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.

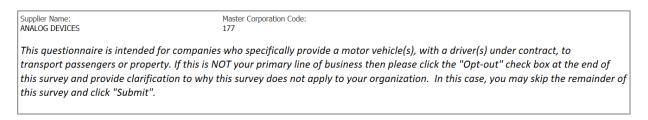
Unless you determine that you must Opt-Out (see page 2), all sections and questions must be completed before the survey can be successfully submitted.

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, <u>DO NOT COMPLETE THE SURVEY</u>. 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 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".	
Save Submit Close	

 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.

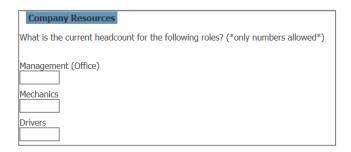
This survey is con	npleted by have the authority to answer this form on behalf of the company	y (check the box, if "yes'	').
First Name *		Last Name *	
Title *		Email *	



Company Resources

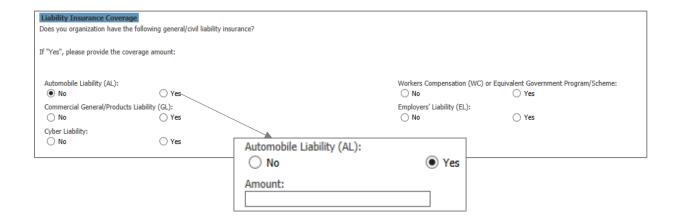
3. **Enter the current** number of staff (headcount) for the roles below. If you do not employ the following roles, enter "0".

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				
O 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? 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)	$\hfill \square$ 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	$\hfill \square$ The maintenance program defines required transportation vehicle inspection criteria and frequency	
Requirements are verified as being fulfilled prior to purchase	\square The maintenance program defines required transportation vehicle maintenance criteria and frequency	
Requirements are verified as being fulfilled at time of receipt	$\hfill \square$ 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.

A vehicle management process is in place O Yes No
I () Yes
0.10
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. governmental / third party inspections as required by applicable regulations and laws
☐ Transportation vehicles are verified for proper safety and emergency equipment ☐ All inspections are carried out on time
prior to entry into service and continuing compliance is verified.
☐ Emergency equipment is verified as being in proper working order prior to ☐ Records of all inspections are maintained and are readily available
transportation vehicle usage
☐ 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

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 in place	is		
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	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 No		
A documented and executed policy for drug and alcohol testing is in place O Yes O 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 The alcohol and drug testing policy in place (please check all below that apply):			
Yes No	Specifies testing frequency		
	$\hfill \square$ 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 m Yes	aintained No		
Records of transportation activities include (please check all	below that apply):	Transportation Key Metrics as vehicle breakdowns, etc Yes	re defined and measured such as on time arrival performance, $\hfill \bigcirc$ No
Driver(s) name		There is a continuous improv Yes	ement program / process for Transportation Key Metrics 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 and executed process for transportation services provided in Yes	20 0.	ncidents (i.e. accidents, violations, summon	s, findings, etc) related to
•	al question regarding retents must be answered.	taining documentation and	actions taken to
Investigation res O Yes	ults for incidents are document	red and retained including actions No	taken to address them
Notifications			

N

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	The notification process includes (please che
A process for notification to customer that materially can or will affect or disrupt the ability to perform / deliver services contracted is in	☐ Immediate Notification
place? Yes No	☐ 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):	☐ 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	☐ A method is in place that requires periodic assessment of compliance, including overtime hours
Requires and drives actions for any identified non compliances	☐ 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.

