DOKUMENTASI KOD SUMBER BAGI SISTEM < Sistem Pengurusan Gym>

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| **Versi** | **Tarikh Diluluskan** | **Pemilik** |
| 2.0 | 26/2/2024 | Nur Ayumi Chong binti Abdullah |

1. Tujuan

Dokumentasi ini bertujuan sebagai keperluan untuk mengurus kod sumber, memastikan kawalan versi, mengurus dokumen berkaitan dan mengawal risiko kehilangan kod sumber.

1. Maklumat Asas
   1. Sistem

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| --- |
| * Sebuah sistem yang dibangunkan dengan menggunakan windows 8 pada laptop * Merupakan sistem pendaftaran untuk kemasukkan Gym dan mengira BMI * Nama / Tajuk sistem : Sistem Pengurusan Gym * Kod sistem : A01 |

* 1. Rujukan Projek

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| --- |
| * Gymmalaysia.com * Gymkorea.com * Gymjapan.com |

* 1. Hubungi

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| --- |
| Supervisor  Person- In- Charge  (Nur Ayumi Chong binti Abdullah)  (012-7662797) |

1. Kod Sumber

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| 1. Skrin pertama untuk memasukkan user name dan password untuk memasuk ke halaman seterusnya     Kod sumber bagi Skrin pertama (LogIn2.html):   |  |  | | --- | --- | |  | <html> | |  | <head> | |  | <title> LOGIN Validationm </title> | |  | <!-- Include CSS File Here --> | |  | <link rel="stylesheet" href="[logStyle.css](file:///C:\Users\nuray\OneDrive\Desktop\AMALI%20KPD%204024\SISTEM%20PENGURUSAN%20GYM\logStyle.css)"/> | |  | <!-- Include JS File Here --> | |  | <script src="[login2.js](file:///C:\Users\nuray\OneDrive\Desktop\AMALI%20KPD%204024\SISTEM%20PENGURUSAN%20GYM\login2.js)"></script> | |  | </head> | |  | <body> | |  | <body style="background-color:powderblue;"> | |  |  | |  | <div style="background-color:#0F0F8C; height:55px"> | |  | <CENTER><H4 style="color:#E9F7EF">SISTEM PENGURUSAN | |  | PUSAT GYM</h4 </CENTER> | |  | </div> | |  |  | |  | <div class="container"> | |  | <div class="main"> | |  | <h2>Javascript Login Form Validation</h2> | |  | <form id="form\_id" method="post" name="myform"> <br> | |  | <label>User Name :</label> | |  | <input type="text" name="username" id="username"/> | |  | <label>Password :</label> | |  | <input type="password" name="password" id="password"> | |  |  | |  | <input type="button" value="LOGIN" id="submit" onclick="validate()"/> | |  | <BR> <p> Not a member? Please Sign Up to join. | |  | <input type="button" value="SIGN UP" id="submit" onclick="window.location.href='FORM2\_print.html'"/> | |  | </form> | |  | <span><b class="note">Note : </b> <I> For this demo use following username and password. </I> | |  | <br/><b class="valid"> ( User Name : Formget <br/> Password : formget#123 )</b></span> | |  | </div> | |  | </div> | |  |  | |  | </body> | |  | </html>   1. Skrin kedua ialah untuk mendaftar nama baru pagi user yang tidak pernah mendaftar |   Kod sumber untuk skrin kedua (Form2Print.html) :   |  |  | | --- | --- | |  | <!DOCTYPE html> | |  | <html> | |  | <head> | |  | <title>Web Form</title> | |  | <!--link rel='stylesheet' type='text/css' href=''/> | |  | <link href='http://fonts.googleapis.com/css?family=Lobster' rel='stylesheet' type='text/css'--> | |  | <script src="<https://ajax.googleapis.com/ajax/libs/jquery/2.1.1/jquery.min.js>"> </script> | |  | <!--script src="Scripts/jquery-1.4.1.js" type="text/javascript"></script--> | |  | <!--script src="Scripts/jquery-1.4.1-vsdoc.js" type="text/javascript"></script--> | |  | <script > | |  | function display() { | |  | DispWin = window.open('','NewWin','toolbar=yes,status=yes,width=700,height=500') | |  | var items=document.getElementsByName('langz'); | |  | var selectItems=""; | |  | for(var i=0; i<items.length; i++){ | |  | if(items[i].type=='checkbox' && items[i].checked==true) | |  | selectItems+= " ~ " + items[i].value; | |  | } | |  |  | |  | message = "<b>THANK YOU!