

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 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.

Supplier Name:
MQT SERVICOS METROLOGICOS

Master Corporation Code:
361674

This questionnaire is intended for companies who specifically provide waste management services required by law to manage waste within the boundaries of inception to its final disposal. This includes the collection, transport, treatment and/or disposal of waste, together with monitoring and regulation of the waste management process. If this is NOT your primary line of business then please go to the end of this form to "Opt-out" and provide clarification to why this survey does not apply to your organization.

This questionnaire is intended for companies who specifically provide waste management services required by law to manage waste within the boundaries of inception to its final disposal. This includes the collection, transport, treatment and/or disposal of waste, together with monitoring and regulation of the waste management process. **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 at the end survey, 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".

Please provide clarification:

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.

Note: If you do not have authority to complete this form, forward this email to the correct person within your organization.

This survey is completed by

I acknowledge to have the authority to answer this form on behalf of the company (check the box, if "yes").

First Name ★ Last Name ★

Title ★ Email ★



Collection & Transportation

3. **Indicate** if your company is properly licensed and permitted for collecting and transporting waste.

If No, follow the prompts/paths, and answer all questions regarding sub-contracting of collection & transportation.

If Yes, select all classifications associated with your license and permit. *Select all that apply and provide an expiration date for the permit/license if requested.*

Please select all classifications you are licensed and permitted for? *

- Hazardous waste
- Non-Hazardous Waste
- Pharmaceutical Waste
- Biological Waste
- Radiative Waste
- Other

If requested, could you provide the permit/License for each classification type? No Yes

Storage and Processing

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

If No, follow the prompts/paths, and answer all questions regarding sub-contracting of storage and processing.

If Yes, select all classifications associated with your license and permit. *Select all that apply and provide an expiration date for the permit/license if requested.*

Please select all classifications you are licensed and permitted for? *

- Hazardous waste
- Non-Hazardous Waste
- Pharmaceutical Waste
- Biological Waste
- Radiative Waste
- Other

If requested, could you provide the permit/License for each classification type? No Yes



Identify the company's waste treatment process capabilities. *Select all that apply and provide the percentage of capacity available for new business.*

Please identify the company's waste treatment process capabilities: *

- Incineration / Destroy
- Recovery
- Re-use
- Recycling
- Landfill
- Other

Disposal Recovery

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

If No, follow the prompts/paths, and answer all questions regarding sub-contracting of disposal recovery.

If Yes, select all classifications associated with your license and permit. *Select all that apply and provide an expiration date for the permit/license if requested.*

Please select all classifications you are licensed and permitted for? *

- Hazardous waste
- Non-Hazardous Waste
- Pharmaceutical Waste
- Biological Waste
- Radiative Waste
- Other

If requested, could you provide the permit/License for each classification type? No Yes

Compliance

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.



Compliance

Has your company received a regulatory violation or written warning in last 24 months? ★

No Yes

Please select all that apply

Warning Letter/Verbal

Violation/Fine

7. **Indicate** if your organization has the financial means (i.e., trust account, insurance policy) to clean up and restore the site if your business were to collapse.

If Yes, select the type of financial assurance your company holds.

Does your company have a program that ensures the proper financial capability (trust account) in-place that requires you, as a liability, to clean up and restore the site if your business collapse? ★

No Yes

Please select the type of financial assurance your company holds:

A company Bond

An Insurance policy

An Escrow Account

8. **Select all** the type of insurances/assurances *that apply*.

Does your organization maintain the following insurance/assurance? ★

Commercial General Liability

Automative Liability

Umbrella Liability

Workers Compensation & Employers Liability

Pollution Liability

Other Liability



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.

Is your company ISO 14001 / OSHAS 18001 or equivalent certified? ★
 No Yes

Does your company practice energy recovery [a sustainability capability]? ★
 No Yes

Does your company have a documented emergency response process? ★
 No Yes

Has your company enacted an emergency response in the last 12 months? ★
 No Yes

Please comment on the emergency situation.

Submit

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

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

