

ADDENDUM NO. 1

Gainesville.
Citizen centered
People empowered

Date: June 11, 2019

Bid Date: July 3, 2019
at 3:00 P.M. (Local Time)

Bid Name Rebid Annual Contract for Liquid Sodium Hypochlorite
Purchases for City Pools

Bid No.: PRCA-190044-DM

NOTE: The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary: **Question submittal deadline is June 17, 2019**

The following are answers/clarifications to questions received:

1. Question: Regarding the above mentioned Bid, on Page 19 16% & 12% are mentioned and on Page 22 10.5%. Please provide the specific Sodium Hypochlorite strength required?
Answer: Sodium Hypochlorite must be at 12.5% upon delivery.

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, and a copy of this Addendum to be returned with proposal.

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 1 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER: Hawkins, Inc

BY: [Signature] Raymond Pool, SE Region Mgr.

DATE: 6/28/19

CITY OF _____ FINANCIAL SERVICES
GAINESVILLE PROCEDURES MANUAL

41-423 Prohibition of lobbying in procurement matters

Except as expressly set forth in Resolution 060732, Section 10, during the black out period as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees except the purchasing division, the purchasing designated staff contact. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

Black out period means the period between the issue date which allows for immediate submittals to the City of Gainesville Purchasing Department for an invitation for bid or the request for proposal, or qualifications, or information, or the invitation to negotiate, as applicable, and the time the City Officials and Employee awards the contract.

Lobbying means when any natural person for compensation, seeks to influence the governmental decision making, to encourage the passage, defeat, or modification of any proposal, recommendation or decision by City Officials and Employees, except as authorized by procurement documents.

ADDENDUM NO. 2

Gainesville.
Citizen centered
People empowered

Date: June 17, 2019

Bid Date: July 3, 2019
at 3:00 P.M. (Local Time)

Bid Name Rebid Annual Contract for Liquid Sodium Hypochlorite
Purchases for City Pools

Bid No.: PRCA-190044-DM

NOTE: The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary: **Question submittal deadline is June 17, 2019**

The following are answers/clarifications to questions received:

1. Question: Regarding Addendum No.1 the above mentioned bid is for 12.5% upon delivery. Please specify which is it, 1.5% by weight or 12.5% by volume.
Answer: It's by weight, as clearly stated in several places in the scope.

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 2 by his or her signature below, **and a copy of this Addendum to be returned with proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 2 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER: Hawkins, Inc.

BY: [Signature] Raymond Pool, SE Region Mgr.

DATE: 6/28/19

CITY OF _____ FINANCIAL SERVICES
GAINESVILLE PROCEDURES MANUAL

41-423 Prohibition of lobbying in procurement matters

Except as expressly set forth in Resolution 060732, Section 10, during the black out period as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees except the purchasing division, the purchasing designated staff contact. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

Black out period means the period between the issue date which allows for immediate submittals to the City of Gainesville Purchasing Department for an invitation for bid or the request for proposal, or qualifications, or information, or the invitation to negotiate, as applicable, and the time the City Officials and Employee awards the contract.

Lobbying means when any natural person for compensation, seeks to influence the governmental decision making, to encourage the passage, defeat, or modification of any proposal, recommendation or decision by City Officials and Employees, except as authorized by procurement documents.

BID FORM

TO: City of Gainesville, Florida
200 East University Avenue
Gainesville, Florida 32601

PROJECT: Rebid Annual Contract for Liquid Sodium Hypochlorite Purchases for City Pools

BID#: PRCA-190044-DM

BID DUE DATE: July 3, 2019 at 3:00 p.m. local time

CITY'S REPRESENTATIVE (to be contacted for additional information on this proposal):

Name: Telephone Number: 352-334-5021
Fax Number: 352-334-3163
Email address:

Bidder Legal Name: Hawkins, Inc

Bidder Alias/DBA: Hawkins Water Treatment Group

Bidder's Address: 2263 Clark St.
Apopka, FL 32703

BIDDER'S REPRESENTATIVE (to be contacted for additional information on this proposal)

Name: Raymond Pool Telephone Number 800-330-1369

Date: 6/28/19 Fax Number 800-524-9315

Email address Chuck.pool@hawkinsinc.com

BIDDER'S DECLARATION AND UNDERSTANDING

The undersigned, hereinafter called the Bidder, declares that the only person or parties interested in this Bid are those named herein, that this Bid is, in all respects, fair and without fraud, that it is made without collusion with any official of the City, and that the Bid is made without any connection or collusion with any person submitting another Bid on this contract.

The Bidder further declares that no City Commissioner, other City officer, or City employee directly or indirectly owns more than five percent of the total assets or capital stock of the bidding entity, nor will directly or indirectly benefit by more than five percent from the profits or emoluments of this contract. (For purposes of this paragraph, indirect ownership or benefit does not include ownership or benefit by a spouse or minor child.)

The Bidder further declares that it has carefully examined the Specifications and that this Bid is made according to the provisions and under the terms of the Specifications, which Specifications are hereby made a part of this Bid.

Bidder further declares that any deviation from the specifications are explained on separate sheets labeled Clarifications and Exceptions attached to this Bid Form and that each deviation is itemized by number and specifically refers to the applicable specification paragraph and page.

ADDENDA

The Bidder hereby acknowledges receipt of Addenda No.'s #1, #2, _____, to these Specifications.

TAXES

The Bidder agrees that any applicable Federal, State and Local sales and use taxes, which are to be paid by City of Gainesville, are included in the stated bid prices. Since often the City of Gainesville is exempt from taxes for equipment, materials and services, it is the responsibility of the Contractor to determine whether sales taxes are applicable. The Contractor is liable for any applicable taxes which are not included in the stated bid prices.

BID PRICES

The undersigned hereby proposes and agrees, if this bid is accepted, to perform the work in accordance with the specifications for the lump sum of 61,404.⁷⁰ Based on 51,340 gal/year Dollars (\$ 1.13) Price Per Gallon of NAOcl at 12.5 or higher.

Note: THE PRICES SET FORTH ABOVE SHALL BE CONSIDERED FIRM BIDS NOT SUBJECT TO PRICE ADJUSTMENT UNLESS BIDDER'S PROVISIONS FOR PRICE ESCALATION ARE STATED ON A SEPARATE SHEET ATTACHED TO THE BID.

Note: THE CITY RESERVES THE RIGHT TO AWARD THIS BID ON THE BASIS OF EACH LINE INDIVIDUALLY, ANY COMBINATION OF LINE ITEMS OR ALL LINE ITEMS COMBINED AS IT DETERMINES TO BE IN ITS BEST INTEREST. THE CITY RESERVES THE RIGHT TO NOT AWARD ANY LINE ITEM AS IT DETERMINES TO BE IN ITS BEST INTEREST. THE CITY RESERVES THE RIGHT TO NEGOTIATE PRICING FOR LIKE ITEMS OF DIFFERING SIZES NOT SPECIFICALLY COVERED IN THIS BID.

