

## Overview

This User Guidance document will assist you in completing the **EScrap & Recycling Questionnaire**. For best results, please use Internet Explorer to complete the survey.

If you are unable to complete the survey during one session, click on the “Save” button at the bottom of the survey to retain your work. If you require the assistance of others in your organization to complete a portion of this survey, click the “Save” button at the bottom of the survey before forwarding the link.

The survey must be completed in entirety and must not contain blank boxes or “N/A” responses. Additionally, fields containing an asterisk (\*) at the end are required fields and must be completed.

Unless you determine that you must Opt-Out (see page 2), all sections and questions must be completed before the survey can be successfully submitted.

## Help:

Should you need assistance while completing the survey, please send your question along with a screenshot (if applicable) to [SCM\\_Contact@jabil.com](mailto:SCM_Contact@jabil.com).

**SUPPLIER NAME AND ACKNOWLEDGEMENT**

1. **Confirm** that the Supplier Name is **your** company name. If this information is not accurate, contact the support team at [SCM\\_Contact@Jabil.com](mailto:SCM_Contact@Jabil.com).



Supplier Name: PTLC, INC.	Master Corporate Code: 000001
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This questionnaire is intended for companies who specifically provide e-scrap / recycling services associated with demanufacturing electronics into various parts for reuse, recycling, and/or disposal. **If this is NOT your company's primary line of business, DO NOT COMPLETE THE SURVEY. Follow the steps below:**

1. Check the Box that indicates you have the authority to represent the company
2. Check the Box opt- out
3. Provide an explanation
4. Submit

**1** This survey is completed by

I acknowledge to have the authority to answer this form on behalf of the company (check the box, if "yes").

**2** Opt-Out

This questionnaire is intended for companies who specifically provide e-scrap / recycling services associated with demanufacturing electronics into various parts for reuse, recycling, and/or disposal. If this is NOT your primary line of business then please click this "Opt-out" check box and provide clarification to why this survey does not apply to your organization. In this case, you may skip the remainder of this survey, and click "Submit".

Please provide clarification:

**3**

**4**

2. **Acknowledge** that you have authority to complete this questionnaire on behalf of your company by checking in the box, then enter your First (Given) Name, Last (Family) Name, Title, and Email Address.

*Note: If you do not have authority to complete this form, forward this email to the correct person within your organization.*

First (Given) Name *	<input type="text"/>	Last (Family) Name *	<input type="text"/>
Title *	<input type="text"/>	Email *	<input type="text"/>



### SITE CERTIFICATIONS

3. **Check** all site certifications that apply and indicate the expiration date of the certification. If you have a site certification that is not listed, select “Other” and provide the name of the site certification and expiration date.

Indicate if you would be able to provide proof of certification if requested.

**SITE CERTIFICATIONS**

ISO14001                       R2                                       NAID

ISO14001 Expiration Date:                        OHSAS 18001

ISO 45001                       RIOS                                       E-STEWARDS

ISO 9001                                       Other

Other Active Site Certification:

Other Cert Expiration Date:

If requested, would you be able to provide proof of certification?

No                                       Yes

### LICENSES & PERMITS

4. **Indicate** if your company holds an active license and permit to be in business and operational. **If “Yes”**, select all classifications associated with your license and permit. *Select all that apply and provide an expiration date for the permit/license if requested.*

**LICENSES & PERMITS**

Does your company hold an active license and permit to be in business and operational? (Y/N)★

No                                       Yes

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Please select all classifications you are licensed and permitted for? ★

Environmental

Waste

AirPermits                                      Expiration date for each permit/License?★

Waste Water

Storm Water

No Exposure

Solid / Universal Waste

Other

If requested, could you provide the permit/License for each classification type?★

No                                       Yes



**SITE CAPABILITY**

5. **Indicate** what percentage of your operation results in the Reuse, Recycle, and End of Life.

**Note:** Your total percentage must equal 100%. If 100% is not captured, you'll be directed to make an adjustment after submission.

