

Vision:

Esta guía de usuario lo ayudará a completar el cuestionario de transporte de proveedores. Para obtener mejores resultados, utilice Internet Explorer para completar la encuesta.

Si no puede completar la encuesta durante una sesión, haga clic en el botón "Guardar" en la parte inferior de la encuesta para conservar su trabajo. Si necesita la ayuda de otros en su organización para completar una parte de esta encuesta, haga clic en el botón "Guardar" en la parte inferior de la encuesta antes de reenviar el enlace.

La encuesta debe completarse en su totalidad y no debe contener cuadros en blanco o respuestas "N / A". Además, los campos que contienen un asterisco (*) al final son campos obligatorios y deben completarse.

A menos que determine que debe darse de baja (consulte la página 2), todas las secciones y preguntas deben completarse antes de que la encuesta se pueda enviar con éxito.

Ayuda:

Si necesita ayuda mientras completa la encuesta, envíe su pregunta junto con una captura de pantalla (si corresponde) a SCM_Contact@jabil.com.

Nombre del proveedor y reconocimiento

1. Confirme que el Nombre del proveedor es el nombre de su empresa. Si esta información no es clara, comuníquese con el equipo de soporte en SCM_Contact@Jabil.com.

Supplier Name:
ANALOG DEVICES

Master Corporation Code:
177

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".

Este cuestionario está destinado a empresas que proporcionan específicamente un vehículo o vehículos de motor, con un conductor o conductores, bajo contrato, para transportar pasajeros o propiedades. Los transportistas (materiales de transporte) no deben completar esta encuesta. **Si esta NO es la línea principal de negocios de su empresa, NO COMPLETE LA ENCUESTA.** Desplácese hasta la parte inferior de la Encuesta, haga clic en el cuadro de verificación "Optar por no participar", proporcione una explicación de por qué esta encuesta no se aplica a su organización, luego presione **Enviar**.

Opt-Out

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Please provide clarification:

2. Acepta que usted tiene autoridad para completar este cuestionario en nombre de su empresa, haga clic en el cuadro y, a continuación, introduzca su nombre, apellido, título y dirección de correo electrónico.

Nota: Si no tiene autoridad para completar este formulario, reenvíe este correo electrónico a la persona correcta dentro de su organización.

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"/>



Recursos de la empresa

3. **Ingrese** el número actual de empleados para los roles a continuación. Si no emplea los siguientes roles, ingrese "0".

Nota: Solo se permiten números en los espacios.

Company Resources

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

Management (Office)

Mechanics

Drivers

Cobertura de seguro de responsabilidad civil

4. **Indique** si su organización tiene alguna de las coberturas de seguro de responsabilidad civil / general **seleccionando Sí o No** debajo de cada cobertura de responsabilidad. **Si su respuesta es Sí**, proporcione el monto de la cobertura en **dólares estadounidenses (USD)** en el cuadro provisto.

Liability Insurance Coverage

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

If "Yes", please provide the coverage amount:

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

Automobile Liability (AL):
 No Yes
Amount:



Regulaciones legales / Cumplimiento

5. **Marque** todo lo que corresponda en relación con los Reglamentos, requisitos y licencias gubernamentales / legales.

Indique (Sí o No) si existe un proceso definido y documentado que verifique periódicamente que todos los registros y licencias requeridos estén en vigencia.

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

Si su respuesta es "Sí", indique la frecuencia de la revisión, la fecha de la última revisión y quien completó la verificación.

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:



Vehículos de transporte

6. **Indique (Sí o No)** si existe un sistema que asegure que todos los vehículos de transporte utilizados para **transportar pasajeros** siempre estén debidamente registrados y asegurados. **Si su respuesta es “Si”**, describa el sistema en su lugar en el cuadro de comentarios.

Nota: Marque todo lo que corresponda para la compra y mantenimiento de sus vehículos de transporte.

