

## Overview

This User Guidance document will assist you in completing the **Canteen Services 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 food & cafeteria services. **If this is NOT your primary line of business, please go to the end of the form to "opt-out" and provide clarification to why this survey does not apply to your organization.**

Follow the steps below to “opt-out”:

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 food & cafeteria services. 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**

**Attestation.**

By submitting this form, supplier certifies the information provided is accurate and complete.

**4**

Save Submit Close

**If your company provides food & cafeteria services, then you may continue with the steps below to complete the questionnaire.**

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.*

Survey Type  
FoodCanteenServices

**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").

First Name \*  Last Name \*

Title \*  Email \*

**NOTE:** Responses to certain questions may prompt sections with additional questions to appear. Please respond to any **required** \* questions.

## SERVICE CATEGORY

3. **Check** all categories that apply to the food service your company provides to Jabil. If your category is not listed, select "Other" and provide the name of the category.

*Note: Use your cursor to hover over the text to view the category definitions.*

**Service Category**

Please select below category based on food service provided to Jabil. You may hover over each category to show definitions.

Vending Machine

Cafeteria / Canteen  
Company prepares food on or off site and serves to Jabil employees on multiple days

Catering (special events for 25 people or more)

Others

## LICENSES & PERMITS

4. In this section, **indicate** if your company holds any of the following licenses and permits. If "Yes", you will be prompted to answer additional questions.

*Note: Please answer all **required** \* prompted questions*



**LICENSES & PERMITS**

Does your company hold an active local business license? \*

Yes  No

Does your company hold a food service or safety license? \*

Yes  No

expiration date for your food service or safety license? \*

If requested, could you provide a copy of your food service or safety license? \*

Yes  No

Other Licenses \*

Yes  No

Does your company today (or plan to in the future) cook/prepare food outside of Jabil facility? \*

Yes  No

Does your company obtain occupancy permits in your active operating location(s)? \*

Yes  No

Other Permits? \*

Yes  No

**NOTE:** The following sections of questions are prompted by certain responses in the previous sections. If these sections of questions do not appear on your questionnaire that means your responses did not require additional follow-up questions.

## REQUIREMENTS & CERTIFICATIONS

- Jabil has a global requirement to assist food service suppliers to understand and meet Jabil's food safety standard and provide guidance on how to manage and reasonably minimize food borne pathogen illness associated with food safety during routine operation.

*Note: Please use the link provided to review the Jabil food and safety requirements.*

### Have you reviewed 00-HS20-00025 Jabil Food Safety requirements?

Select “Yes” if you reviewed the document. If “No”, provide an explanation in the space provided.

**REQUIREMENTS & CERTIFICATIONS**

Jabil has a global requirement to assist food service suppliers to understand and meet Jabil's food safety standard and provide guidance on how to manage and reasonably minimize food borne pathogen illness associated with food safety during routine operation. Please click below link to review the document. \*

[Click here to view the Jabil food safety requirements](#)

Have you reviewed 00-HS20-00025 Jabil Food Safety requirements? \*

Yes  No

Please explain: \*



**Check** all active certifications that apply and indicate the expiration date of the certification. If you have a 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.

Please select all existing, active certification(s): \*

HACCP

ISO22000

Local Re ISO22000 certification is an international standard defining the requirements for effective control of food safety.

Please specify: \*

Other Certifications

No Certifications

If requested could you provide proof of certification? \*

Yes  No

What is the certification date?

Expiration date for each certification?

Jabil has a business requirement for our canteen/cafeteria service providers to obtain HACCP certification or equivalent. If your company does not have a HACCP/ISO22000 certification, then you will be prompted to answer the following questions.

Jabil has a business requirement for our canteen/cafeteria service providers to obtain HACCP certification or equivalent. Are you interested in learning more about HACCP / ISO22000 and obtaining certification? \*

What is your company's expected plan to obtain a HACCP, ISO22000, or equivalent certification? \*

Please select: \*

**SITE COMPLIANCE**

Has your company received a regulatory/cer warning in last 24 months from a government agency? \*

Have you had any food borne illness outbreak(s) in the last 24 months at any of your operating location(s) (within Jabil or other companies)? \*

Yes  No

Yes  No

-Select-

-Select-

Less than 6 months

6 - 12 months

12 - 24 months

Greater than 24 months

## FOOD SAFETY RISK MANAGEMENT

6. In this section, indicate if the food safety methods apply to your company.

If “Yes”, complete all additional questions.



**FOOD SAFETY RISK MANAGEMENT**

Does your company plan & execute medical screening or physical examinations to all food service employees? \*

Yes  No


Does your company have a procedure to handle food in a safe manner? \*

Yes  No

( e.g. defrost, temperature requirements, leftovers, storage, transport, reheat, disposal etc.

Please provide a copy of this procedure \*

No attachments



Does your company have a formal monitoring process on identified critical control points? \*

Yes  No

Does your company plan & conduct food safety and personal hygiene training to all food handling employees? \*

Yes  No

If requested, could you provide copy of training? \*

Yes  No

Has your company implemented a pest control plan? (Y/N) \*

Yes  No

Has your company implemented cross contamination prevention plan? \*

Yes  No

## SITE COMPLIANCE

7. **Indicate** if your company received a regulatory/certification violation or written warning in the last 24 months from a government agency.

If **“Yes”**, complete all additional questions associated with your response.



**SITE COMPLIANCE**

Has your company received a regulatory/certification violation or written warning in last 24 months from a government agency? ★

Yes  No

Please select all that apply

Verbal Warning

Warning Letter/Verbal

Violation/Fine

Is the violation corrected and closed? ★

Yes  No

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

Financial fees or fines

Operational shutdown

License or 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? ★

Commercial General Liability

Automative Liability

Umbrella Liability

Workers Compensation & Employers Liability

Professional Liability

Public Liability

Real & Personal Property

No Insurance

Other Liability

Add Another Liability

What is the coverage amount? ★

--Select--

--Select--

Less than 500,000 USD

500,000 - 1,000,000 USD

1,000,001 - 2,000,000 USD

2,000,001 - 5,000,000 USD

Above 5,000,000 USD

If requested could you provide proof of insurance? ★

Yes  No

Does your company have an identified designated person (besides yourself) Jabil may contact to discuss any of the responses provided above? ★

Yes  No

First (Given) Name: ★

Last (Family) Name: ★

Job Title: ★

Email: ★

Phone Number: ★ Country Code:  No dashes or parenthesis Extension:


## SURVEY SUBMISSION

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



**Attestation.**  
By submitting this form, supplier certifies the information provided is accurate and complete.

Save Submit Close

*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.**

