

## Overview 概观

This User Reference will assist you in completing the Supplier Transportation Questionnaire. For best results, please use Internet Explorer to complete the survey.

本指南参考将帮助您完成供应商运输问卷调查。为获得最佳效果，请使用 Internet Explorer 完成调查。

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.

如果您无法完成调查，请单击调查底部的“保存”按钮以保留您的工作。如果您需要组织中其他人的帮助来完成此调查的一部分，请在转发链接之前单击调查底部的“保存”按钮。

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.

调查必须完整，不得包含空白框或“N / A”回复。此外，末尾包含星号（\*）的字段是必填字段，必须填写。

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.

除非您确定必须选择退出（参见第 2 页），否则必须先完成所有部分和问题，然后才能成功提交调查。

**Help 协助:**

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).

如果您在完成调查时需要协助，请将您的问题以及屏幕截图（如果适用）发送至 [SCM\\_Contact@jabil.com](mailto:SCM_Contact@jabil.com)。

## Supplier Name & Acknowledgement 供应商名称和确认

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).

1. 确认供应商名称是您的公司名称。如果此信息不准确，请通过 [SCM\\_Contact@Jabil.com](mailto:SCM_Contact@Jabil.com) 与支援团队联系。

Supplier Name: ANALOG DEVICES	Master Corporation Code: 177
<i>This questionnaire is intended for companies who specifically provide a motor vehicle(s), with a driver(s) under contract, to transport passengers or property. If this is NOT your primary line of business then please click the "Opt-out" check box at the end of this survey 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".</i>	

This questionnaire is intended for companies who specifically provide a motor vehicle(s), with a driver(s), under contract, to transport passengers or property. Freight carriers (transporting materials) should not complete this survey. **If this is NOT your company's primary line of business, DO NOT COMPLETE THE SURVEY. Scroll to the bottom of the Survey, click the "Opt-Out" check box, provide clarification to why this survey does not apply to your organization, then press Submit.**

本调查问卷适用于专门提供机动车辆，驾驶员，合同，运输乘客或财产的公司。货运公司（运输材料）不应完成此调查。如果这不是贵公司的主要业务，请不要完成调查。请到调查的底部，单击“选择退出”复选框，澄清此调查不适用于您的组织的原因，然后按提交。



**Opt-Out**

This questionnaire is intended for companies who specifically provide a motor vehicle (s), with a driver(s) under contract, to transport passengers or property. 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:

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

确认您有权代表贵公司填写此调查问卷，并点击框，然后输入您的名字，姓氏，职务和电子邮件地址。

*Note: If you do not have authority to complete this form, forward this email to the correct person within your organization.* 注意：如果您无权填写此表单，请将此电子邮件转发给组织内的正确人员。

**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 *	<input type="text"/>	Last Name *	<input type="text"/>
Title *	<input type="text"/>	Email *	<input type="text"/>



## Company Resources 公司资源

3. **Enter the current** number of staff (headcount) for the roles below. If you do not employ the following roles, enter “0”.

输入以下角色的当前员工人数（人数）。如果您未使用以下角色，请输入“0”。

*Note: Only numbers are allowed in the fields.* 注意：只允许使用数字。

**Company Resources**

What is the current headcount for the following roles? (\*only numbers allowed\*)

Management (Office)

Mechanics

Drivers

## Liability Insurance Coverage 责任保险范围

4. **Indicate** if your organization has any of the general/civil liability insurance coverages by **selecting Yes or No** below each liability coverage. **If your answer is Yes**, provide the coverage amount in **USD currency** in the box provided.

通过在每个责任保险范围之下选择是或否，表明贵组织是否有任何一般/民事责任保险。如果您的答案为是，请在提供的框中以美元货币提供保险金额。

**Liability Insurance Coverage**

Does your organization have the following general/civil liability insurance?

If "Yes", please provide the coverage amount:

<p>Automobile Liability (AL):  <input checked="" type="radio"/> No      <input type="radio"/> Yes</p> <p>Commercial General/Products Liability (GL):  <input type="radio"/> No      <input type="radio"/> Yes</p> <p>Cyber Liability:  <input type="radio"/> No      <input type="radio"/> Yes</p>	<p>Workers Compensation (WC) or Equivalent Government Program/Scheme:  <input type="radio"/> No      <input type="radio"/> Yes</p> <p>Employers' Liability (EL):  <input type="radio"/> No      <input type="radio"/> Yes</p>
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**Automobile Liability (AL):**

No       Yes

Amount:



## Legal Regulations/Compliance 法律法规/ 合规性

5. **Check all that applies** relating to Governmental/Legal Regulations, Requirements and Licensing.

**Indicate (Yes or No)** if there is a defined, documented process in place that periodically verifies that all required registrations and licenses are held and current.

