JABIL SUPPLIER WASTE MANAGEMENT QUESTKUNSKERRELJIDANGSEŽ Ë Ä v Ï(™1Ñ*6 L § -+X α 7 ±

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Overview 2?ò

ThisUser Reference will assist you in completing the Sup Weste Management Questionnaire For best results, please use Internet Explorer to complete the subvey.

If you are unable to complete the survey during one session, click on the "Save" button at the bottom of the surveyto retain yourwork. If you require the sistance of others in your organization to complete a portion of this surve ick the "Save" bu

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2.	Acknowledgethat you have authority to complete this questionnairen behalf of your company by clicking in the bothen enter your First Name, Last Name, Title, and Email Address.
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Collection & TransportationfLö >F EÃ

3. Indicate if your company is roperly licensel and permitted for collecting and transporting waste.

If No, follow the prompts paths, and answerall questions regarding usb-contracting of collection & transportation.

If Yes, selectall clasifications associated with youlicense and permit

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Storage and Processing ^ > Đ

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

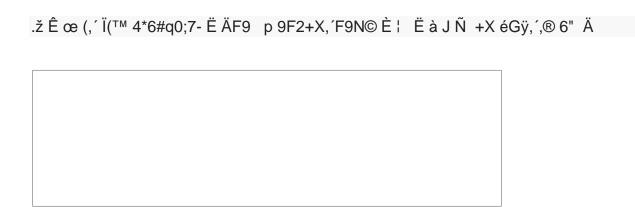
If No, follow the prompts paths, and answerall questions regarding subontracting of storage and processing.

If Yes, select all classifications associated with your license and permit.

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Identify the company's waste treatment process capabilities



Disposal Recovery45ž f

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

If No, follow the prompts paths, and answerall questions regarding subcontracting of disposal recovery.

If Yes, select all classifications associated with your license aemochip.

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Compliance 8?ô

6. Indicate if your company has received ægulatory 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.

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 Select allthe type of insurances/assurances p 9F2+X,´L™ / Añ2« » Ä 	

9. Indicateif your company is ISO 14001/OSHAS 18001 or equivalent certiffeyor company enacted an emergency response in the last 12 months, please provide details arounds the situation.

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Submit **Ô**

10. After completing the survey, sele**S**ubmit. The message below indicates that you have successfully submited the survey

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

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