Note: THE CITY RESERVES THE RIGHT TO ADD OR DELETE LOCATIONS, SERVICES, ITEMS, MATERIALS OR ANY OTHER ASPECTS OF CONSIDERATION FROM THIS CONTRACT SHOULD IT BE IN THE BEST INTEREST OF THE CITY. THE CONTRACT PRICE WILL BE ADJUSTED ACCORDINGLY UPON MUTUAL NEGOTIATION AND AGREEMENT OF THE CONTRACTOR AND THE CITY'S REPRESENTATIVE.

LOCAL PREFERENCE (check one)

Local preference is requested _____ yes X no

A copy of your Business tax receipt and Zoning Compliance Permit should be submitted with your bid if a local preference is requested

QUALIFIED LOCAL SMALL AND/OR DISABLED VETERAN BUSINESS STATUS
(check one)

Is your business qualified as a Local Small Business in accordance with the City of Gainesville Small Business Procurement Program? (Refer to Definitions) YES NO

Is your business qualified as a Local Service-Disabled Veteran Business in accordance with the City of Gainesville Small and Service-Disabled Veteran Business Procurement Program? (Refer to Definitions) YES NO


SIGNATURE ACKNOWLEDGES THAT: (check one)

Bid is in full compliance with the Specifications.

Bid is in full compliance with specifications except as specifically stated and attached hereto.


Signature also acknowledges that Bidder has read the current City of Gainesville Debarment/Suspension/Termination Procedures and agrees that the provisions thereof shall apply to this bid.

ATTEST:



Signature
By: Marcia Stivanson
Title: Office Mgr.

(CORPORATE SEAL)

BIDDER: Hawkins, Inc


Signature
By: Raymond Poole
Title: SE Region Mgr.

TABULATION OF SUBCONTRACTORS AND MATERIAL SUPPLIERS

The Undersigned states that the following is a complete list of the proposed Subcontractors and Material Suppliers on this Project and the class of work to be performed by each, and that such list will not be added to nor altered without written consent of the City of Gainesville. This form should be completed and submitted with the bid.

Please TYPE or PRINT legibly. Use additional sheets as necessary.

SUBCONTRACTORS

Company Name	Company Phone Number	Class of Work	% or Price of Work	Qualified Local Small Business
1. None				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

MATERIALS SUPPLIERS

Company Name	Company Phone Number	Type of Supply/Material	% or Price of Materials	Qualified Local Small Business
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. None				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Bidding Company Name: Hawkins, Inc

Form Completed By: [Signature]

Date: 6/28/19

Title: Raymond Pool, SE Region Mgr.

DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

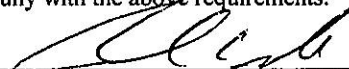
Hawkins, Inc

does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty of nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Bidder's Signature

Raymond Pool, SE Region Mgr. 6/28/19

Date

ATTACHMENT A

Bid No. PRCA-190044-014.

**Annual Contract for Liquid Sodium Hypochlorite Purchases for City Pools
DELIVERY TIMES**

THIS FORM MUST BE COMPLETED AND RETURNED WITH BID PROPOSAL. BID WILL NOT BE CONSIDERED FOR EVALUATION AND POSSIBLE AWARD WITHOUT COMPLETED FORM.

Bidder: Hawkins, Inc dba Hawkins Water Treatment Group.

The City prefers to have a regular, weekly delivery schedule, with non-regular, additional deliveries made within 72 hours of the request and emergency deliveries made within 24 hours of the request.

If you can provide deliveries within the City's schedule, please initial here: JW

If you cannot provide deliveries within these time periods, please state what your delivery time frames are:

Due to size and space limitations at each swimming pool site, delivery vehicle size restrictions are required. Delivery vehicles larger than 50' long and 15' wide will not be able to access the chlorine tanks.

If you can meet the delivery truck size requirements, please initial here: JW



March 20, 2017

Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910
Fax: (612) 331-5304

Ladies and Gentlemen:

As a Vice President of Hawkins, Inc., I hereby authorize Raymond C. Pool to sign any and all bid documents along with related materials for and on behalf of Hawkins, Inc.

Thank you.

Sincerely,

Thomas Keller
Vice President, Water Treatment Group.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 7225 Northland Dr N #300 Minneapolis MN 55428		CONTACT NAME: Haley Odorizzi PHONE (A/C, No, Ext): 763-746-8323 FAX (A/C, No): E-MAIL: haley.odorizzi@marshmma.com ADDRESS: haley.odorizzi@marshmma.com	
INSURED Hawkins, Inc. 2381 Rosegate Roseville, MN 55113		INSURER(S) AFFORDING COVERAGE	NAIC #
HAWKIINC		INSURER A : Nautilus Insurance Company	17370
		INSURER B : Aspen Speciality Insurnace Company	10717
		INSURER C : AIG Specialty Insurance Company	99999
		INSURER D : Commerce & Industry Insurance Company	19410
		INSURER E : New Hampshire Insurance Company	23841
		INSURER F : AIG Property Casualty Company	55555

COVERAGES

CERTIFICATE NUMBER: 1302165182

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Products Poll			14246214	9/30/2018	9/30/2019	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 25,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> CA 9948			CA4784945	9/30/2018	9/30/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			14246215	9/30/2018	9/30/2019	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.			WC014220495	9/30/2018	9/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A B F	Pollution Liability Work Comp (CA only)			SSP201587911 EXAFVXW18 WC014220496	9/30/2018 9/30/2018 9/30/2018	9/30/2021 9/30/2021 9/30/2019	Total Limit	25,000,000 Occ 25,000,000 Agg \$1M/\$1M/\$1M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This insurance is issued pursuant to the Minnesota surplus lines insurance act. The insurer is an eligible surplus lines insurer but is not otherwise licensed by the State of Minnesota. In case of insolvency, payment of claims is not guaranteed. Companies A, B and C are subject to statutes and regulations of surplus lines carriers.

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Reference List -City of Gainesville

Miami-Dade County	275 NW 2nd Ave., 3rd Floor Miami, FL 33128	Jim O'Connor Supervisor	786-325-8449 jocannon@miamidadade.gov
Charlotte County	18500 Murdock Circle, Rm #344 Port Charlotte, FL 33948	Steve Kipfinger	941-743-1378 Stephen.kipfinger@charlottecountyfl.gov
City of Jacksonville	St James City Hall, 117 West Duval St Jacksonville, FL 32202	John Mercer Superintendent of Pools	904-434-5990 johnm@coj.net
Lee County	1450 Werner Dr. Ava, FL33920	Cadd Balogh Utilities Water Manager	239-281-7632 cbalogh@lee.gov
City of Daytona Beach	301 S. Ridgewood Ave. Daytona Beach, FL 32114	Joe Wooden Aquatics Supervisor	386-671-8080 woodenjo@codb.us
City of Gainesville	1001 NW 31st Drive Gainesville, FL 32605	Jeff Moffitt Supervisor	352-316-4621

June 25, 2019



City of Gainesville

RE: Bid #PRCA-190044-DM
Rebid for Annual Contract for Liquid Sodium
Hypochlorite Purchases for City Pools

Subject: Safety Incidents, Terminations, Debarments

Hawkins, Inc. has not had any Regulatory Actions; fines, correspondence and/or consent orders, nor have we had any safety incidents, contract terminations, debarments, spills or National Response Center notifications in the past (5) five years.

