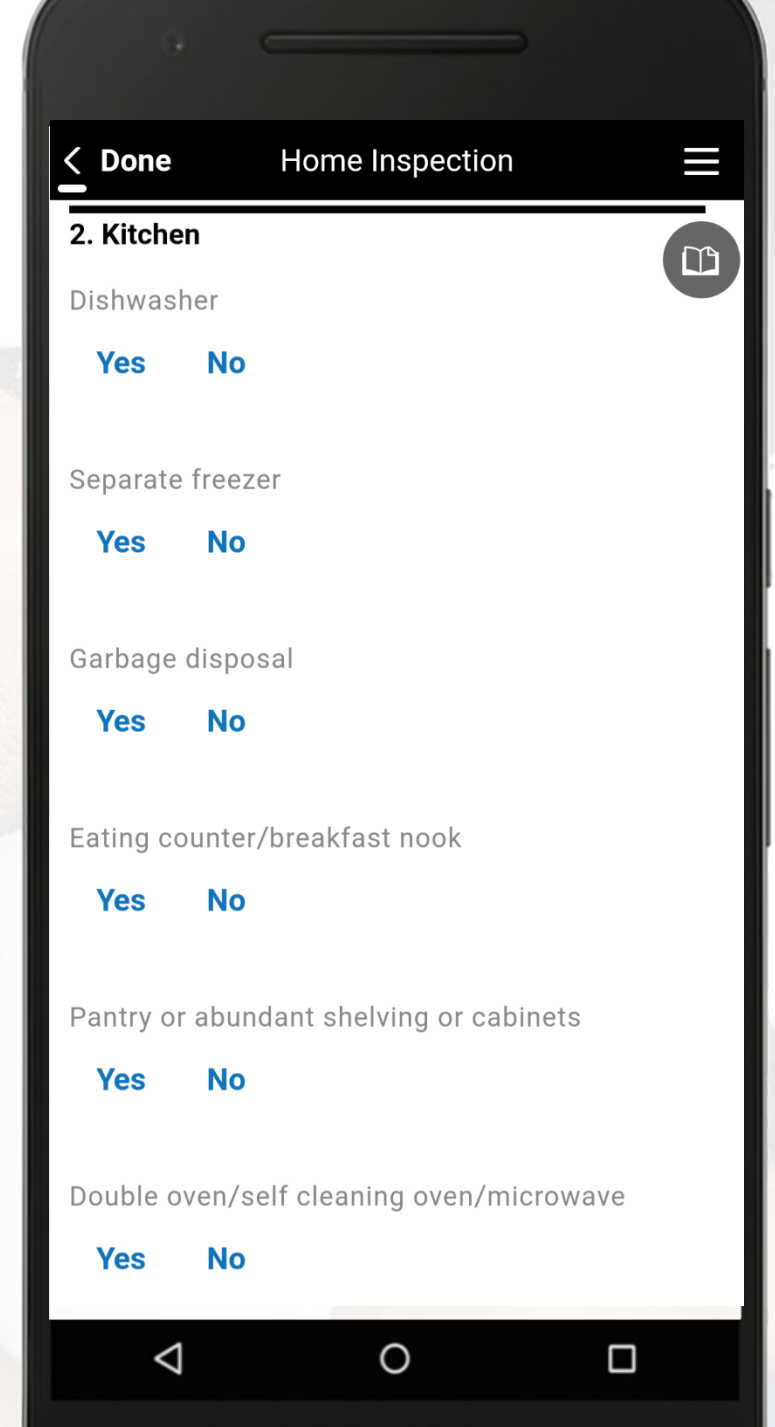
Data Field: Stopwatch

Data Field: Photo

Data Field: Audio

Data Field: Signature

Data Field: Scanner



< Done Home Inspection

2. Kitchen

Dishwasher

Yes No

Separate freezer

Yes No

Garbage disposal

Yes No

Eating counter/breakfast nook

Yes No

Pantry or abundant shelving or cabinets

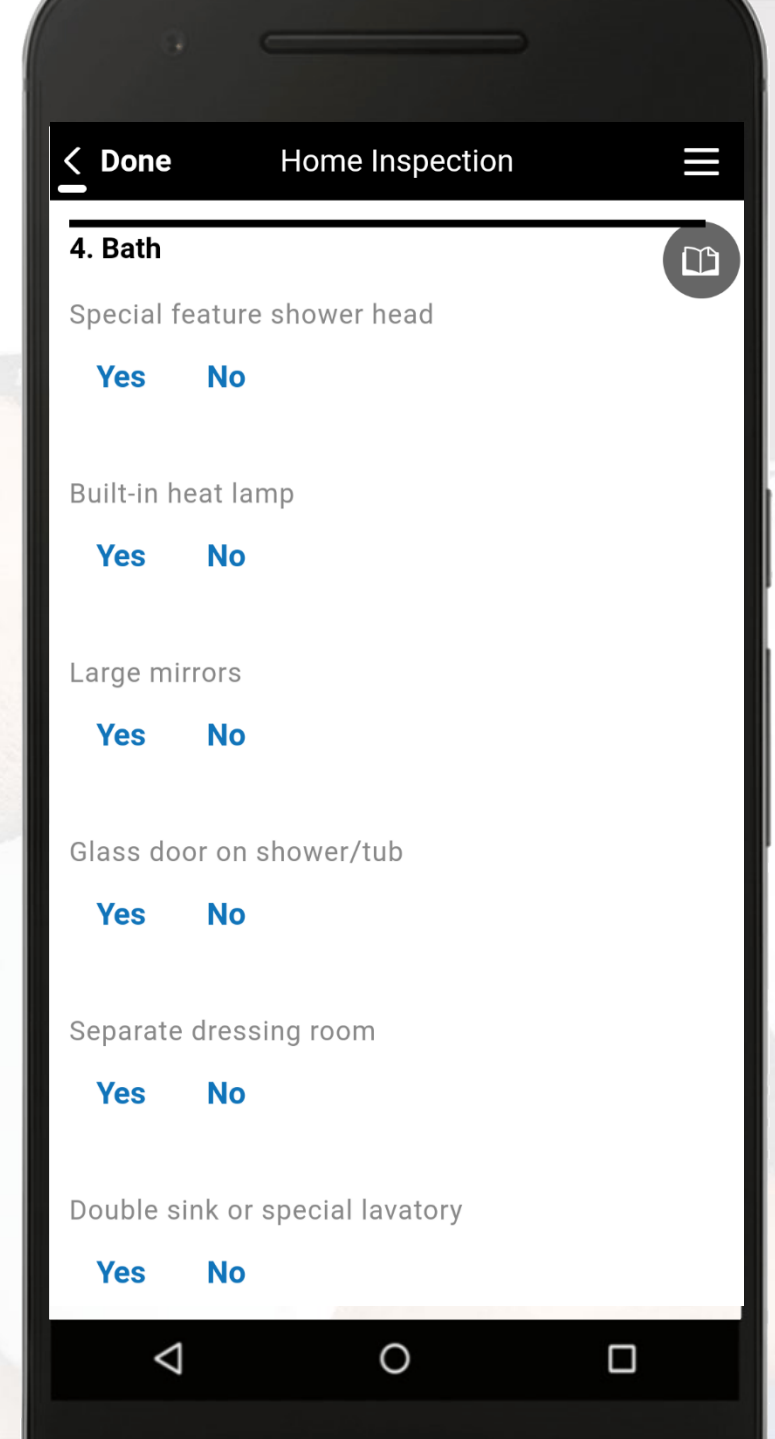
Yes No

Double oven/self cleaning oven/microwave


Yes No

Bathroom Assessment

If this section didn't precisely fit your needs, it can be changed or deleted in minutes in TransForm Central.



< Done Home Inspection **≡**

4. Bath 

Special feature shower head

Yes **No**

Built-in heat lamp

Yes **No**

Large mirrors

Yes **No**

Glass door on shower/tub

Yes **No**

Separate dressing room

Yes **No**

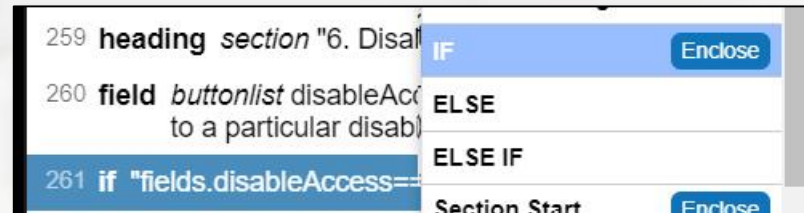
Double sink or special lavatory

Yes **No**

Disabled Access and Tenant Questions

Perhaps one wishes to expand options based on the answer given.

