

Overview

This User Reference will assist you in completing the Supplier Transportation 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.

Supplier Name & 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.

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.**

Opt-Out		
<input type="checkbox"/> 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:	
	<input type="text"/>	
<input type="button" value="Save"/>	<input type="button" value="Submit"/>	<input type="button" value="Close"/>

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.

This survey is completed by			
<input type="checkbox"/> 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

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

Note: Only numbers are allowed in the fields.

Company Resources

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

Management (Office)

Mechanics

Drivers

Liability Insurance Coverage

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.

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:



Legal Regulations/Compliance

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.

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.

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

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.

<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>

Transportation Vehicle Age, Safety, and Identification

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.

<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>	



Transportation Vehicle Drivers

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

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.

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



Training – Regarding Transportation Driver Training

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

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

Records and Metrics

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.

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

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.

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.

Investigation results for incidents are documented and retained including actions taken to address them

Yes No

Notifications

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.

Notifications
A process for notification to customer that materially can or will affect or disrupt the ability to perform / deliver services contracted is in place?

Yes No

The notification process includes (please check all that apply)

- Immediate Notification
- Incidents or issues that could negatively impact the customer and their interests
- Includes incidents related to safety, compliance, licensing, governmental violations, accidents



Hiring and Employee Management

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

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

Submit

14. After completing the survey, select **Submit**. 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.

