

Overview

This User Reference will assist you in completing the Supplier Waste Management 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.

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.

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Collection & Transportation

- 3. Indicate if your company is properly licensed and permitted for collecting and transporting waste.
 If No, follow the prompts, and answer all questions regarding sub-contracting of collection & transportation.
 If Yes, select all classifications associated with your license and permit

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Storage and Processing

- 4. Indicate if your company is properly licensed and permitted for storing and processing waste.
 If No, follow the prompts, and answer all questions regarding sub-contracting 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

Identify the company's waste treatment process capabilities

Disposal Recovery

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

If No, follow the prompts, and answer all questions regarding subcontracting of disposal recovery.

If Yes, select all classifications associated with your license.

Identify the company's waste treatment process capabilities

Identify the company's waste treatment process capabilities

Compliance 8?ô

6. Indicate if your company has received a regulatory 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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8. Select all the type of insurances/assurances

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

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Submit

10. After completing the survey, select Submit. The message below indicates that you have successfully submitted the survey

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

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