

## Overview 概观

This User Reference will assist you in completing the **Supplier Waste Management 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.

本用户参考将帮助您完成《供应商废物管理调查表》。为了获得最佳结果，请使用 Internet Explorer 完成调查。

如果您无法在一个会话中完成调查，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。

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

除非您确定必须退出（请参阅第 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).

完成问卷调查时，如果需要帮助，请将您的问题和屏幕截图（如果适用）发送至  
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).

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

Supplier Name: MQT SERVICOS METROLOGICOS	Master Corporation Code: 361674
<i>This questionnaire is intended for companies who specifically provide waste management services required by law to manage waste within the boundaries of inception to its final disposal. This includes the collection, transport, treatment and/or disposal of waste, together with monitoring and regulation of the waste management process. If this is NOT your primary line of business then please go to the end of this form to "Opt-out" and provide clarification to why this survey does not apply to your organization.</i>	

This questionnaire is intended for companies who specifically provide waste management services required by law to manage waste within the boundaries of inception to its final disposal. This includes the collection, transport, treatment and/or disposal of waste, together with monitoring and regulation of the waste management process. **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 at the end survey, provide clarification to why this survey does not apply to your organization, then press Submit.**

该问卷适用于专门提供法律要求的废物管理服务的公司，以便在开始处置至最终处置的范围内管理废物。这包括废物的收集，运输，处理和/或处置，以及废物管理过程的监视和监管。如果这不是您公司的主要业务范围，请不要完成调查。请到调查的底部，单击结束调查的“退出”复选框，说明为什么该调查不适用于您的组织，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.

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

通过单击框确认您有权代表您的公司填写此调查表，然后输入您的名字，姓氏，标题和电子邮件地址。

注意：如果您无权填写此表单，请将此电子邮件转发给您组织内的正确人员。

**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 ★  Last Name ★

Title ★  Email ★



### Collection & Transportation 收集与运输

3. **Indicate** if your company is properly licensed and permitted for collecting and transporting waste.

**If No**, follow the prompts/paths, and answer all questions regarding sub-contracting of collection & transportation.

**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.*

指明您的公司是否获得了适当的许可并被允许收集和运输废物。

如果否，请遵循提示/路径，并回答有关托收和运输分包的所有问题。

如果是，请选择与您的许可证和许可证相关的所有分类。选择所有适用的选项，并根据需要提供许可/许可证的到期日期。

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

- Hazardous waste
- Non-Hazardous Waste
- Pharmaceutical Waste
- Biological Waste
- Radiactive Waste
- Other

If requested, could you provide the permit/License for each classification type?  No  Yes

### Storage and Processing 储存与加工

4. **Indicate** if your company is properly licensed and permitted for storing and processing waste.

**If No**, follow the prompts/paths, and answer all questions regarding sub-contracting of storage and processing.

**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.*

指明您的公司是否获得了适当的许可并被许可用于存储和处理废物。

如果否，请遵循提示/路径，并回答有关存储和处理分包的所有问题。

如果是，请选择与您的许可证和许可证相关的所有分类。选择所有适用的选项，并根据需要提供许可/许可证的到期日期。



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

- Hazardous waste
- Non-Hazardous Waste
- Pharmaceutical Waste
- Biological Waste
- Radiative Waste
- Other

If requested, could you provide the permit/License for each classification type?  No  Yes

**Identify** the company's waste treatment process capabilities. *Select all that apply and provide the percentage of capacity available for new business.*

确定公司的废物处理流程能力。选择所有适用的选项，并提供新业务可用容量的百分比。

Please identify the company's waste treatment process capabilities: ★

- Incineration / Destroy
- Recovery
- Re-use
- Recycling
- Landfill
- Other

## Disposal Recovery 处置回收

5. **Indicate** if your company is properly licensed for the disposal and recovery of waste.

**If No**, follow the prompts/paths, and answer all questions regarding sub-contracting of disposal recovery.

**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.*

说明您的公司是否获得了废物处置和回收的适当许可。

如果否，请遵循提示/路径，并回答有关处置回收分包的所有问题。

如果是，请选择与您的许可证和许可证相关的所有分类。选择所有适用的选项，并根据需要提供许可/许可证的到期日期。



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

- Hazardous waste
- Non-Hazardous Waste
- Pharmaceutical Waste
- Biological Waste
- Radiactive Waste
- Other

If requested, could you provide the permit/License for each classification type?     No     Yes

## Compliance 合规

6. **Indicate** if your company has received a regulatory violation or written warning in the last 24 months.

**If Yes**, indicate the type of violation or written warning.

**Note:** If a Violation/Fine, follow the prompts/paths and answer all the required questions.

指出您的公司在过去的 24 个月中是否收到了违反法规或书面警告。

如果是，请指出违规类型或书面警告。

注意：如果违反/罚款，请遵循提示/路径并回答所有必需的问题。

**Compliance**

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

7. **Indicate** if your organization has the financial means (i.e., trust account, insurance policy) to clean up and restore the site if your business were to collapse.

**If Yes**, select the type of financial assurance your company holds.

指明您的组织是否有财务手段（即信托帐户，保险单）来清理和恢复，以防您的业务崩溃。



如果是，请选择您公司持有的财务担保的类型。

Does your company have a program that ensures the proper financial capability (trust account) in-place that requires you, as a liability, to clean up and restore the site if your business collapse? \*

No  Yes

Please select the type of financial assurance your company holds:

A company Bond

An Insurance policy

An Escrow Account

**8. Select all the type of insurances/assurances that apply.**

选择所有适用的保险/保证类型。

Does your organization maintain the following insurance/assurance? \*

Commercial General Liability

Automative Liability

Umbrella Liability

Workers Compensation & Employers Liability

Pollution Liability

Other Liability

**9. Indicate if your company is ISO 14001/OSHAS 18001 or equivalent certified? If your company enacted an emergency response in the last 12 months, please provide details arounds the situation.**

请说明贵公司是否已通过 ISO 14001 / OSHAS 18001 或同等认证？如果您的公司在最近 12 个月内采取了紧急应对措施，请提供有关情况的详细信息。



Is your company ISO 14001 / OSHAS 18001 or equivalent certified? ★  
 No  Yes

Does your company practice energy recovery [a sustainability capability]? ★  
 No  Yes

Does your company have a documented emergency response process? ★  
 No  Yes

Has your company enacted an emergency response in the last 12 months? ★  
 No  Yes

Please comment on the emergency situation.

## Submit 提交

10. 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.**

感谢您完成这项调查。作为捷普的重要合作伙伴，您可能会收到其他信息请求。