For example, additional questions or phone functions can be activated upon a user response by choosing the IF command in TransForm Central's Designer. (shown below)



If the forms user clicked “Yes” to the Disabled Accessibility question, your Home Inspection form could be customized to ask, “Is the access an elevator or ramp?”. Or it could even prompt the user to capture a photo of the feature or prompt with other questions.

A smartphone screen displaying a "Home Inspection" form. The form has a dark header with a back arrow, the text "Done Home Inspection", and a menu icon. The main content area is white with a section titled "6. Disabled Accessibility" and a sub-header "Unit is accessible to a particular disability". Below this are two buttons: "Yes" and "No". A thick black horizontal line separates this section from the next, titled "D. Questions to ask the tenant (optional)". This section contains four numbered questions:

1. Does the owner make repairs when asked?
Yes No
2. How many people live there?

3. How much do you pay the owner/agent for rent? (\$)

4. Do you pay for anything else?
Yes No

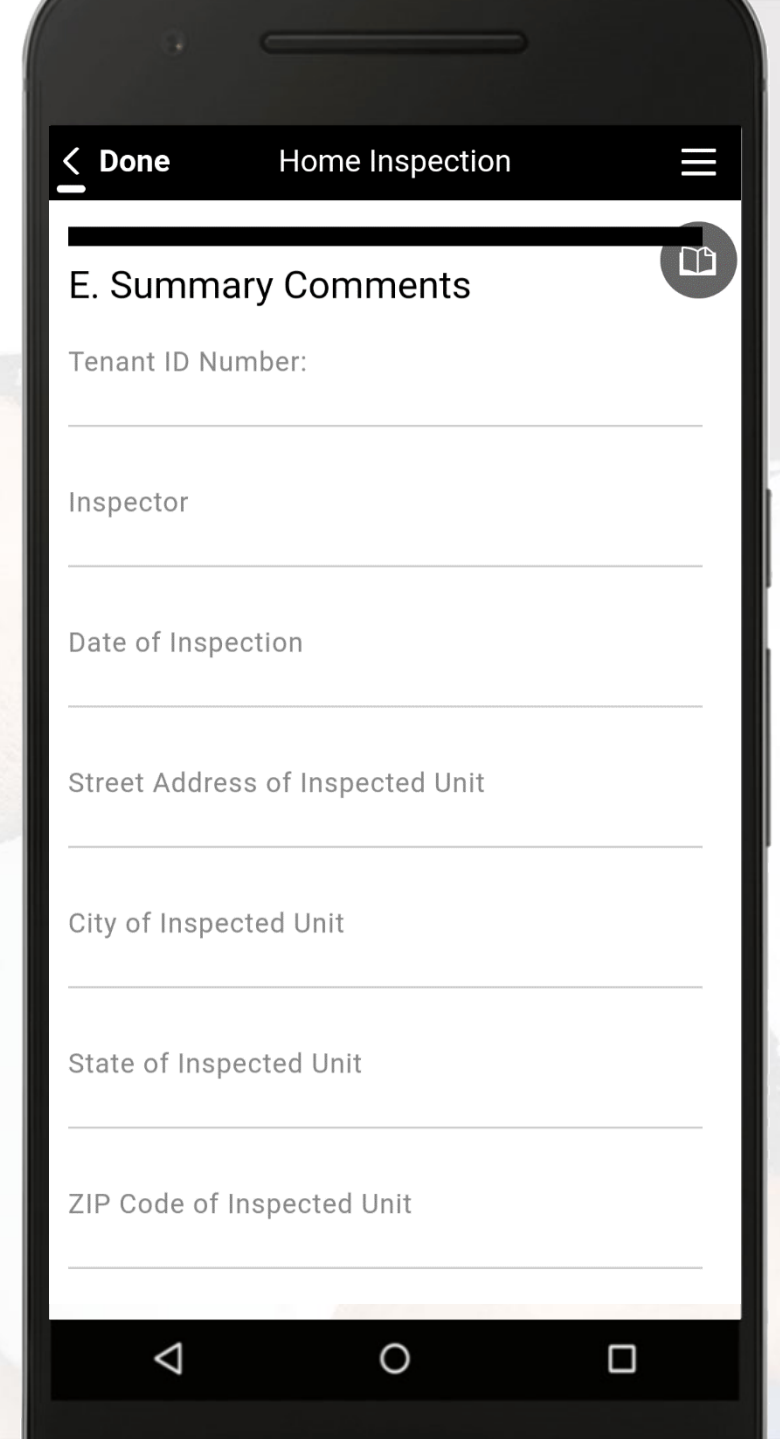
The bottom of the screen shows the Android navigation bar with back, home, and recent apps buttons.

