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.

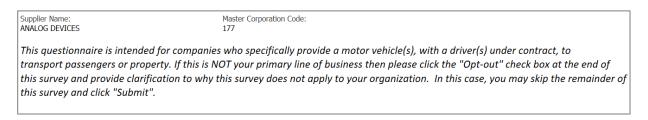
Unless you determine that you must Opt-Out (see page 2), all sections and questions must be completed before the survey can be successfully submitted.

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.



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.



 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.

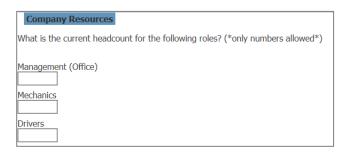
This survey is con	npleted by have the authority to answer this form on behalf of the company	y (check the box, if "yes'	').
First Name *		Last Name *	
Title *		Email *	



Company Resources

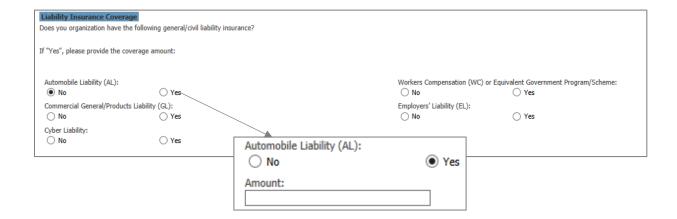
3. **Enter the current** number of staff (headcount) for the roles below. If you do not employ the following roles, enter "0".

Note: Only numbers are allowed in the fields.



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.





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? 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? Select 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.

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? O Yes No		
Purchasing (please check all that apply below):	Maintenance (please check all that apply below):	
There defined and documented requirements for transportation vehicles (i.e. safety, emergency, etc)	A defined, documented and executed transportation vehicle transpiration and maintenance program is in place	
Requirements for transportation vehicles are communicated to potential vendor as part of quoting and procurement process	☐ The maintenance program defines required transportation vehicle inspection criteria and frequency	
Requirements are verified as being fulfilled prior to purchase	☐ The maintenance program defines required transportation vehicle maintenance criteria and frequency	
Requirements are verified as being fulfilled at time of receipt	Assures that all inspections are carried out on time with results documented	
	Assures that transportation vehicles are removed from service if required inspections and/or maintenance cannot be performed or fails inspection	

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.

I	ransportation Vehicle Age & Identification	
1 /	vehicle management process is in place Yes No	
T	ransportation Vehicle Safety - Related to transportation vehicle safety, please	Transportation Vehicle Inspection - Please check all below that apply:
1 -	Process for identification of required safety and emergency equipment for all ansportation 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 for 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 ensportation 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
Т	ransportation Vehicle identification	
Al (transportation vehicles are identified with transport company name and/or logo Yes	



Transportation Vehicle Drivers

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

Transportation Ve	ehicle Drivers:	
A defined, docume in place	ented and executed process for managing driver hours of service is	
Yes	○ No	
A defined and execu Yes	ited process for preventing distracted driving is in place No	
Documented and e	executed policies and procedures for screening of transportation in place	
O Yes	○ No	
	tions regarding transportation vehicle driver qualification are me of initial hire and during entire period of employment 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 Yes	required licenses are held, are current and valid for all drivers 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 e	executed policy for drug and alcohol testing is in place No	
A documented and Yes	d executed policy for medical checkups is in place No	
Note: Some (questions will require additional infor	rmation if you answer Yes.
A documented and ex Yes	ecuted policy for drug and alcohol testing is in place 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

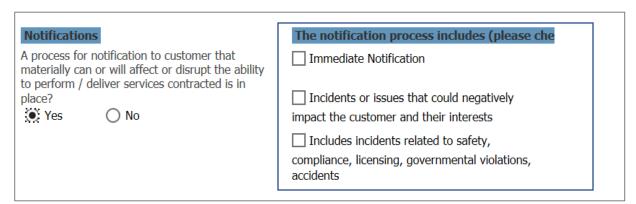
10. Answer (Yes or No) if transportation records are logged and maintained daily. Check all the types of transportation records and activities that apply.
Answer (Yes or No) to the transportation key metrics and continuous improvement questions.

Records / Metrics Daily records of transportation activities are logged and ma Yes	intained No			
Records of transportation activities include (please check all I	below that apply):	Transportation Key Metrics a vehicle breakdowns, etc	are defined and measured such as on time arrival performance,	
Vehicle and an electrical and		○ Yes	○ No	
Vehicle numbers and registration numbers		There is a continuous improvement program / process for Transportation Key Metrics		
Driver(s) name		○ Yes	○ No	
Date and time of transportation vehicle use				
Driver registration / authorization number				
Description of transportation provided				
☐ Total transportation time				

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 a	nd executed process for logging, monitoring and acting upon incidents (i.e. accidents, violations, summons, findings, etc) related to
transportat O Yes	ion services provided is in place No
	s, an additional question regarding retaining documentation and actions taken to ess the incidents must be answered.
	Investigation results for incidents are documented and retained including actions taken to address them No
that	ations wer (Yes or No) if your company has a process for notification to customers (Jabil) materially can or will affect or disrupt the ability to perform/deliver services racted is in place.
If Ye	s , select all that are applicable for your notification process.



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):	☐ Identifies all applicable laws / regulations related to wages, working hours, overtime, working conditions, conditions of employment and non-discrimination
Requires policies, procedures and practices are documented, communicated, implemented and enforced for compliance	$\hfill \square$ A method is in place that requires periodic assessment of compliance, including overtime hours
Requires and drives actions for any identified non compliances	$\hfill \square$ Monitors and addresses changes to applicable laws / regulations prior to announced effectivity date(s)
Assures that customer(s) is provided copies of current licensing and/or permits?	Customer is notified of changes in licensing / permits

Submit

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

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