Should you need additional information please feel free to contact us.

Thank you,

A handwritten signature in cursive script, appearing to read "Raymond Pool", is written over a horizontal line.

Raymond Pool
SE Region Manager



June 28, 2019

City of Gainesville

RE: Bid # PRCA-190044-DM
Rebid Annual Purchase of Sodium Hypochlorite for City Pools

Subject: 24-hour access phone number/Technical Support

In response to the above referenced specification, Hawkins, Inc. has technical support in place to assure City of Bartow that we are more than qualified to support the County by phone and/or visit upon request.

Normal hours for Operation are as follows:

- Monday through Friday: 7:30am to 4:30pm

In addition, our 800 number (800-330-1369) is answered 24/7 by a “real person” answering service during off hours/holidays which enables them to get in touch with someone from our management team within minutes to handle technical and safety concerns.

The following is a list of personnel consisting of General Management Personnel, Degree Engineers & Certified Safety & Spill Response Personnel:

1. Chuck Pool, SE Regional Manager, Hawkins, Inc. – Cell #605-310-3325
2. Russell Burton, Technical Sales, Hawkins, Inc. – Cell #850-712-3670
3. Forrest Lyell, Branch Manager, Hawkins, Inc. – Cell #904-219-2919
4. Brandon Rice, Customer Service Manager, Hawkins, Inc. – Cell #816-351-1677
5. David Rivers, Regulatory Consultant, Rivers Resources - Cell #813-433-4979

If you need additional information, please feel free to contact us.

Respectfully,

Raymond Pool
SE Region Manager



June 25, 2019

City of Gainesville

RE: Bid # PRCA-190044-DM
Rebid Annual Contract of Liquid Sodium Hypochlorite for City Pools

Subject: 24 HR Service & Degree Engineers

Odyssey Manufacturing Company is Hawkins' supplier for the above referenced bid. Odyssey is located at the following address and their main contact:

Odyssey Manufacturing Company
1484 Massaro Boulevard
Tampa, FL 33619
Ph: 813-635-0339 (24 hours)

Patrick Allman
(800) 639-7739

In addition to that the following are Odyssey's degreed engineers:

Patrick Allman
University of Virginia, BS/Nuclear Engineering, 1983
University of Tampa, MBA, 1990

Marvin Rakes
University of North Carolina, BS/Chemical Engineering, 1985

In addition, Hawkins' 800 number (800-330-1369) is answered 24/7 by a real person during business hours and a "real person" answering service during off hours/holidays which enables them to get in touch with someone from our management team within minutes to handle your normal and emergency orders.

Raymond Pool
SE Regional Manager





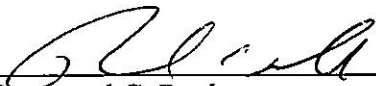
Certificate of Compliance

City of Gainesville

Re: Bid #PRCA-19044-DM
Rebid Annual Contract for Liquid Sodium
Hypochlorite Purchase for City Pools


This is to certify the Sodium Hypochlorite (UltraChlor) quoted in the above referenced bid and furnished by Hawkins, Inc., are in complete compliance with ANSI/AWWA 9301-99, NSF 60 & Bid Specifications.

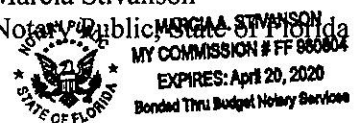
If you have any additional questions, please feel free to contact me.



Raymond C. Pool
SE Region Manager

Sworn to & Subscribed before me this 28th day of June 2019.



Marcia Stivanson
Notary Public, State of Florida

Bonded Thru Budget Notary Services

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year: 2018
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0".

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)

(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All other illnesses	0

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Establishment Name BP# 81 Swainsboro
 Street 184 E Meadowlake Parkway
 City, State, Zip Swainsboro, GA 30401

Industry description (e.g., Manufacture of motor truck trailers)

Chemical Distribution

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g.,

424690

Employment Information

Annual Average number of employees 2
 Total hours worked by all employees last year 4179.89

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]
 Company executive
 612-331-6910
 Phone

VP, General Counsel
 Title
January 25, 2019
 Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year: 2018
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0".

Employers, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All other illnesses	0

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. if you have any comments about these estimates or any aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Establishment Name BP# 80 Thomasville
 Street 89 Campbell Street
 City, State, Zip Thomasville, GA 31792

Industry description (e.g., Manufacture of motor truck trailers)

Chemical Distribution

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g.,

424690

Employment information

Annual Average number of employees 5
 Total hours worked by all employees last year 9730.16

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.


 Company executive
 612-331-6910
 Phone

VP, General Counsel
 Title
January 25, 2019
 Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illness

Year: 2018
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0".

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)

(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All other illnesses	0

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. if you have any comments about these estimates or any aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Establishment Name BP# 79 Big Pine Key
 Street 100 Industrial Road
 City, State, Zip Big Pine Key, FL 33043

Industry description (e.g., Manufacture of motor truck trailers)

Chemical Distribution

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g.,

424690

Employment information

Annual Average number of employees 1
 Total hours worked by all employees last year 1850

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]
 Company executive
 612-331-6910
 Phone

VP, General Counsel
 Title
 January 25, 2019
 Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year: 2018
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)

(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All other illnesses	0

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. if you have any comments about these estimates or any aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Establishment Name BP# 77 Hollywood
 Street 5705 Dewey St.
 City, State, Zip Hollywood, FL 33023

Industry description (e.g., Manufacture of motor truck trailers)
Chemical Distribution
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g.,
424690

Employment Information

Annual Average number of employees 2
 Total hours worked by all employees last year 3816

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]
 Company executive
 612-331-6910
 Phone

VP, General Counsel
 Title
January 25, 2019
 Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year: 2018
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All other illnesses	0

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Establishment Name BP# 76 Tarrytown
 Street 13825 SR 471
 City, State, Zip Webster, FL 33597

Industry description (e.g., Manufacture of motor truck trailers)
Chemical Distribution

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g.,
424690

Employment information

Annual Average number of employees 10
 Total hours worked by all employees last year 20037.53

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]
 Company executive
 612-331-6910
 Phone

VP, General Counsel
 Title
January 25, 2019
 Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year: 2018
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)

(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All other illnesses	0

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. if you have any comments about these estimates or any aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Establishment Name BP# 75 Labelle
 Street 871 Industrial Blvd.
 City, State, Zip Labelle, FL 33935
 Industry description (e.g., Manufacture of motor truck trailers)
Chemical Distribution
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
 OR North American Industrial Classification (NAICS), if known (e.g.,
424690

Employment Information

Annual Average number of employees 7
 Total hours worked by all employees last year 14331.64

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.


