

Overview

This User Guidance document will assist you in completing the **Canteen Services 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.

总览

此用户指南文档将帮助您完成“食堂服务调查表”。为了获得最佳结果，请使用 Internet Explorer 完成调查。

如果您无法完成调查，请单击调查底部的“保存”按钮以保留您的工作。如果您需要组织中其他人的帮助来完成此调查的一部分，请在转发链接之前单击调查底部的“保存”按钮。

调查必须完整完成，并且不得包含空白框或“N/A”答复。此外，末尾包含星号（*）的字段是必填字段，必须填写。

除非您确定必须退出（请参阅第 2 页），否则必须先完成所有部分和问题，然后才能成功提交调查。

Help:

Should you need assistance while completing the survey, please send your question along with a screenshot (if applicable) to SCM_Contact@jabil.com.

帮助:

完成问卷调查时，如果需要帮助，请将您的问题和屏幕截图（如果适用）发送至 SCM_Contact@jabil.com。

SUPPLIER NAME AND ACKNOWLEDGEMENT 供应商名称和确认

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.

确认供应商名称是您的公司名称。如果此信息不正确，请通过 SCM_Contact@Jabil.com 与支持团队联系。



Supplier Name: PTLC, INC.	Master Corporate Code: 000001
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This questionnaire is intended for companies who specifically provide food & cafeteria services. **If this is NOT your primary line of business, please go to the end of the form to "opt-out" and provide clarification to why this survey does not apply to your organization.**

Follow the steps below to “opt-out”:

1. Check the Box that indicates you have the authority to represent the company
2. Check the Box opt- out
3. Provide an explanation
4. Submit

此问卷调查表专门针对提供食品和自助餐厅服务的公司。如果这不是您的主要业务，请转到表格末尾以“选择退出”，并说明为什么此调查不适用于您的组织。

请按照以下步骤“退出”：



- 1.选中表明您有权代表公司的框
- 2.选中“退出”复选框
- 3.提供说明
- 4.提交

1 **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").

2 **Opt-Out**

This questionnaire is intended for companies who specifically provide food & cafeteria services. 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:

3

Attestation.

By submitting this form, supplier certifies the information provided is accurate and complete.

4

Save Submit Close

If your company provides food & cafeteria services, then you may continue with the steps below to complete the questionnaire.

- 2. Acknowledge** that you have authority to complete this questionnaire on behalf of your company by checking in the box, then enter your First (Given) Name, Last (Family) Name, Title and Email Address.

如果您的公司提供食品和自助餐厅服务，那么您可以继续执行以下步骤来完成调查表。

- 2.通过选中复选框确认您有权代表您的公司填写此问卷，然后输入您的名字，职位和电子邮件地址。



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

注意：如果您无权填写此表，请将此电子邮件转发给您组织内的正确人员。

Survey Type
FoodCanteenServices

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 ★

NOTE: Responses to certain questions may prompt sections with additional questions to appear. Please respond to any **required *** questions.

注意：对某些问题的回答可能会提示出现带有其他问题的部分。请回答任何必填*问题。

SERVICE CATEGORY 服务类别

3. Check all categories that apply to the food service your company provides to Jabil. If your category is not listed, select “Other” and provide the name of the category.

Note: Use your cursor to hover over the text to view the category definitions.

3.检查适用于贵公司向捷普提供的食品服务的所有类别。

如果您的类别未列出，请选择“其他”并提供类别名称。

注意：使用光标将鼠标悬停在文本上可以查看类别定义。



Service Category

Please select below category based on food service provided to Jabil. You may hover over each category to show definitions.

Vending Machine

Cafeteria / Canteen
Company prepares food on or off site and serves to Jabil employees on multiple days

Catering (special events for 25 people or more)

Others

LICENSES & PERMITS 许可证

4. In this section, **indicate** if your company holds any of the following licenses and permits. **If “Yes”,** you will be prompted to answer additional questions.

*Note: Please answer all **required** * prompted questions*

4. 在本节中，请列出您的公司是否拥有以下任何许可证。
如果“是”，将提示您回答其他问题。

注意：请回答所有必填*提示的问题。

LICENSES & PERMITS



Does your company hold an active local business license? *

Yes No

Does your company hold a food service or safety license? *

Yes No

expiration date for your food service or safety license? *

If requested, could you provide a copy of your food service or safety license? *

Yes No

Other Licenses *

Yes No

Does your company today (or plan to in the future) cook/prepare food outside of Jabil facility? *

Yes No

Does your company obtain occupancy permits in your active operating location(s)? *

Yes No

Other Permits? *

Yes No



NOTE: The following sections of questions are prompted by certain responses in the previous sections. If these sections of questions do not appear on your questionnaire that means your responses did not require additional follow-up questions.

注意：问题的以下部分由前面部分中的某些答复提示。如果这些问题部分未出现在问卷中，则意味着您的回答不需要其他后续问题。

REQUIREMENTS & CERTIFICATIONS 要求和认证

5. Jabil has a global requirement to assist food service suppliers to understand and meet Jabil's food safety standard and provide guidance on how to manage and reasonably minimize food borne pathogen illness associated with food safety during routine operation.

Note: Please use the link provided to review the Jabil food and safety requirements.

Have you reviewed 00-HS20-00025 Jabil Food Safety requirements?

Select “Yes” if you reviewed the document. If “No”, provide an explanation in the space provided.

