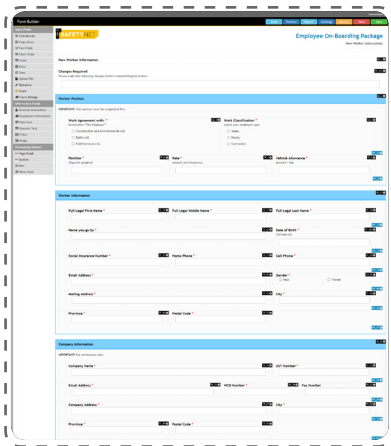
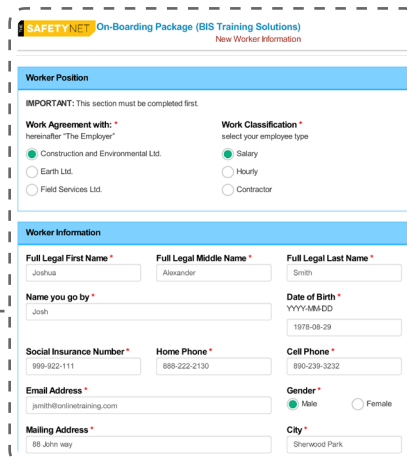


DIGITAL FORMS

The Paperless Solution for a Mobile Workforce



A screenshot of a digital onboarding form displayed on a tablet. The form is titled "Employee On-boarding Package" and contains various input fields and sections for data entry.



A screenshot of a digital onboarding form titled "SAFETYNET On-Boarding Package (BIS Training Solutions) New Worker Information". The form includes sections for "Worker Position", "Worker Information", and "Social Insurance Number".

Worker Position

IMPORTANT: This section must be completed first.

Work Agreement with: *
hereinafter "The Employer"

Construction and Environmental Ltd.
 Earth Ltd.
 Field Services Ltd.

Work Classification *
select your employee type

Salary
 Hourly
 Contractor

Worker Information

Full Legal First Name * Joshua
Full Legal Middle Name * Alexander
Full Legal Last Name * Smith

Name you go by * Josh
Date of Birth * YYYYMMDD
1978-08-29

Social Insurance Number * 999-922-111
Home Phone * 800-222-2130
Cell Phone * 800-239-3232

Email Address * jsmith@onlinetraining.com
Gender * Male Female

Mailing Address * 88 John way
City * Sherwood Park



Switch from paper to digital forms to allow completion anywhere using a computer, tablet, or smartphone.

Dynamic Digital Forms for All Your Assessment, Validation, and Audit Needs

Drag-and-drop functionality allows you to easily design digital forms that fulfill your company's needs. Add logic rules to each form checkbox and drop-down menu, which, depending on the answer selected, will dynamically reveal or hide other form fields. You can even allow forms to work in conjunction with the Training Matrix to automatically add required training to user accounts based on the fields selected.

Form Types

Create hundreds of customized forms, including:

Incident Investigations



Hazard Assessments



Competency Validations



COR Audits



Equipment Inspections



Medical Information

Do you have any of the following conditions? *
Check all that apply

I have no known medical conditions
 Allergies
 Asthma / respiratory conditions

Fainting spells
 Diabetes
 Epilepsy

Heart conditions
 Other (specify)

Do you carry an EpiPen? *
 Yes No

Allergies *
Please list all that apply. If none apply, enter 'none' or 'nil'.

NA

Emergency medications *
Please list all that apply. If none apply, enter 'none' or 'nil'.

NA

Current medications *
Please list all that apply. If none apply, enter 'none' or 'nil'.

NA

Consent

This information will be kept confidential, except as follows: *
Once completed, any information that might affect your ability to perform your job safely will be shared with your Front Line Supervisor to ensure that appropriate steps are taken to allow you to work safely. In addition, the form will be provided to the health staff in the health centre, and it will be used and/or disclosed if you sustain an injury or illness at work and the information is required to evaluate your condition and provide assistance.

I consent to the disclosure of this information as described above.

And more!

Advanced Form Builder

Our advanced form builder incorporates innovative drag-and-drop technology, allowing you to build and administer any form online. Each form can include:

Checkboxes



Drop-down menus



Likert scales



Images



Videos



Electronic signatures



Calculated fields



File uploaders



Open text fields



Field Settings (CB_2)

W+ W- F≡ F≡ T≡ T≡

Basic Category Points Actions

Title

Title

Description

Check all that apply

Show description as a tooltip

Type

Regular Checkboxes (Multiple)

Options

First Choice + - [icon]

Second Choice + - [icon]

Automated Alerts

Using our technology, you can set the frequency at which each form must be completed. Once the frequency is set, automated notifications are sent to specified personnel in advance of the due date. Should a due date be missed, escalating notifications can be sent to help get your team back on track.

