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 <a href="mailto:scotto

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: Master Corporation Code: ANALOG DEVICES 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 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	

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.

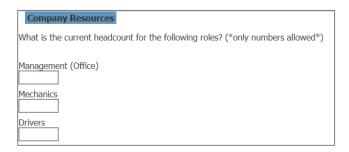
Nota: Si no tiene autoridad para completar este formulario, reenvíe este correo electrónico a la persona correcta dentro de su organización.

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

Recursos de la empresa

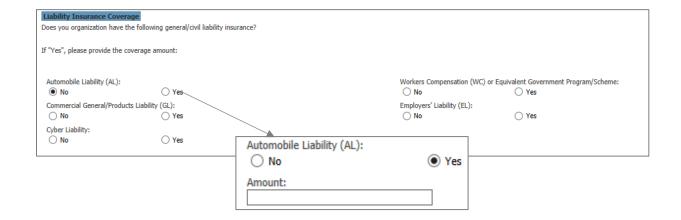
3. Ingrese el número actual de empleados para los roles a continuación. Si no emplea los siguientes roles, ingrese "0".

Nota: Solo se permiten números en los espacios.



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.



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)			
Utside 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			

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

What is the frequency of review / ve	erification?	
-Select-		
What was the date of the last verific	cation conducted?	
	m	
ho 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.

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)	\prod 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	

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.

Transportation Vehicle Age & Identification A vehicle management process is in place Yes	○ No	
Transportation Vehicle Safety - Related to transpo	rtation vehicle safety, please	Transportation Vehicle Inspection - Please check all below that apply:
Process for identification of required safety and emerg transportation vehicles is in place.	ency equipment for all	☐ 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 a prior to entry into service and continuing compliance is ve		All inspections are carried out on time
Emergency equipment is verified as being in proper we transportation vehicle usage	orking order prior to	Records of all inspections are maintained and are readily available
		$\hfill \Box$ 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 cor Yes	npany name and/or logo No	

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	Required years of transportation driver experience is defined and drivers are verified as
○ Yes ○ No	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	
O Yes O No	
A documented and executed policy for medical checkups is in place Yes No	
Nota: Algunas preguntas requerirán información	adicional si responde Sí.
A decreased and accorded as the first days and also believe to the attention	The alcohol and drug testing policy in place (please check all below that apply):
A documented and executed policy for drug and alcohol testing is in place 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

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 mo	aintained No		
Records of transportation activities include (please check all Vehicle numbers and registration numbers	below that apply):	Transportation Key Metrics a vehicle breakdowns, etc Yes	are defined and measured such as on time arrival performance, $\hfill \bigcirc$ No
Driver(s) name		There is a continuous improv Yes	vement 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			



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.

Incidents A defined and executed process for logging, mo transportation services provided is in place	nitoring and acting upon incidents (i.e. accidents, violations, summons, findings, etc) related to
Yes	○ No
	responderse una pregunta adicional sobre mantener la das adoptadas para abordar los incidentes.

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.

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

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):	☐ 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

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.