5. 捷普有一项全球要求，以帮助食品服务供应商了解并达到捷普的食品安全标准，并就如何在日常操作中管理和合理减少与食品安全相关的食源性病原体疾病提供指导。

注意：请使用提供的链接查看捷普食品和安全要求。

您是否已审查 00-HS20-00025 捷普食品安全要求？

如果您查看了文档，请选择“是”。如果“否”，请在空间提供解释。

REQUIREMENTS & CERTIFICATIONS

Jabil has a global requirement to assist food service suppliers to understand and meet Jabil's food safety standard and provide guidance on how to manage and reasonably minimize food borne pathogen illness associated with food safety during routine operation. Please click below link to review the document. ★

[Click here to view the Jabil food safety requirements](#)

Have you reviewed 00-HS20-00025 Jabil Food Safety requirements? ★

Yes No

Please explain: ★



Check all active certifications that apply and indicate the expiration date of the certification. If you have a certification that is not listed, select “Other” and provide the name of the site certification and expiration date.

Indicate if you would be able to provide proof of certification if requested.

检查所有适用的有效证书，并指明证书的到期日期。

如果您没有列出的证书，请选择“其他”并提供站证书的名称和有效期。

表明您是否能够根据要求提供认证证明。

Please select all existing, active certification(s): *

HACCP What is the certification date?

ISO22000

Local Re ISO22000 certification is an international standard defining the requirements for effective control of food safety.

Please specify: * Expiration date for each certification?

Other Certifications

No Certifications

If requested could you provide proof of certification? * Yes No

Jabil has a business requirement for our canteen/cafeteria service providers to obtain HACCP certification or equivalent. If your company does not have a HACCP/ISO22000 certification, then you will be prompted to answer the following questions.

捷普对食堂/自助餐厅服务提供商有获得 HACCP 认证或等效证书的业务要求。如果您的公司没有 HACCP / ISO22000 认证，则将提示您回答以下问题。

Jabil has a business requirement for our canteen/cafeteria service providers to obtain HACCP certification or equivalent. Are you interested in learning more about HACCP / ISO22000 and obtaining certification? * Yes No

What is your company's expected plan to obtain a HACCP, ISO22000, or equivalent certification? *

Please select: *

- Select-
- Select-
- Less than 6 months
- 6 - 12 months
- 12 - 24 months
- Greater than 24 months

SITE COMPLIANCE

Has your company received a regulatory/cer warning in last 24 months from a government agency? *

Yes

Have you had any food borne illness outbreak(s) in the last 24 months at any of your operating location(s) (within Jabil or other companies)? *

FOOD SAFETY RISK MANAGEMENT 食品安全风险管理

6. In this section, indicate if the food safety methods apply to your company.

If “Yes”, complete all additional questions.



6.在此部分中，指明食品安全方法是否适用于您的公司。

如果是，请完成所有其他问题。

FOOD SAFETY RISK MANAGEMENT

Does your company plan & execute medical screening or physical examinations to all food service employees? ★

Yes No

Does your company have a procedure to handle food in a safe manner? ★

Yes No

(e.g. defrost, temperature requirements, leftovers, storage, transport, reheat, disposal etc.

Please provide a copy of this procedure ★

No attachments

Does your company have a formal monitoring process on identified critical control points? ★

Yes No

Does your company plan & conduct food safety and personal hygiene training to all food handling employees? ★

Yes No

If requested, could you provide copy of training? ★

Yes No

Has your company implemented a pest control plan? (Y/N) ★

Yes No

Has your company implemented cross contamination prevention plan? ★

Yes No

SITE COMPLIANCE 厂区合规

7. **Indicate** if your company received a regulatory/certification violation or written warning in the last 24 months from a government agency.

If **“Yes”**, complete all additional questions associated with your response.

7.表明您的公司在过去 24 个月中是否收到政府机构的违反法规/证书警告或书面警告。

如果“是”，请填写与您的回答相关的所有其他问题。



SITE COMPLIANCE

Has your company received a regulatory/certification violation or written warning in last 24 months from a government agency? *

Yes No

Please select all that apply

Verbal Warning

Warning Letter/Verbal

Violation/Fine

Is the violation corrected and closed? *

Yes No

Please select all penalties issued to your site in the last 24 months

Financial fees or fines

Operational shutdown

License or Permit Terminated

Jail Sentence

Other

Respond to the insurance questions. Provide coverage amounts and additional information as prompted.

回答保險問題。提供承保金額和其他
根据提示信息。

Does your organization maintain the following insurance/assurance? *

Commercial General Liability

Automative Liability

Umbrella Liability

Workers Compensation & Employers Liability

Professional Liability

Public Liability

Real & Personal Property

No Insurance

Other Liability

Add Another Liability

What is the coverage amount? *

--Select--
--Select--
Less than 500,000 USD
500,000 - 1,000,000 USD
1,000,001 - 2,000,000 USD
2,000,001 - 5,000,000 USD
Above 5,000,000 USD

If requested could you provide proof of insurance? *

Yes No

Does your company have an identified designated person (besides yourself) Jabil may contact to discuss any of the responses provided above? *

Yes No

First (Given) Name: *

Last (Family) Name: *

Job Title: *

Email: *

Phone Number: * Country Code: No dashes or parenthesis Extension:




SURVEY SUBMISSION 提交问卷

8. After completing the survey, click **Submit**.


8.完成调查后，点击提交。

Attestation.
By submitting this form, supplier certifies the information provided is accurate and complete.

*Note: After submitting the survey, you may see a  symbol next to a question. **This symbol denotes that a question has not been answered.** Please provide the necessary information and submit again.*

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.

注意：提交调查问卷后，您可能会在问题旁边看到一个  符号。此符号表示尚有未回答问题。请提供必要的信息，然后再次提交。

以下讯息表明您已成功提交调查。

感谢您完成这项调查。作为捷普的重要合作伙伴，您可能会收到其他信息请求。