确认所有适用于政府/法律法规，要求和证件。

如果存在定义的，有文件记录的流程，定期验证所有必需的注册和许可证是否保持并且是最新的，则表明（是或否）。

**Legal/Regulations/Compliance**

Please check all below that apply to your company, relating to Governmental / Legal Regulations, Requirements and Licensing:

A process is documented and executed that identifies all applicable Governmental / Legal Regulations and Requirements that apply to your business

A process for monitoring, reviewing and responding to changes of requirements is documented and in place

Changes to requirements and regulations are monitored and identified through (please check all that apply)

Outside Legal Counsel

In house Legal Counsel

Other:

Other regulations

Is there a defined, documented and executed process in place that periodically verifies that all required registrations and licenses are held and are current?

Yes  No

**If your response is “Yes”, provide the frequency of the review, date of last review, and who completed the verification.**

如果您的回答为“是”，请提供审核频率，上次审核日期和完成验证者的身份。

If 'Yes' please answer the following:

What is the frequency of review / verification?

What was the date of the last verification conducted?

Who completed this verification:



## Transportation Vehicles 运输车辆

6. **Indicate (Yes or No)** if there is a system in place that assures that all transportation vehicles **used to transport passengers** are always appropriately registered and insured. **If Yes**, describe the system in place in the box provided.

*Note: **Check all that apply** for the purchasing and maintenance of your transportation vehicles.*

如果有适当的系统确保用于运输乘客的所有运输车辆始终得到适当的登记和保险，则表明（是或否）。

如果是，请在提供的框中描述系统。

注意：确认所有适用于您的运输车辆的购买和维护。

**Transportation Vehicles**

A system is in place that assure that all transportation vehicles used to transport passengers are appropriately registered and insured at all times?

Yes  No

<p><b>Purchasing (please check all that apply below):</b></p> <p><input type="checkbox"/> There defined and documented requirements for transportation vehicles (i.e. safety, emergency, etc...)</p> <p><input type="checkbox"/> Requirements for transportation vehicles are communicated to potential vendor as part of quoting and procurement process</p> <p><input type="checkbox"/> Requirements are verified as being fulfilled prior to purchase</p> <p><input type="checkbox"/> Requirements are verified as being fulfilled at time of receipt</p>	<p><b>Maintenance (please check all that apply below):</b></p> <p><input type="checkbox"/> A defined, documented and executed transportation vehicle transportation and maintenance program is in place</p> <p><input type="checkbox"/> The maintenance program defines required transportation vehicle inspection criteria and frequency</p> <p><input type="checkbox"/> The maintenance program defines required transportation vehicle maintenance criteria and frequency</p> <p><input type="checkbox"/> Assures that all inspections are carried out on time with results documented</p> <p><input type="checkbox"/> Assures that transportation vehicles are removed from service if required inspections and/or maintenance cannot be performed or fails inspection</p>
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## Transportation Vehicle Age, Safety, and Identification 运输车辆车龄，安全和识别

7. **Indicate (Yes or No)** if there is a vehicle management process in place, and check all that apply regarding vehicle safety, inspection, and identification.

如果有车辆管理流程，请说明（是或否），并确认所有适用于车辆安全，检查和识别的内容。



**Transportation Vehicle Age & Identification**  
 A vehicle management process is in place  
 Yes  No

**Transportation Vehicle Safety - Related to transportation vehicle safety, please** **Transportation Vehicle Inspection - Please check all below that apply:**

Process for identification of required safety and emergency equipment for all transportation vehicles is in place.  Process is in place that assures that all transportation vehicles complete required governmental / third party inspections as required by applicable regulations and laws

Transportation vehicles are verified for proper safety and emergency equipment prior to entry into service and continuing compliance is verified.  All inspections are carried out on time

Emergency equipment is verified as being in proper working order prior to transportation vehicle usage  Records of all inspections are maintained and are readily available

Corrections are made and verified, for discrepancies identified from inspections, prior to allowing transportation vehicles to enter back into service

**Transportation Vehicle identification**  
 All transportation vehicles are identified with transport company name and/or logo  
 Yes  No

## Transportation Vehicle Drivers 运输车辆司机

### 8. Answer (Yes or No) to the questions regarding vehicle drivers.

回答（是或否）有关车辆驾驶员的问题。

**Transportation Vehicle Drivers:**

A defined, documented and executed process for managing driver hours of service is in place  
 Yes  No

A defined and executed process for preventing distracted driving is in place  
 Yes  No

Documented and executed policies and procedures for screening of transportation vehicle drivers are in place  
 Yes  No

All applicable regulations regarding transportation vehicle driver qualification are verified as met at time of initial hire and during entire period of employment  Yes  No

License validity dates are monitored and only drivers with current and valid licenses are allow to transport passengers  Yes  No

It is assured that all required licenses are held, are current and valid for all drivers  Yes  No

Required years of transportation driver experience is defined and drivers are verified as having the correct experience for the type of vehicles(s) that they are assigned  Yes  No

A documented and executed policy for drug and alcohol testing is in place  
 Yes  No

A documented and executed policy for medical checkups is in place  
 Yes  No

*Note: Some questions will require additional information if you answer Yes.*

注意：如果您回答“是”，则有些问题需要其他信息。



<p>A documented and executed policy for drug and alcohol testing is in place</p> <p><input checked="" type="radio"/> Yes      <input type="radio"/> No</p>	<p><b>The alcohol and drug testing policy in place (please check all below that apply):</b></p> <p><input type="checkbox"/> Specifies testing frequency</p> <p><input type="checkbox"/> Frequencies have been verified as complying to applicable laws / regulations</p> <p><input type="checkbox"/> All transportation vehicle drivers are subject to testing</p> <p><input type="checkbox"/> Results of testing are recorded, maintained and available upon request</p> <p><input type="checkbox"/> Testing is conducted by an accredited / certified testing source</p>
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## Training – Regarding Transportation Driver Training 培训 - 关于运输驾驶员培训

9. **Check all that apply** regarding the training of your drivers.