SITE CAPABILITY	
What percentage of your operation results in the following capabilities *	
Note: Total percentage must equal 100	
Reuse	0 ▼
Recycle	40 ▼
End of Life	60 ▼

**Identify** waste processed within the **Focus Material** categories. Check all that apply.

Please identify the waste processed within these Focus Material categories at this site: [check all that apply] *
<input type="checkbox"/> PCB (polychlorinated biphenyls) containing materials with more than 50 mg/k
<input type="checkbox"/> Mercury containing materials
<input type="checkbox"/> CRT Glass, Tubes, Cullet, Frit and Phosphors (Leaded and non-leaded)
<input type="checkbox"/> Batteries – all types
<input type="checkbox"/> Whole or Shredded Circuit Boards containing lead solder
<input type="checkbox"/> Other Focus Material

**Identify** waste processed with the **Non-Focus Material** categories. Check all that apply.

Please identify the waste processed within these Non-Focus Material categories at this site: [check all that apply] *
<input type="checkbox"/> Printer or copier drums containing selenium and/or arsenic (ink and toner cartridges)
<input type="checkbox"/> Plastics – from electronics containing flame retardants
<input type="checkbox"/> Materials exceeding EPA, EPB, or other environment protection agency toxicity characteristics
<input type="checkbox"/> Other Non Focus Material



Indicate (check) if the operational services are provided at your site and/or with a downstream vendor.

Please select all the available service offerings from the list provided below:

AT THIS SITE	DOWNSTREAM VENDOR	OPERATIONS
<input type="checkbox"/>	<input type="checkbox"/>	TRIAGE SORTING REUSE HIERARCHY
<input type="checkbox"/>	<input type="checkbox"/>	EQUIPMENT TESTED FOR KEY FUNCTIONS, R2/READY FOR RESALE
<input type="checkbox"/>	<input type="checkbox"/>	EQUIPMENT TESTED & FULL FUNCTIONS, R2/READY FOR REUSE
<input type="checkbox"/>	<input type="checkbox"/>	EQUIPMENT EVALUATED & NON FUNCTIONING R2/READY FOR REPAIR - EOL END OF LIFE

SITE COMPLIANCE

6. Acknowledge that Non-Focused Materials shall be managed in an environmental responsible manner with assurance materials.

Indicate if your company received a regulatory violation or written warning in the last 24 months. If "Yes", complete all additional questions associated with your response.

SITE COMPLIANCE

I pledge and acknowledge that Non-focus Materials shall be managed in an environmental responsible manner with assurance materials are not being exported to any non-OECD country.  No  Yes

Has your company received a regulatory violation or written warning in last 24 months?  No  Yes

Please select all that apply

Warning Letter/Verbal

Violation/Fine

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Please select all violation categories your company has received in the last 24 months: \*

Documentation Violation

Labeling violation

Transportation, Storage, or Processing Permit Violation

Export violation to a non-OECD country

Site Clean-up Violation

Other Violation

If requested could you provide the written evidence of the addressed/closed violation  No  Yes

Please select all penalties issued to your site in the last 24 months

Financial fees or fines

Site shutdown

Site upgrade or Redesign

Confiscation of Illegal Assets/Property

Permit Terminated

Jail Sentence

Other



**Respond** to the insurance questions. Provide coverage amounts and additional information as prompted.

Does your organization maintain the following insurance/assurance? ★		
<input checked="" type="checkbox"/> Commercial General Liability	What is the coverage amount? ★	--Select-- ▼
<input checked="" type="checkbox"/> Automative Liability	What is the coverage amount? ★	--Select-- ▼
<input checked="" type="checkbox"/> Umbrella Liability	What is the coverage amount? ★	--Select-- ▼
<input checked="" type="checkbox"/> Workers Compensation & Employers Liability	What is the coverage amount? ★	--Select-- ▼
<input checked="" type="checkbox"/> Pollution Liability	What is the coverage amount? ★	--Select-- ▼
<input checked="" type="checkbox"/> Cyber Liability insurance	What is the coverage amount? ★	--Select-- ▼
<input checked="" type="checkbox"/> Professional Liability	What is the coverage amount? ★	--Select-- ▼
<input checked="" type="checkbox"/> All Risk Property	What is the coverage amount? ★	--Select-- ▼
<input checked="" type="checkbox"/> Other Liability		--Select-- ▼
<input type="text"/>		
If requested could you provide proof of insurance? ★ <input type="radio"/> No <input checked="" type="radio"/> Yes		
If requested could you provide evidence for a minimum of three (3) years; commercial contracts, bills of lading (BOL), or other commercially-accepted documentation for all transfers of equipment, components, and materials into and out of its facility, as well as for any brokering transactions, and require the same of subsequent tier downstream vendors? ★ <input type="radio"/> No <input checked="" type="radio"/> Yes		
Does your company have a tracking system that records and tracks inbound material receipts, work in process, downstream material flow to final disposition? ★ <input type="radio"/> No <input type="radio"/> Yes		
Does the facility have a DATA SECURITY PROGRAM for material received? ★ <input type="radio"/> No <input type="radio"/> Yes		
Does your company have its own transportation fleet? ★ <input type="radio"/> No <input type="radio"/> Yes		
Does your company practice energy recovery? ★ <input type="radio"/> No <input type="radio"/> Yes		
Does your company have a documented emergency response process? ★ <input type="radio"/> No <input type="radio"/> Yes		
Has your company enacted an emergency response in the last 12 months? ★ <input type="radio"/> No <input type="radio"/> Yes		
Does your company have a security background check for employment screening? (Y/N) ★ <input type="radio"/> No <input type="radio"/> Yes		