Summary Comments

This section uses text entry fields to provide details regarding the unit and it's inspector.

If desired, an audio notation feature could easily be added in TranForm

For alphanumeric data entry, TranForm also supports voice to text

A smartphone screen showing the 'Home Inspection' section of the TranForm app. The interface includes a top navigation bar with a back arrow, 'Done', 'Home Inspection', and a menu icon. Below this is a title bar 'E. Summary Comments' with a document icon. The form contains several text entry fields: 'Tenant ID Number:', 'Inspector', 'Date of Inspection', 'Street Address of Inspected Unit', 'City of Inspected Unit', 'State of Inspected Unit', and 'ZIP Code of Inspected Unit'. The background of the slide shows a person in a white hard hat holding a flashlight.

< Done Home Inspection ☰

E. Summary Comments 📄

Tenant ID Number:

Inspector

Date of Inspection

Street Address of Inspected Unit

City of Inspected Unit

State of Inspected Unit

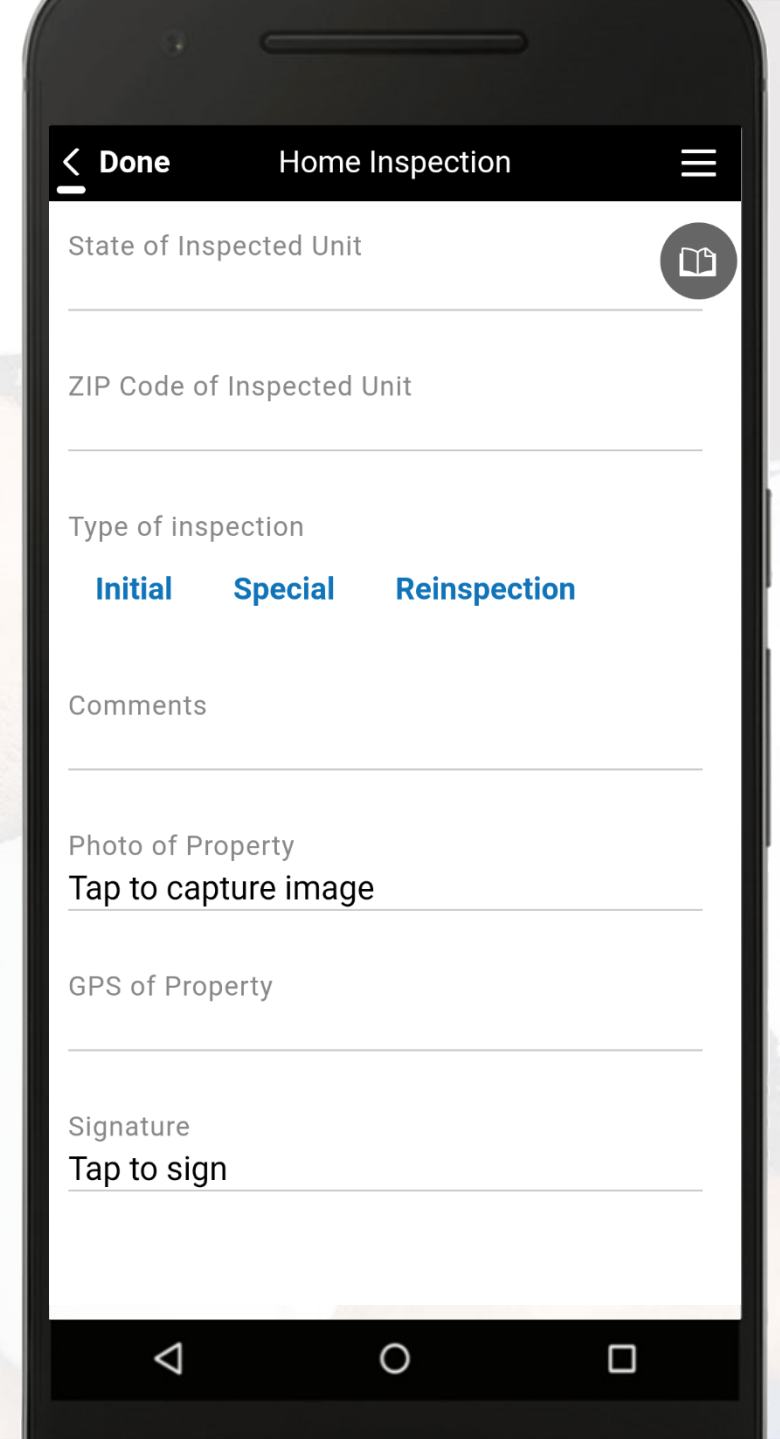
ZIP Code of Inspected Unit

Sign and Submit

The Inspection is nearly completed. Just answer the final few questions and with a touch of the screen utilize your smartphone capabilities to capture photos of the property and it's GPS Location.

Then simply click "Tap to Sign" to provide your unique signature and a time of completion.

After that the form is submitted, once uploaded, it can be instantly viewed online via TransForm Central. There the information from the form can be distributed to your system of record through the TransFormAPI or exported to PDF, Excel, Alpha Anywhere.

A smartphone screen displaying a mobile application interface for an inspection form. The screen is divided into several sections with text labels and input fields. At the top, there is a navigation bar with a back arrow, the text 'Done', the title 'Home Inspection', and a menu icon. Below this, the form fields are: 'State of Inspected Unit' with a document icon, 'ZIP Code of Inspected Unit', 'Type of inspection' with three radio button options: 'Initial', 'Special', and 'Reinspection', 'Comments', 'Photo of Property' with the instruction 'Tap to capture image', 'GPS of Property', and 'Signature' with the instruction 'Tap to sign'. The bottom of the screen shows the standard Android navigation bar with back, home, and recent apps buttons.

< Done Home Inspection

State of Inspected Unit

ZIP Code of Inspected Unit

Type of inspection

Initial **Special** **Reinspection**

Comments

Photo of Property
Tap to capture image

GPS of Property

Signature
Tap to sign

Recommended Inspection and Maintenance for Pumpjack Equipment Form