 Company executive
 612-331-6910
 Phone

VP, General Counsel
 Title
 January 25, 2019
 Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year: 2018
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	
(M)	
(1) Injury	1
(2) Skin Disorder	0
(3) Respiratory Condition	0
(4) Poisoning	0
(5) Hearing Loss	0
(6) All other illnesses	0

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Establishment information

Establishment Name BP# 74 Brooker
 Street 14510 Southwest S.R. 231
 City, State, Zip Brooker, FL 32622

Industry description (e.g., Manufacture of motor truck trailers)
Chemical Distribution
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
 OR North American Industrial Classification (NAICS), if known (e.g.,
424690

Employment Information

Annual Average number of employees 6
 Total hours worked by all employees last year 12893.03

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]
 Company executive
 612-331-6910
 Phone

VP, General Counsel
 Title
 January 25, 2019
 Date

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year: 2018
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)

(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All other illnesses	0

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Establishment information

Establishment Name BP# 78 Apopka
 Street 2263 Clark Street
 City, State, Zip Apopka, FL 32703

Industry description (e.g., Manufacture of motor truck trailers)
Chemical Distribution

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g.,
424690

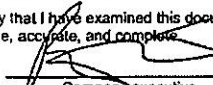
Employment information

Annual Average number of employees 23
 Total hours worked by all employees last year 47922.15

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

	<u>VP, General Counsel</u>
Company executive	Title
<u>612-331-6910</u>	<u>January 25, 2019</u>
Phone	Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2017
 U.S. Department of Labor
 Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (0)	0 (0)	0 (0)	0 (0)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (0)	0 (0)

Injury and Illness Types

Total number of...			
(0)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment name BP78 - Apopka
 Company Name Hawkins WTK Apopka (Dumont)
 Street 2263 Clarke Street
 City Apopka State Florida ZIP 32703
 Industry description (e.g. *Manufacture of motor truck trailers*)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. *SIC 3715*)

 OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424690

Employment Information

Annual average number of employees 25
 Total hours worked by all employees last year 45,732

Sign here

Knowingly falsifying this document may result in a fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] VP - WTK
 Company Executive Title
612-617-8532 01/23/2018
 Phone Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2017 
 U.S. Department of Labor
 Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.
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Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (0)	0 (0)	0 (0)	0 (0)

Number of Days	
Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (0)	0 (0)

Injury and Illness Types			
Total number of _____			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

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Establishment Information

Your establishment name BP79 - Big Pine Key
 Company Name Hawkins WTG Big Pine Key (Dumont)
 Street 100 Industrial BLVD
 City Big Pine Key State Florida ZIP 33051
 Industry description (e.g. *Manufacture of motor truck trailers*)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

 OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424620

Employment Information

Annual average number of employees 1
 Total hours worked by all employees last year 1,826

Sign here

Knowingly falsifying this document may result in a fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] VP-WTG
 Company Executive Title
 Phone 612-617-8532 Date 01/23/2018

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2017 
 U.S. Department of Labor
 Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (a)	0 (b)	0 (c)	0 (d)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (e)	0 (f)

Injury and Illness Types

Total number of...			
(g)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment name BP74 - Brooker
 Company Name Hawkins WTG Starke (Dunsmuir)
 Street 419 Edwards Rd
 City Starke State Florida ZIP 32091
 Industry description (e.g. Manufacture of motor truck trailers)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
474690

Employment Information

Annual average number of employees 1
 Total hours worked by all employees last year 13,525

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] VP-WTG
 Company Executive Title
 Phone 612-618-8532 Date 01/23/2018

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1004 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."
 Employers, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.25, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (0)	0 (0)	0 (0)	0 (0)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (0)	0 (0)

Injury and Illness Types

Total number of...	
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory condition	0
(4) Poisonings	0
(5) Hearing Loss	0
(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment name BP77 - Hollywood
 Company Name Hawkins WTG Hollywood (Durant)
 Street 3705 Downey Street
 City Hollywood State Florida ZIP 33023
 Industry description (e.g. *Manufacture of motor truck trailers*)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. SIC 3713)

OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424620

Employment Information

Annual average number of employees 1
 Total hours worked by all employees last year 3,880

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] VP-WTG
 Company Executive Title
612-617-8532 01/23/2018
 Phone Date

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (a)	0 (b)	0 (c)	0 (d)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (e)	0 (f)

Injury and Illness Types

Total number of...	
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory condition	0
(4) Poisonings	0
(5) Hearing Loss	0
(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information

Your establishment name BP75 - Labelle
 Company Name Hawkins VTC Labelle (Dumont)
 Street 871 Industrial Blvd
 City Labelle State Florida ZIP 33911
 Industry description (e.g. *Manufacture of motor truck trailers*)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

 OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424690

Employment Information

Annual average number of employees 8
 Total hours worked by all employees last year 13,621

Sign here

Knowingly falsifying this document may result in a fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Thomas J. Hillman VP-DTG
 Company Executive Title
612-617-8532 01/23/2018
 Phone Date

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.
 Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."
 Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(0)	(0)	(0)	(0)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0	0
(0)	(0)

Injury and Illness Types

Total number of...			
(0)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

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Establishment Information

Your establishment name BPRI - Swainsboro
 Company Name Hawkins WTG Swainsboro
 Street 184 East Meadowlake Parkway
 City Swainsboro State Georgia ZIP 30401
 Industry description (e.g. *Manufacture of motor track trailers*)

Chemical Manufacturing and Distribution

Standard Industrial Classification (SIC), if known (e.g. SIC 3713)

OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424620

Employment Information

Annual average number of employees 1
 Total hours worked by all employees last year 3,648

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Thomas J. Hall VP-OTG
 Company Executive Title
612-617-8532 01/23/2018
 Phone Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2017 
 U.S. Department of Labor
 Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.
 Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0".
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Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (0)	0 (0)	0 (0)	0 (0)

Number of Days	
Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (0)	0 (0)

Injury and Illness Types					
Total number of...					
(4)					
(1) Injuries	0	(4) Poisonings	0		
(2) Skin disorders	0	(5) Hearing Loss	0		
(3) Respiratory condition	0	(6) All other illnesses	0		

Establishment information

Your establishment name BP76 - Tarrytown
 Company Name Hawkins WTG Tarrytown (Dumont)
 Street 13325 SR 471
 City Webster State Florida ZIP 33597
 Industry description (e.g. *Manufacture of motor truck trailers*)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)
424690

Employment information

Annual average number of employees 6
 Total hours worked by all employees last year 21,889