</b><BR> Now you can enjoy membership benefits. Here are your details upon registration:- <pre>" ; | |  | message += "<ul><li>Fisrst NAME: <b>" + document.answer.firstName.value + "</b>"; | |  | message += "<li> Last Name : <b>" + document.answer.lastName.value + "</b>"; | |  | message += "<li> E-mail : <b>" + document.answer.email.value + "</b>"; | |  | message += "<li> Gender : <b>" + document.answer.gen.value + "</b>"; | |  | message += "<li> Address : <b>" + document.answer.addr.value + "</b>"; | |  | message += "<li> Nationality : <b>" + document.answer.nation.value + "</b>"; | |  | message += "<li> Birthday : <b>" + document.answer.bday.value + "</b>"; | |  | message += "<li> Contact no. : <b>" + document.answer.telno.value + "</b>"; | |  | message += "<li> Language :" + (selectItems) + "</ul>" + "<br>" + | |  | '<br> <input type="button" value="Print" onclick="window.print()" />' ; | |  | DispWin.document.write(message); | |  | } | |  | </script> </head> | |  | <body> | |  | <body style="background-color:powderblue;"> <center> | |  | <div style="background-color:#0F0F8C ;height:45px"> | |  | <CENTER><h1 style="color:white">PUSAT GYM</h1> </CENTER> | |  | </div> | |  |  | |  | <div id="header"><h1><u>Register now & join us for free!</u></h1></div> | |  | <br><div id="wrapper"> | |  | <form name="answer" action=" " method="post" id="answers" autofocus> | |  | <b>First name :</b> <input type="text" name="firstName" id="fname" placeholder="first name"><br/> | |  | <br><b>Last name :</b> <input type="text" name="lastName" placeholder="last name" id="lname"> <br/> | |  | <br><b>E-mail :</b> &nbsp; &nbsp; &nbsp; | |  | <input type="email" name="email" placeholder="e-mail address" id="mail"> <br/><br/> | |  | <b>Gender :</b><br> | |  | <input type="radio" name="gen" value="male">Male | |  | <input type="radio" name="gen" value="female">Female<br/> | |  | <br><b>Address :</b><br/> | |  | <textarea name="addr" rows="3" placeholder="your home address.."> </textarea> | |  | <br><br> <b>Nationality :</b> <br> | |  | <select name="nation" id="nations" > | |  | <option value="default" checked>Choose Citizenship</option> | |  | <option value="Citizen">Citizen </option> | |  | <option value="Permanent Resident">Permanent Resident </option> | |  | <option value="Non\_Citizen">Non-Citizen </option></select><br> | |  | <br><b> Birthday : </b><br> | |  | <input type="date" name="bday" format="dd-mm-yyyy"> <br/> | |  | <br><b> Telephone No : </b><br> | |  | <input type="password" name="telno" id="telno" maxlength="10" placeholder="XXX-XXXXXXXX" > | |  | <br/> | |  | <div id="inputx" name="choices" class="choice" > | |  | <br><b>Language :</b><br> | |  | <input class="choice" type="checkbox" name="langz" value="B.MELAYU" > B.Melayu | |  | <input class="choice" type="checkbox" name="langz" value="ENGLISH" > English | |  | <input class="choice" type="checkbox" name="langz" value="MANDARIN" > Mandarin | |  | <input class="choice" type="checkbox" name="langz" value="ARABIC" > Arabic | |  | <input class="choice" type="checkbox" name="langz" value="TAMIL" > Tamil | |  | </div> | |  | <br><p> | |  | <input type="submit" id="submit" value="SUBMIT" onclick="display()" style="font-weight:bold; font-size:17px; width:auto; background-color:#5DADE2"> | |  | &nbsp; &nbsp; &nbsp; &nbsp; &nbsp; | |  | <input type="reset" id="submit" value="HOME" onclick="window.location.href='Login2.html'" style="font-weight:bold; font-size:17px; width:auto; background-color:#5DADE2" /> | |  | </form> | |  | </div> | |  | </body></html> |  1. Skrin ketiga untuk mengira BMI user     Kod sumber untuk skrin ketiga (BMI\_kira.html) :   |  |  | | --- | --- | |  | <!DOCTYPE html> | |  | <html> | |  | <head> | |  | <title> </title> | |  | </head> | |  | <body> | |  | <body style="background-color:powderblue;"> | |  | <div style="background-color:#0F0F8C ;height:45px"> | |  | <CENTER><h1 style="color:white">PUSAT GYM</h1> </CENTER> | |  | </div> | |  | <div header style="background-color:#EBDEF0;" ><center> | |  |  | |  | <marquee> | |  | <p id="demo"></p> | |  | </marquee> | |  |  | |  | </div> | |  |  | |  | <CENTER><H3><U> COUNT YOUR BMI SCORE ! </U></H3></CENTER> | |  |  | |  | <center><br> | |  | Enter your weight in kilograms and your height in centimeters in the form below and press the "See Result" button (Please read disclaimer below before using this form) | |  | <P> <br> | |  | <FORM NAME="BMI" method=POST> | |  | <TABLE border=1> | |  | <TR> | |  | <TD><DIV ALIGN=CENTER> Your Weight (kg)</DIV></TD> | |  | <TD><DIV ALIGN=CENTER> Your Height (cm)</DIV></TD> | |  |  | |  | </TR> | |  | <TR> | |  | <TD><INPUT TYPE=TEXT NAME=weight SIZE=15 onFocus="this.form.weight.value=''" maxlength=3></TD> | |  | <TD><INPUT TYPE=TEXT NAME=height SIZE=15 onFocus="this.form.height.value=''" maxlength=3></TD> | |  | </TR> | |  | </TABLE> | |  |  | |  | <P> | |  | <INPUT TYPE="button" VALUE="See Result" onClick="computeform(this.form)" style="font-weight:bold; font-size:17px; width:auto; background-color:salmon" > | |  | <INPUT TYPE="reset" VALUE="Reset" onClick="ClearForm(this.form)" style="font-weight:bold; font-size:17px; width:auto; background-color:salmon" > | |  |  | |  |  | |  | <!