- This is one example of recommended scheduled inspection and maintenance for a pumpjack equipment
- Shows clearly the steps to take but provide no documentation for recording the results of inspection
- It doesn't provide information specific to the model we are inspecting



SCHEDULED MAINTENANCE

There are several items that should be checked on a regular interval to assist in extending the life of your pumping unit.

Monthly

Gear Reducer

The reducer oil level should be checked. Loss of oil from the reducer is usually caused by seal leakage at the shafts or leakage at the parting line of the housing. If the oil level is low, remove the inspection cover and add oil to the proper level.

Structural Bearings

Visually inspect the structural bearings for oil seal leaks. This would include the crank pin, equalizer, and center bearing assemblies. Grease fittings are located at ground level, and if needed, the grease should be pumped in slowly to avoid pushing out the oil seals.

Quarterly

Belts & Sheaves

Belt alignment and tension should be checked and adjusted to prolong belt life. Under normal utilization belts will stretch and wear. It is recommended that new belts be retightened after the first 24 hours of operation. Also check the sheaves for wear, chips, or cracks.

Brake & Drum

The brake lining should be inspected for wear and clearance adjustment. When the brake control lever is fully engaged, there should be several notches left on the ratchet.

Inspect the brake drum for cracks around the hub and key area. Also look at the brake lock out bolt or pawl for damage.

Bi-Annually

Gear Reducer

It is recommended that an oil sample be taken every six months to determine condition of the oil. Collect a typical sample (one cup) of the reducer oil in a transparent receptacle. A visual inspection will expose possible dirt, sludge, water emulsion, or other forms of contamination. You may also desire to keep a sample of new oil for comparisons. If you determine that you have any of the following conditions in the lubricant, check with a qualified vendor regarding replacement:

- 1) An acid or singed odor indicates oxidation of the oil to the degree that it should be replaced.
- 2) If sludge is observed in the used sample, the oil should be replaced or filtered to remove the sludge. This condition is prevalent if the lubricant has not been changed for a long period of time.
- 3) If water exists in the used sample, the water should be completely drained from the reducer. Water presence in oil can be detected by placing a drop or two on a heated metal surface. Subsequent bubbling will occur with as little as 0.1 % of water present in the oil. If there is greater than 0.2% water by volume, an oil change is recommended.