Sign here

Knowingly falsifying this document may result in a fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Thomas J. [Signature] VP - WTG
 Company Executive Title
612-617-5532 01/23/2018
 Phone Date

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Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(0)	(0)	(0)	(0)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0	0
(0)	(0)

Injury and Illness Types

Total number of...	(1) Injuries	(2) Skin disorders	(3) Respiratory condition	(4) Poisonings	(5) Hearing Loss	(6) All other illnesses
(0)	0	0	0	0	0	0

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Establishment Information

Your establishment name BP80-Thomasville
 Company Name Hawkins WTG Monticello (Dumont)
 Street 33 Too Long Keen Rd
 City Monticello State Florida ZIP 32344
 Industry description (e.g. Manufacture of motor truck trailers)

Chemical, Manufacturing and Distribution

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424590

Employment Information

Annual average number of employees 2
 Total hours worked by all employees last year 8,533

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Thomas J. Kelly VP-WTG
 Company Executive Title
612-617-8532 01/23/2018
 Phone Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

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Establishment Information

Your establishment name BP78 - Apopka

Company Name Hawkins WTG Apopka (Dumont)

Street 2263 Clarke Street

City Apopka State Florida ZIP 32703

Industry description (e.g. *Manufacture of motor truck trailers*)
Chemical Manufacturing and Distribution

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR _____

North American Industrial Classification (NAICS), if known (e.g. 336212)
424690

Employment Information

Annual average number of employees 22

Total hours worked by all employees last year 45,839

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive Title

Phone Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2016
 U.S. Department of Labor
 Occupational Safety and Health Administration



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0". Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

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Establishment Information

Your establishment name BP76 - Tarrytown
 Company Name Hawkins WTG Tarrytown (Dumont)
 Street 13825 SR 471
 City Webster State Florida ZIP 33597
 Industry description (e.g. *Manufacture of motor truck trailers*)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. *SIC 3715*)

OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424690

Employment Information

Annual average number of employees 9
 Total hours worked by all employees last year 19,692

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

 Company Executive Title

 Phone Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2016 
 U.S. Department of Labor
 Occupational Safety and Health Administration

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

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Establishment Information

Your establishment name BP77 - Hollywood

Company Name Hawkins WTG Hollywood (Dumont)

Street 5705 Dewey Street

City Hollywood State Florida ZIP 33023

Industry description (e.g. Manufacture of motor truck trailers)
Chemical Manufacturing and Distribution

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR _____

North American Industrial Classification (NAICS), if known (e.g., 336212)
424690

Employment Information

Annual average number of employees 1

Total hours worked by all employees last year 1,628

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

 Company Executive Title

 Phone Date

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
<u>3</u> (K)	<u>20</u> (L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	<u>1</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

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Establishment Information

Your establishment name BP75 - Labelle
 Company Name Hawkins WTG Labelle (Dumont)
 Street 871 Industrial Blvd
 City Labelle State Florida ZIP 33935
 Industry description (e.g. *Manufacture of motor truck trailers*)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. *SIC 3715*)

OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424690

Employment Information

Annual average number of employees 6
 Total hours worked by all employees last year 13,584

Sign here

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 Company Executive Title

 Phone Date

Summary of Work-Related Injuries and Illnesses

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>1</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
<u>0</u> (K)	<u>19</u> (L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	<u>1</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

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Establishment Information

Your establishment name BP81 - Swainsboro
 Company Name Hawkins WTG Swainsboro
 Street 184 East Meadowlake Parkway
 City Swainsboro State Georgia ZIP 30401
 Industry description (e.g. Manufacture of motor truck trailers)

Chemical Manufacturing and Distribution

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

424690

Employment Information

Annual average number of employees 2
 Total hours worked by all employees last year 3,808

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

 Company Executive Title

 Phone Date

Summary of Work-Related Injuries and Illnesses

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Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days	
Total number of days away from work	Total number of days of Job Transfer or Restriction
<u>0</u> (K)	<u>0</u> (L)

Injury and Illness Types			
Total number of...			
(M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

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Establishment Information

Your establishment name BP79 - Big Pine Key

Company Name Hawkins WTG Big Pine Key (Dumont)

Street 100 Industrial BLVD

City Big Pine Key State Florida ZIP 33053

Industry description (e.g. Manufacture of motor truck trailers)

Chemical Manufacturing and Distribution

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR _____

North American Industrial Classification (NAICS), if known (e.g., 336212)

424690

Employment Information

Annual average number of employees 1

Total hours worked by all employees last year 1,392

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

 Company Executive Title

 Phone Date

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0". Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>2</u> (H)	<u>0</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
<u>21</u> (K)	<u>0</u> (L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	<u>2</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

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Establishment Information

Your establishment name BP80 - Monticello
 Company Name Hawkins WTG Monticello (Durmont)
 Street 33 Too Long Keen Rd
 City Monticello State Florida ZIP 32344
 Industry description (e.g. Manufacture of motor truck trailers)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
424690

Employment Information

Annual average number of employees 1
 Total hours worked by all employees last year 5,166

Sign here

Knowingly falsifying this document may result in a fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

 Company Executive Title

 Phone Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."
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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory condition	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name BP74 - Starke
 Company Name Hawkins WTG Starke (Dumont)
 Street 419 Edwards Rd
 City Starke State Florida ZIP 32091
 Industry description (e.g. *Manufacture of motor truck trailers*)
Chemical Manufacturing and Distribution
 Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR
 North American Industrial Classification (NAICS), if known (e.g. 336212)
424690

Employment Information

Annual average number of employees 6
 Total hours worked by all employees last year 12,726

Sign here

Knowingly falsifying this document may result in a fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

 Company Executive Title

 Phone Date



Customer Contact - Sample

City of Gainesville

RE: Bid #PRCA-190044-DM
Sample Contact

In response to Gainesville's specification for a customer contact and phone in the event they choose to obtain a sample of Hawkins product from a customer:

City of Starke
209 N. Thompson Street
Starke, FL 32091
Kyle Jerrels
Superintendent of Water & Wastewater
904-964-7999

If you need any additional information please contact us.