<p>Transportation Vehicles</p> <p>A system is in place that assure that all transportation vehicles used to transport passengers are appropriately registered and insured at all times?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>Purchasing (please check all that apply below):</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>Maintenance (please check all that apply below):</p> <p><input type="checkbox"/> A defined, documented and executed transportation vehicle transpiration 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>

Transporte Edad del Vehículo, seguridad e identificación

7. **Indique (Sí o No)** si hay un proceso de gestión del vehículo en funcionamiento y marque todo lo que corresponda con respecto a la seguridad, inspección e identificación del vehículo.

<p>Transportation Vehicle Age & Identification</p> <p>A vehicle management process is in place</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>Transportation Vehicle Safety - Related to transportation vehicle safety, please</p> <p><input type="checkbox"/> Process for identification of required safety and emergency equipment for all transportation vehicles is in place.</p> <p><input type="checkbox"/> Transportation vehicles are verified for proper safety and emergency equipment prior to entry into service and continuing compliance is verified.</p> <p><input type="checkbox"/> Emergency equipment is verified as being in proper working order prior to transportation vehicle usage</p>	<p>Transportation Vehicle Inspection - Please check all below that apply:</p> <p><input type="checkbox"/> Process is in place that assures that all transportation vehicles complete required governmental / third party inspections as required by applicable regulations and laws</p> <p><input type="checkbox"/> All inspections are carried out on time</p> <p><input type="checkbox"/> Records of all inspections are maintained and are readily available</p> <p><input type="checkbox"/> Corrections are made and verified, for discrepancies identified from inspections, prior to allowing transportation vehicles to enter back into service</p>
<p>Transportation Vehicle identification</p> <p>All transportation vehicles are identified with transport company name and/or logo</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	



Conductores de vehículos de transporte

8. Responda (Sí o No) a las preguntas sobre los conductores de vehículos.

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

Nota: Algunas preguntas requerirán información adicional si responde Sí.

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

The alcohol and drug testing policy in place (please check all below that apply):

Specifies testing frequency

Frequencies have been verified as complying to applicable laws / regulations

All transportation vehicle drivers are subject to testing

Results of testing are recorded, maintained and available upon request

Testing is conducted by an accredited / certified testing source



Entrenamiento - Con respecto al entrenamiento para conductores de transporte

9. Marque todo lo que corresponda con relación a la capacitación de sus conductores.

Training - Regarding Transportation Driver Training, please check all below that apply:

- A defined and executed transportation driver training program is in place
- All required training is completed
- Records of training are maintained and are readily available upon request

Registros y Métricos

10. Responda (Sí o No) si los registros de transporte se registran y mantienen a diario.

Marque todos los tipos de registros de transporte y actividades que aplican.

Responda (Sí o No) a los métricos claves de transporte y las preguntas de mejora continua.

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



Incidentes

- 11. Responda (Sí o No)** si existe un proceso definido e implementado para registrar, monitorear y actuar sobre incidentes tales como accidentes, violaciones, citaciones, hallazgos, etc., relacionados con los servicios de transporte.

<p>Incidents</p> <p>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</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

Si su respuesta es Sí, debe responderse una pregunta adicional sobre mantener la documentación y las medidas adoptadas para abordar los incidentes.

<p>Investigation results for incidents are documented and retained including actions taken to address them</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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Notificaciones

- 12. Responda (Sí o No)** si su empresa tiene un proceso de notificación a los clientes (Jabil) que puede afectar o afectará materialmente o interrumpirá la capacidad de realizar / prestar servicios contratados.

Si su respuesta es Sí, seleccione todos los que sean aplicables para su proceso de notificación.

<p>Notifications</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>The notification process includes (please che</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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Contratación y gestión de empleados

13. Marque todos los procesos de contratación / gestión definidos y ejecutados en su empresa.

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

Enviar

14. Después de completar la encuesta, seleccione **Enviar**. El siguiente mensaje indica que ha enviado correctamente la encuesta.

Gracias por completar esta encuesta. Como proveedor valioso de Jabil, puede recibir solicitudes adicionales de información.