Wireline

Visually inspect the wireline for wire fraying. A rusty wireline should be cleaned and coated with a wireline lubricant as specified on page

Bolting

Check all bolts. Retighten as recommended in the Supplement. Loose bolting will eventually fail.

TransForm has been used to create an inspection report that meets the specific requirements for the M Model Pumpjack

Unlike with a paper form, the inspector using TransForm on a smartphone can capture GPS location and photographs

Categorizing the various aspects of the inspection into a color coded menu keeps the form neat and organized

< Done Pumpjack Inspection

Pumpjack Inspection Open

M MODEL

Pumpjack ID

GPS Location

Site Photo
Tap to capture image

Structure >

Prime Mover >

Gear Reducer >

Here in the Structure section, we see a simple record of Pass/Fail results to guide future maintenance for the pumpjack

Upon scrolling further down the form a handy reference chart for managing proper torque can be found

Refer to the chart below for proper torque.

Nut / Screw Size	Torque in ft lbs
3/8" - 16NC	15 - 24
1/2" - 13NC	32 - 45
5/8" - 11NC	60 - 75
3/4" - 10NC	100 - 115
7/8" - 9NC	150 - 175
1" - 8NC	225 - 250
1 1/8" - 7NC	320 - 360
1 1/4" - 7NC	450 - 510
1 1/2" - 6NC	780 - 880

Smartphone screen showing the 'Structure' inspection form. The form includes sections for Counterweight / Crank Tightness Visual Inspection, Flywheel Bolting Visual Inspection, Center Bearing Security Visual Inspection, Distance Between Pitman-side Members and Cranks Visual Inspection, and Loose or Missing Bolting Corrected. Each section has 'PASS' and 'FAIL' options. A blue arrow points from the torque chart to the 'Loose or Missing Bolting Corrected' section.

Structure

Counterweight / Crank Tightness Visual Inspection

PASS FAIL

Flywheel Bolting Visual Inspection

PASS FAIL

Center Bearing Security Visual Inspection

PASS FAIL

Distance Between Pitman-side Members and Cranks Visual Inspection

PASS FAIL

Loose or Missing Bolting Corrected

PASS FAIL

Ergonomics and usability are important because they directly relate to speed/accuracy of data capture and to users accepting app for their use

Clicking on the Battery Voltage line navigates to a number pad to enable recording the results of a voltage test

✓ X Battery Voltage < >

0

AC

1 2 3

4 5 6

7 8 9

. 0 Done

A “Next Page” link can be found at the end of each section, allowing the inspector to move quickly through the form without the need to head back to the main menu.

< Back Pumpjack Inspection ≡

Prime Mover

Engine Oil Level

PASS FAIL

Engine Coolant Level

PASS FAIL

Sparkplug Clean w/ 18mm Gap?