Thank you,

Raymond Pool
Se Region Manager



Date: 24 May 2019

Call for results over the phone
513-523-3605

**Preliminary
Odyssey Sample Analysis Results
Received 21 May 2019**

Parameter

Wt% NaOCl	11.00	
GPL Available Chlorine	121	
Trade %	12.1	
Wt% NaOH	0.390	
Calculated pH	13.1	
Wt% Na ₂ CO ₃	0.137	
Density, g/mL	1.1578	
Bromate ion, mg/L	<5	DL = 5 mg/L
Chlorate ion, mg/L	870	DL = 100 mg/L
Perchlorate ion, mg/L	<5	DL = 5 mg/L
Iron, mg/L	0.03	DL = 0.02 mg/L
Copper, mg/L	<0.02	DL = 0.02 mg/L
Nickel, mg/L	<0.02	DL = 0.02 mg/L
Chloride ion, g/L	61	
Sodium, g/L (estimate)	44	
Wt% Suspended Solids	0.003	
Total Dissolved Solids, g/mL	0.80	
Filter Test (1,000 mL)	1 min 02 sec	(Millipore 0.8 uM, type AWWP)

B.P. Bubnis

B.P. Bubnis

24 May 2019



NSF International

789 N. Dixboro Rd. Ann Arbor, MI 48105, USA
1-800.NSF.MARK | +1-734.769.8010 | www.nsf.org

TEST REPORT

Send To: 25070
Mr. Patrick Allman
Odyssey Manufacturing Company
1484 Massaro Boulevard
Tampa, FL 33619

Facility: 25071
Odyssey Manufacturing Company
1484 Massaro Boulevard
Tampa FL 33619
United States

Result	PASS	Report Date	16-NOV-2018
Customer Name	Odyssey Manufacturing Company		
Tested To	NSF/ANSI 60		
Description	Ultrachlor Liquid		
Trade Designation	Ultrachlor		
Test Type	Annual Collection		
Job Number	A-00277783		
Project Number	W0438228		
Project Manager	Lena Hope		

This report documents the testing of the referenced product to the requirements of NSF/ANSI Standard 60 (Drinking Water Treatment Chemicals - Health Effects). This standard establishes minimum requirements for chemicals, the chemical contaminants, and impurities that are added to drinking water from drinking water treatment chemicals. Contaminants produced as by-products through reaction of the treatment chemical with a constituent of the drinking water are not covered by this Standard. Reference the "About the Standard" section at the end of this report for additional information about NSF/ANSI Standard 60 and the products covered under this Standard.

Thank you for having your product tested by NSF International.

Please contact your Project Manager if you have any questions or concerns pertaining to this report.

Report Authorization 
Amanda Phelka - Director, Toxicology Services

Date 16-NOV-2018



General Information

Standard: NSF/ANSI 60

Chemical Name: Sodium Hypochlorite

DCC Number: DA02366

Lot Number/Product Identifier: 0511BE

Maximum Use Level: 94 mg/L

Monitor Code: A

Physical Description of Sample: Liquid

Trade Designation/Model Number: Ultrachlor

Sample Id: S-0001484712

Description: Ultrachlor | Liquid

Sampled Date: 11-May-2018

Received Date: 23-Apr-2018

Quenched Date: 29-OCT-2018 13:00

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0000001	Date exposure completed	29-OCT-2018
MUL	94 mg/L		
Density Value Applied	1.16 g/mL		
Compound Reference Key:	SPAC		
Miscellaneous Factor:	1.13		

Normalization Calculation:

Normalized Result = Test Result * NF * (10³ug/L mg)

Where NF = MUL (mg/L) * Malonic Acid Dilution Correction (ml/ml) * (1/Product Density (g/ml)) * $\frac{1 \text{ L}}{10^3 \text{ ml}} \cdot \frac{1 \text{ g}}{10^3 \text{ mg}}$

- Malonic Acid Dilution Correction = (Volume of Hypochlorite Sampled + Malonic Acid) / Volume of Hypochlorite Sampled
- Volume of Hypochlorite Sampled = (Volume of Hypochlorite Sample Received(ml) - (Malonic Acid (g) * (1 / Density of Malonic Acid (g/ml))))
- Volume of Hypochlorite Sample Received = Volume of Hypochlorite Sampled + Malonic Acid
- Unit conversion: 1 L = 10³ml, 1 g = 10³mg;

Testing Parameter	Units	Sample	Result	Norm. Units	Norm. Result	Acceptance Criteria (1)	Evaluation Status
Chemistry Lab							
Oxyhalides in Bleach by LCMS							
Perchlorate	mg/L	ND(1)	ND(1)	ug/L	ND(0.1) ug/L	5	Pass
Chlorate	mg/L	1300	1300	ug/L	140 ug/L	300	
Bromate	mg/L	ND(1)	ND(1)	ug/L	ND(0.1) ug/L	3.3	Pass
1 - If the acceptance criteria is blank and the evaluation status is "Fail", then the criteria used will be noted on the letter accompanying these results.							

Sample Id: S-0001541191

Description: Ultrachlor | Liquid

Sampled Date: 08-Nov-2018

Received Date: 30-Oct-2018

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.110	Date exposure completed	08-NOV-2018
Preparation method used	B	Final volume of solution	0.5 L
MUL	94 mg/L	Mass of material used	482 mg
Compound Reference Key:	SPAC		
Miscellaneous Factor:	1.13		



Sample Id: S-0001541191

Normalization Calculation:

$$\text{Normalized Result} = \text{Test Result (ug/L)} * \text{NF} \quad \text{Where NF} = \text{MUL (mg/L)} * \frac{\text{Final Volume Of Solution (L)}}{\text{Mass of Material Used (mg)}}$$

- MUL = Maximum Use Level;
- Mass of Material Used = The mass of sample analyzed in the laboratory;
- Final Volume of Solution = The volume of water used to dilute the sample;
- An additional factor may be used to adjust the analytical result to field use conditions to account for product carryover, flushing, or other assumptions stipulated with the use of the product. If an additional factor is used, it is included in the information above.

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Chemistry Lab							
Metals II in water by ICPMS (Ref: EPA 200.8)							
Arsenic	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	1	Pass
Barium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	200	Pass
Beryllium	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.06)	0.4	Pass
Cadmium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.5	Pass
Chromium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)		
Copper	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	130	Pass
Mercury	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pass
Lead	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.06)	0.5	Pass
Antimony	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.06)	0.6	Pass
Selenium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	5	Pass
Thallium	ug/L	ND(0.2)	0.4	ND(0.2)	ND(0.02)	0.2	Pass
Volatile Organic Compounds (Ref: EPA 524.2)							
Dichlorodifluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	Pass
Chloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	3	Pass
Vinyl Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
Bromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	1	Pass
Chloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.04	Pass
Trichlorofluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	50	Pass
Trichlorotrifluoroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	Pass
Methylene Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
1,1-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.7	Pass
trans-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
1,1-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	Pass
2,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
cis-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	7	Pass
Chloroform	ug/L	ND(1)	0.7	ND(1)	ND(0.1)	[TTHM]	
Bromochloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	Pass
1,1,1-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	20	Pass
1,1-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
Carbon Tetrachloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass



Sample Id: S-0001541191

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Chemistry Lab (Continued)							
1,2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Trichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
1,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Bromodichloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	
Dibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
cis-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
trans-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
1,1,2-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
Tetrachloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Chlorodibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	
Chlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	1	Pass
Bromoform	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	
1,1,2,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
1,2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	4	Pass
1,3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	Pass
1,4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	7.5	Pass
1,2-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	Pass
Carbon Disulfide	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Pass
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
tert-Butyl ethyl ether	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	2000	Pass
Methyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.1)	400	Pass
Methyl Isobutyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.1)	700	Pass
Toluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	100	Pass
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	70	Pass
m+p-Xylenes	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	[Xylenes]	
o-Xylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[Xylenes]	
Styrene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
Isopropylbenzene (Cumene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	70	Pass
n-Propylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
Bromobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
2-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
4-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,3,5-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
tert-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,2,4-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
sec-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		