确认所有适用于驾驶员培训的内容。

<p><b>Training - Regarding Transportation Driver Training, please check all below that apply:</b></p> <p><input type="checkbox"/> A defined and executed transportation driver training program is in place</p> <p><input type="checkbox"/> All required training is completed</p> <p><input type="checkbox"/> Records of training are maintained and are readily available upon request</p>
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## Records and Metrics 记录和指标

10. **Answer (Yes or No)** if transportation records are logged and maintained daily. Check all the types of transportation records and activities that apply.

**Answer (Yes or No)** to the transportation key metrics and continuous improvement questions.

如果每天记录和维护运输记录，请回答（是或否）。确认所有适用的运输记录和活动类型。

回答（是或否）运输关键指标和持续改进问题。





**Records / Metrics**

Daily records of transportation activities are logged and maintained  
 Yes  No

Records of transportation activities include (please check all below that apply):

Vehicle numbers and registration numbers

Driver(s) name

Date and time of transportation vehicle use

Driver registration / authorization number

Description of transportation provided

Total transportation time

Transportation Key Metrics are defined and measured such as on time arrival performance, vehicle breakdowns, etc...  
 Yes  No

There is a continuous improvement program / process for Transportation Key Metrics  
 Yes  No

## Incidents 事故

11. **Answer (Yes or No)** if there is a defined and executed process in place for logging, monitoring, and acting upon incidents such as accidents, violations, summons, findings, etc., related to transportation services.

如果有针对运输服务的事故，违规，传票，调查结果等事件进行记录，监控和采取行动  
的确定和执行流程，则回答（是或否）。

**Incidents**

A defined and executed process for logging, monitoring and acting upon incidents (i.e. accidents, violations, summons, findings, etc...) related to transportation services provided is in place  
 Yes  No

**If Yes**, an additional question regarding retaining documentation and actions taken to address the incidents must be answered. 如果是，则必须回答有关保留文件和解决事件所采取的措施的其他问题。

Investigation results for incidents are documented and retained including actions taken to address them  
 Yes  No

## Notifications 通知

12. **Answer (Yes or No)** if your company has a process for notification to customers (Jabil) that materially can or will affect or disrupt the ability to perform/deliver services contracted is in place.

**If Yes**, select all that are applicable for your notification process.



如果贵公司有向客户（捷普）发出通知的流程，该流程可能或将会影响或破坏履行/交付合同服务的能力，则回答（是或否）。

如果是，请选择适用于您的通知流程的所有内容。

<p><b>Notifications</b></p> <p>A process for notification to customer that materially can or will affect or disrupt the ability to perform / deliver services contracted is in place?</p> <p><input checked="" type="radio"/> Yes      <input type="radio"/> No</p>	<p><b>The notification process includes (please check all that apply)</b></p> <p><input type="checkbox"/> Immediate Notification</p> <p><input type="checkbox"/> Incidents or issues that could negatively impact the customer and their interests</p> <p><input type="checkbox"/> Includes incidents related to safety, compliance, licensing, governmental violations, accidents</p>
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## Hiring and Employee Management 招聘和员工管理

13. **Check all** the hiring/management defined and executed processes in place in your company.

确认公司中所有招聘/管理定义和执行的流程。

<p><b>Hiring and Employee Management:</b></p> <p>A defined / executed process is in place that (please select all that apply):</p>	
<p><input type="checkbox"/> Requires policies, procedures and practices are documented, communicated, implemented and enforced for compliance</p> <p><input type="checkbox"/> Requires and drives actions for any identified non compliances</p> <p><input type="checkbox"/> Assures that customer(s) is provided copies of current licensing and/or permits?</p>	<p><input type="checkbox"/> Identifies all applicable laws / regulations related to wages, working hours, overtime, working conditions, conditions of employment and non-discrimination</p> <p><input type="checkbox"/> A method is in place that requires periodic assessment of compliance, including overtime hours</p> <p><input type="checkbox"/> Monitors and addresses changes to applicable laws / regulations prior to announced effectivity date(s)</p> <p><input type="checkbox"/> Customer is notified of changes in licensing / permits</p>

## Submit 提交

14. After completing the survey, select **Submit**. The message below indicates that you have successfully submitted the survey.

完成调查后，选择提交。以下消息表明您已成功提交调查。

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



感谢您完成此调查。作为捷普的重要合作伙伴，您可能会收到额外的信息请求。