--/FORM--> | |  |  | |  | <TABLE border=1> | |  | <TR> | |  | <TD><DIV ALIGN=CENTER> Your BMI </DIV></TD> | |  | <TD ><DIV ALIGN=CENTER> Comments </DIV></TD> | |  | </TR> | |  | <TR> | |  |  | |  | <TD rowspan="2"><textarea rows="3" NAME=bmi SIZE=8 readonly> </textarea></TD> | |  | <TD rowspan="2" ><textarea rows="3" NAME=my\_comment size=55 readonly> </textarea></TD> | |  |  | |  | </TABLE> | |  | </FORM> | |  |  | |  | <P><HR> | |  | <B>Disclaimer</B>: This form is based on the calculation of | |  | <A HREF="<http://phaster.com/unpretentious/bmi.html>"><I>"Body Mass Index"</I></A> | |  | and is only meant to be a demonstration of how Javascript(tm) could be used | |  | on a Web Page. | |  | <br>Information it contains may not be accurate and is not designed or intended to serve as medical advice. I am not liable for any physical or psychological damages suffered as a result of using this script. | |  |  | |  | <!--p>This free script provided by | |  | <a href="http://javascriptkit.com">JavaScript | |  | Kit</a></p--> | |  | <hr> | |  |  | |  | <SCRIPT LANGUAGE="JAVASCRIPT"> | |  | <!-- hide this script tag's contents from old browsers | |  |  | |  | //Body Mass calculator- by John Scott (johnscott03@yahoo.com) | |  | //Visit JavaScript Kit (http://javascriptkit.com) for script | |  | //Credit must stay intact for use | |  |  | |  | var d = new Date(); | |  | document.getElementById("demo").innerHTML = d; | |  |  | |  | function ClearForm(form){ | |  |  | |  | form.weight.value = ""; | |  | form.height.value = ""; | |  | form.bmi.value = ""; | |  | form.my\_comment.value = ""; | |  |  | |  | } | |  |  | |  | function bmi(weight, height) { | |  |  | |  | bmindx=weight/eval(height\*height); | |  | return bmindx; | |  | } | |  |  | |  | function checkform(form) { | |  |  | |  | if (form.weight.value==null||form.weight.value.length==0 || form.height.value==null||form.height.value.length==0){ | |  | alert("\nPlease complete the form first"); | |  | return false; | |  | } | |  |  | |  | else if (parseFloat(form.height.value) <= 0|| | |  | parseFloat(form.height.value) >=500|| | |  | parseFloat(form.weight.value) <= 0|| | |  | parseFloat(form.weight.value) >=500){ | |  | alert("\nReally know what you're doing? \nPlease enter values again. \nWeight in kilos and \nheight in cm"); | |  | ClearForm(form); | |  | return false; | |  | } | |  | return true; | |  |  | |  | } | |  |  | |  | function computeform(form) { | |  |  | |  | if (checkform(form)) { | |  |  | |  | yourbmi=Math.round(bmi(form.weight.value, form.height.value/100)); | |  | form.bmi.value=yourbmi; | |  |  | |  | if (yourbmi >40) { | |  | form.my\_comment.value="You are grossly obese, consult your physician!"; | |  | } | |  |  | |  | else if (yourbmi >30 && yourbmi <=40) { | |  | form.my\_comment.value="Umm... You are obese, want some liposuction?"; | |  | } | |  |  | |  | else if (yourbmi >27 && yourbmi <=30) { | |  | form.my\_comment.value="You are very fat, do something before it's too late"; | |  | } | |  |  | |  | else if (yourbmi >22 && yourbmi <=27) { | |  | form.my\_comment.value="You are fat, need dieting and exercise"; | |  | } | |  |  | |  | else if (yourbmi >=21 && yourbmi <=22) { | |  | form.my\_comment.value="I envy you. Keep it up!!"; | |  | } | |  |  | |  | else if (yourbmi >=18 && yourbmi <21) { | |  | form.my\_comment.value="You are thin, eat more."; | |  | } | |  |  | |  | else if (yourbmi >=16 && yourbmi <18) { | |  | form.my\_comment.value="You are starving. Go Find some food!"; | |  | } | |  |  | |  | else if (yourbmi <16) { | |  | form.my\_comment.value="You're grossly undernourished, need hospitalization "; | |  | } | |  |  | |  | } | |  | return; | |  | } | |  | // -- done hiding from old browsers --> | |  | </SCRIPT> | |  | </body> | |  | </html> | |