Sample Id: S-0001541191

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Chemistry Lab (Continued)							
1,2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Trichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
1,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Bromodichloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	
Dibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
cis-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
trans-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
1,1,2-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
Tetrachloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Chlorodibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	
Chlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	1	Pass
Bromoform	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	
1,1,2,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
1,2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	4	Pass
1,3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	Pass
1,4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	7.5	Pass
1,2-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	Pass
Carbon Disulfide	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Pass
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
tert-Butyl ethyl ether	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	2000	Pass
Methyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.1)	400	Pass
Methyl Isobutyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.1)	700	Pass
Toluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	100	Pass
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	70	Pass
m+p-Xylenes	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	[Xylenes]	
o-Xylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[Xylenes]	
Styrene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
Isopropylbenzene (Cumene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	70	Pass
n-Propylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
Bromobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
2-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
4-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,3,5-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
tert-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,2,4-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
sec-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		



Sample Id: S-0001541191

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Chemistry Lab (Continued)							
p-Isopropyltoluene (Cymene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,2,3-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
n-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,2,4-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	7	Pass
Hexachlorobutadiene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.4	Pass
1,2,3-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
Naphthalene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Total Trihalomethanes	ug/L	ND(0.5)	0.7	ND(0.5)	ND(0.06)	8	Pass
Total Xylenes	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.06)	1000	Pass
1 - If the acceptance criteria is blank and the evaluation status is "Fail", then the criteria used will be noted on the letter accompanying these results.							
[Xylenes] - Acceptance based on Total Xylenes							
[TTHM] - Acceptance based on Total Trihalomethanes							



Common Terms and Acronyms Used:

- Sample..... Test result on the submitted product sample after prepared or exposed in accordance with the standard.
- Control..... Test result on a laboratory blank sample analyzed in parallel with the sample.
- Result..... Sample test result minus the Control test result.
- Normalized Result... Result normalized in accordance with the test standard to reflect potential at-the-tap concentrations
- ND()..... Result is below the detection level of the analytical procedure as identified in the parenthesis.
- DCC Number..... NSF document control code of the registered formulation of the product tested
- ug/L..... Microgram per liter = 0.001 milligram per liter (mg/L)
- SPAC..... Acceptance criteria of the standard (Single Product Allowable Concentration)

References to Testing Procedures:

NSF Reference	Parameter / Test Description
C0931	Oxyhalides in Bleach by LCMS
C1183	Metals II in water by ICPMS (Ref: EPA 200.8)
C4662	Volatile Organic Compounds (Ref: EPA 524.2)

Test descriptions preceded by an asterisk "*" indicate that testing has been performed per NSF International requirements but is not within its scope of accreditation.

Testing Laboratories:

	Id	Address
All work performed at: →	NSF_AA	NSF International 789 N. Dixboro Road Ann Arbor MI 48105



About the Standard:

NSF/ANSI Standard 60: Drinking Water Treatment Chemicals - Health Effects

NSF/ANSI 60 establishes minimum health effects requirements for the chemicals, the chemical contaminants, and the impurities that are directly added to drinking water from drinking water treatment chemicals. It does not establish performance or taste and odor requirements. The standard contains requirements for chemicals that are directly added to water and are intended to be present in the finished water as well as other chemical products that are added to water but are not intended to be present in the finished water. Chemicals covered by this Standard include, but are not limited to, coagulation and flocculation chemicals, softening, precipitation, sequestering, pH adjustment, and corrosion/scale control chemicals, disinfection and oxidation chemicals, miscellaneous treatment chemicals, and miscellaneous water supply chemicals.

The testing performed to this standard is done to estimate the level of contaminants or impurities added to drinking water when the chemical is used at the "Maximum Use Level" under attestation. Prior to testing, information is obtained on the formulation and sources of supply used to manufacture the chemical. This information is then reviewed along with the minimum requirements of the standard to establish the potential contaminants of concern. A representative sample of chemical is obtained for testing. The chemical sample is prepared for analysis through specific methods established in the standard based on the type of chemical and then is analyzed for potential contaminants determined during the formulation review. The laboratory results are normalized to represent potential at-the-tap values and then compared to the "single product allowable concentration" (SPAC) established by the standard. The product is found in compliance with the standard if the normalized value is less than or equal to the allowable concentration.



NSF International

789 N. Dixboro Rd. Ann Arbor, MI 48105, USA
1-800.NSF.MARK | +1-734.769.8010 | www.nsf.org

TEST REPORT

Send To: 25070
Mr. Patrick Allman
Odyssey Manufacturing Company
1484 Massaro Boulevard
Tampa, FL 33619

Facility: 25071
Odyssey Manufacturing Company
1484 Massaro Boulevard
Tampa FL 33619
United States

Result	PASS	Report Date	24-MAR-2017
Customer Name	Odyssey Manufacturing Company		
Tested To	NSF/ANSI 60		
Description	Sodium Hypochlorite Liquid		
Trade Designation	Sodium Hypochlorite		
Test Type	Annual Collection		
Job Number	A-00236204		
Project Number	W0376468		
Project Manager	Lena Hope		

This report documents the testing of the referenced product to the requirements of NSF/ANSI Standard 60 (Drinking Water Treatment Chemicals - Health Effects). This standard establishes minimum requirements for chemicals, the chemical contaminants, and impurities that are added to drinking water from drinking water treatment chemicals. Contaminants produced as by-products through reaction of the treatment chemical with a constituent of the drinking water are not covered by this Standard. Reference the "About the Standard" section at the end of this report for additional information about NSF/ANSI Standard 60 and the products covered under this Standard.

Thank you for having your product tested by NSF International.

Please contact your Project Manager if you have any questions or concerns pertaining to this report.

Report Authorization 
Amanda Phelka - Director, Toxicology Services

Date 24-MAR-2017



General Information

Standard: NSF/ANSI 60
 Chemical Name: Sodium Hypochlorite
 DCC Number: DA02366
 Maximum Use Level: 94 mg/L
 Monitor Code: A
 Physical Description of Sample: Liquid
 Trade Designation/Model Number: Sodium Hypochlorite

Sample Id: **S-0001332955**
 Description: Sodium Hypochlorite | Liquid
 Sampled Date: 30-Jan-2017
 Received Date: 24-Jan-2017

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0902	Date exposure completed	30-JAN-2017
Preparation method used	B	Final volume of solution	0.5 L
MUL	94 mg/L	Mass of material used	521 mg
Compound Reference Key:	SPAC		

Normalization Calculation:

$$\text{Normalized Result} = \text{Test Result (ug/L)} * \text{NF} \quad \text{Where NF} = \text{MUL (mg/L)} * \frac{\text{Final Volume Of Solution (L)}}{\text{Mass of Material Used (mg)}}$$

- MUL = Maximum Use Level;
- Mass of Material Used = The mass of sample analyzed in the laboratory;
- Final Volume of Solution = The volume of water used to dilute the sample;
- An additional factor may be used to adjust the analytical result to field use conditions to account for product carryover, flushing, or other assumptions stipulated with the use of the product. If an additional factor is used, it is included in the information above.