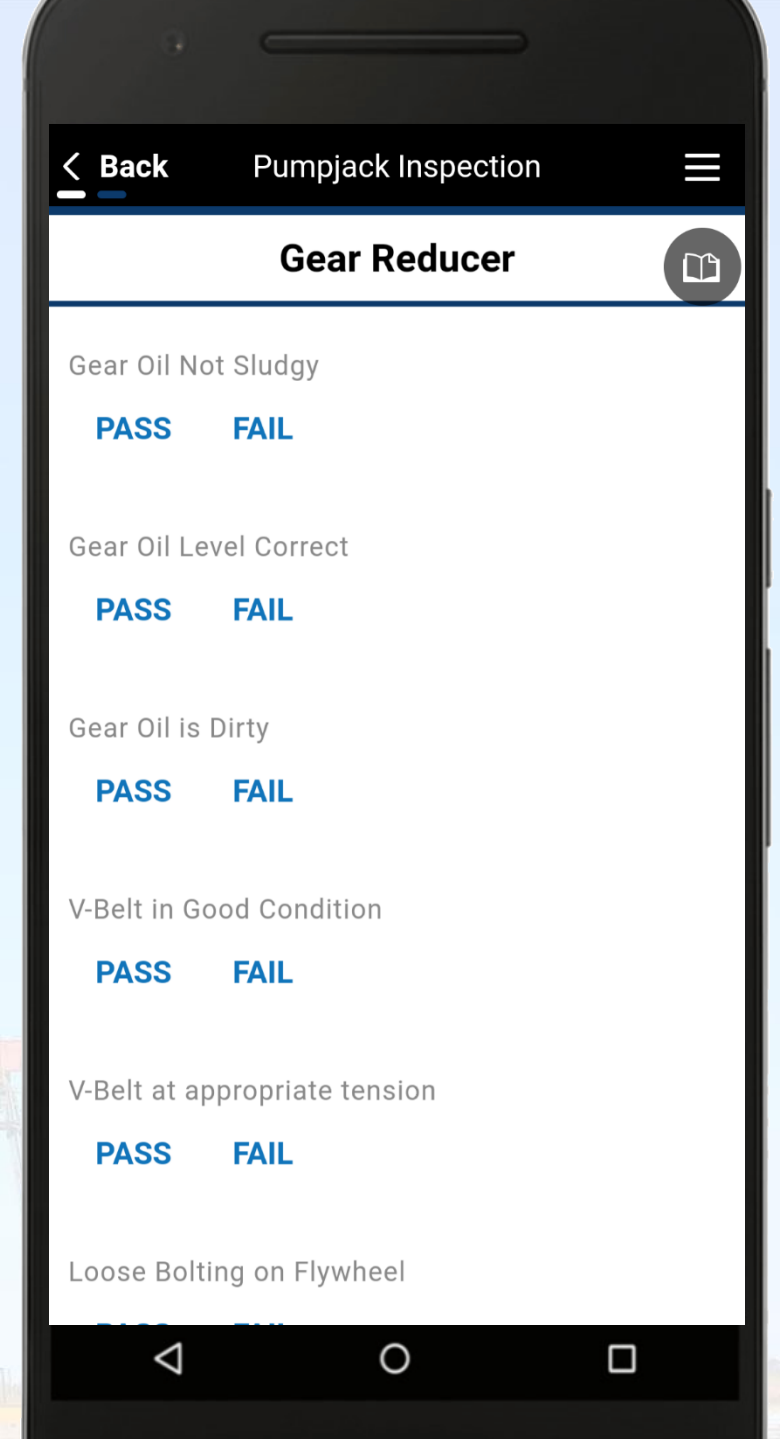
PASS FAIL

Battery Voltage

Next Page >

As shown, this app is driven primarily through Pass/Fail definitions.

TransForm can just as easily record multiple choices from a drop down or button list, if more nuanced data is required the form can easily be setup to record detailed audio or written responses!



The image shows a smartphone screen displaying a mobile application interface for 'Pumpjack Inspection'. The app has a dark header bar with a back arrow, the text 'Back', the title 'Pumpjack Inspection', and a menu icon. Below the header, the main title 'Gear Reducer' is centered in a white box, with a book icon in a circle to its right. The form contains several inspection items, each with a 'PASS' or 'FAIL' button. The items are: 'Gear Oil Not Sludgy', 'Gear Oil Level Correct', 'Gear Oil is Dirty', 'V-Belt in Good Condition', 'V-Belt at appropriate tension', and 'Loose Bolting on Flywheel'. The background of the phone screen shows a blurred image of an oil pumpjack.

Pumpjack Inspection

Gear Reducer

Gear Oil Not Sludgy

PASS **FAIL**

Gear Oil Level Correct

PASS **FAIL**

Gear Oil is Dirty

PASS **FAIL**

V-Belt in Good Condition

PASS **FAIL**

V-Belt at appropriate tension

PASS **FAIL**

Loose Bolting on Flywheel

A simple “Finish” link to take you back to the main menu where the inspector can sign and submit the form

Gear Reducer

Guide Line

Signature
Tap to sign

Submit Form

< Back

Pumpjack Inspection

☰

Guide Line

Guide Line is Tracking Correctly

PASS **FAIL**

Guide Line Appears OK

PASS **FAIL**


Finish

Accident and Incident Reporting



Accident and Incident Reporting

Data collected in TransForm can also be merged into standard forms that may be required by some 3rd party

Incident Report		
Name and Address of Person in Charge		
Name: Charles Pinkerton		
Street Address: 12 Linden Street		
City, State, ZIP: Boston, MA 02134		
Incident Information		
Date and Time 2018-06-04 12:20	Incident Type Property Damage	Weather Conditions Rain
Description Driver forgot to set the emergency brake and the vehicle rolled into a parking structure causing damage to the front passenger side. There were no injuries and the vehicle is still driveable.		Photo 
Vehicle Information		
Registration MA: 299 RT7	Operator James Flubbish	Owner Joan Pelton
Witness Information		
Name Frank Abserver	Phone 555-333-4466	Email frankiea@gmail.com