### Insurance Definitions

- **Commercial General/Products Liability** – Third party coverage for bodily injury and property damage and includes products & completed operations.
- **Automobile Liability** – Third party bodily injury and/or property damage arising from the use of vehicles, owned, leased or rented.
- **Umbrella Liability** – Umbrella Insurance is a type of excess insurance. An Umbrella policy can: 1) be applied to multiple underlying liability policies, 2) can drop down when an underlying policy’s aggregate limits are exhausted, and 3) provide protection against some claims not covered by the underlying policies.
- **Workers’ Compensation** –A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment.
- **Pollution Liability** -- Covers claims from third parties against bodily injury and property damage caused by hazardous waste materials released during a company's business operations.
- **Cyber Liability (Network Security/Privacy Liability)** – Liability for third party losses arising from internet content, system security and privacy breach.
- **Professional Liability Insurance (Errors and Omission)** Liability to third parties for wrongful acts including any error, misstatement or omission. (Note: Network Security/ Privacy Liability may be included within the professional liability policy but needs to be confirmed that the policy includes the additional coverage, otherwise it is an independent policy.
- **All Risk Property** - Provides for loss or damage and business interruption arising out of all perils except those which are specifically excluded in the property insurance policy.

### IMPORT & EXPORT

7. Indicate if your facility imports or exports any material. **If Yes**, complete all additional questions associated with your response.



IMPORT & EXPORT		
Does this facility import or export any material? (Y/N) *	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Does the company have records demonstrating adherence to US and foreign country requirements with regards to export & import of focus materials? *	<input type="radio"/> No	<input type="radio"/> Yes
Does the company monitor and maintain legal requirements records for domestic US and foreign countries? *	<input type="radio"/> No	<input type="radio"/> Yes
Does the company have consent from authorized governing body in the country of material origin and receiving country of the foreign materials? *	<input type="radio"/> No	<input type="radio"/> Yes
Documentation associated with the export of electronics or components that contain mercury, PCB's or batteries? *	<input type="radio"/> No	<input type="radio"/> Yes
Does the company have records of their due diligence of their downstream recycling chain? *	<input type="radio"/> No	<input type="radio"/> Yes

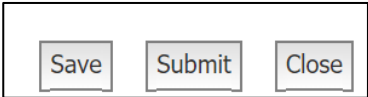
### ONSITE WASTE GENERATION


8. **Indicate** if any of the processes at your facility generate waste. **If Yes**, complete all additional questions associated with your response.

ONSITE WASTE GENERATION		
Do any of the processes at this facility generate waste? *	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Do any of the processes generate hazardous wastes? *	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Can you demonstrate proper and legal disposal of wastes? *	<input type="radio"/> No	<input checked="" type="radio"/> Yes

### SURVEY SUBMISSION

9. After completing the survey, click **Submit**.



*Note: After submitting the survey, you may see a  symbol next to a question. **This symbol denotes that a question has not been answered.** Please provide the necessary information and submit again.*

The message below indicates that you have successfully submitted the survey.

**Thank you for completing this survey. As a valued partner of Jabil you may receive additional requests for information.**