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Chemistry Lab							
Metals II in water by ICPMS (Ref: EPA 200.8)							
Arsenic	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	1	Pass
Barium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	200	Pass
Beryllium	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	0.4	Pass
Cadmium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.5	Pass
Chromium	ug/L	1	ND(1)	1	0.1		
Copper	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	130	Pass
Mercury	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pass
Lead	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	1.5	Pass
Antimony	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	0.6	Pass
Selenium	ug/L	ND(2)	ND(2)	ND(2)	ND(0.2)	5	Pass
Thallium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pass
Volatile Organic Compounds (Ref: EPA 524.2)							
Dichlorodifluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Chloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	3	Pass
Vinyl Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
Bromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	1	Pass
Chloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.04	Pass



Sample Id: S-0001332955

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Chemistry Lab (Continued)							
Trichlorofluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	50	Pass
Trichlorotrifluoroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Methylene Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
1,1-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.7	Pass
trans-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
1,1-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
2,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
cis-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7	Pass
Chloroform	ug/L	ND(1)	0.6	ND(1)	ND(0.09)	[TTHM]	
Bromochloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
1,1,1-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	20	Pass
1,1-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
Carbon Tetrachloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
1,2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Trichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
1,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Bromodichloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
Dibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
cis-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
trans-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
1,1,2-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Tetrachloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Chlorodibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
Chlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	1	Pass
Bromoform	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
1,2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	4	Pass
1,3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	60	Pass
1,4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7.5	Pass
1,2-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	60	Pass
Carbon Disulfide	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Pass
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
tert-Butyl ethyl ether	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	2000	Pass
Methyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(0.90)	400	Pass
Methyl Isobutyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(0.90)	700	Pass
Toluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	100	Pass

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Sample Id: S-0001332955

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Chemistry Lab (Continued)							
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	70	Pass
m+p-Xylenes	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	[Xylenes]	
o-Xylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[Xylenes]	
Styrene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
Isopropylbenzene (Cumene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	70	Pass
n-Propylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Bromobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
2-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
4-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,3,5-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
tert-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
1,2,4-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
sec-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
p-Isopropyltoluene (Cymene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,2,3-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
n-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
1,2,4-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7	Pass
Hexachlorobutadiene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.4	Pass
1,2,3-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
Naphthalene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Total Trihalomethanes	ug/L	ND(0.5)	0.6	ND(0.5)	ND(0.05)	8	Pass
Total Xylenes	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	1000	Pass
1 - If the acceptance criteria is blank and the evaluation status is "Fail", then the criteria used will be noted on the letter accompanying these results.							
[THM] - Acceptance based on Total Trihalomethanes							
[Xylenes] - Acceptance based on Total Xylenes							

Sample Id: S-0001335614

Description: Sodium Hypochlorite | Liquid

Sampled Date: 21-Feb-2017

Received Date: 23-Feb-2017

Quenched Date: 21-FEB-2017 00:00

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.000000089	Date exposure completed	23-FEB-2017
MUL	94 mg/L		
Density Value Applied	1.16 g/mL		
Compound Reference Key:	SPAC		



Sample Id: S-0001335614

Normalization Calculation:

Normalized Result = Test Result * NF * (10³ ug/L mg)

Where NF = MUL (mg/L) * Malonic Acid Dilution Correction (ml/ml) * (1/Product Density (g/ml)) * $\frac{1 \text{ L}}{10^3 \text{ ml}} * \frac{1 \text{ g}}{10^3 \text{ mg}}$

- Malonic Acid Dilution Correction = ((Volume of Hypochlorite Sampled + Malonic Acid) / Volume of Hypochlorite Sampled)
- Volume of Hypochlorite Sampled = (Volume of Hypochlorite Sample Received(ml) - (Malonic Acid (g) * (1 / Density of Malonic Acid (g/ml))))
- Volume of Hypochlorite Sample Received = Volume of Hypochlorite Sampled + Malonic Acid
- Unit conversion: 1 L = 10 ml, 1 g = 10 mg;

Testing Parameter	Units	Sample	Result	Norm. Units	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Chemistry Lab							
Oxyhalides in Bleach by LCMS							
Perchlorate	mg/L	ND(1)	ND(1)	ug/L	ND(0.09) ug/L	5	Pass
Chlorate	mg/L	1100	1100	ug/L	98 ug/L	300	
Bromate	mg/L	ND(1)	ND(1)	ug/L	ND(0.09) ug/L	3.3	Pass
1 - If the acceptance criteria is blank and the evaluation status is "Fail", then the criteria used will be noted on the letter accompanying these results.							



Common Terms and Acronyms Used:

- Sample..... Test result on the submitted product sample after prepared or exposed in accordance with the standard.
- Control..... Test result on a laboratory blank sample analyzed in parallel with the sample.
- Result..... Sample test result minus the Control test result.
- Normalized Result... Result normalized in accordance with the test standard to reflect potential at-the-tap concentrations
- ND()..... Result is below the detection level of the analytical procedure as identified in the parenthesis.
- DCC Number..... NSF document control code of the registered formulation of the product tested
- ug/L..... Microgram per liter = 0.001 milligram per liter (mg/L)
- SPAC..... Acceptance criteria of the standard (Single Product Allowable Concentration)

References to Testing Procedures:

NSF Reference	Parameter / Test Description
C0931	Oxyhalides in Bleach by LCMS
C1183	Metals II in water by ICPMS (Ref: EPA 200.8)
C4662	Volatile Organic Compounds (Ref: EPA 524.2)

Test descriptions preceded by an asterisk "*" indicate that testing has been performed per NSF International requirements but is not within its scope of accreditation.

Testing Laboratories:

	Id	Address
All work performed at: →	NSF_AA	NSF International 789 N. Dixboro Road Ann Arbor MI 48105



About the Standard:

NSF/ANSI Standard 60: Drinking Water Treatment Chemicals - Health Effects

NSF/ANSI 60 establishes minimum health effects requirements for the chemicals, the chemical contaminants, and the impurities that are directly added to drinking water from drinking water treatment chemicals. It does not establish performance or taste and odor requirements. The standard contains requirements for chemicals that are directly added to water and are intended to be present in the finished water as well as other chemical products that are added to water but are not intended to be present in the finished water. Chemicals covered by this Standard include, but are not limited to, coagulation and flocculation chemicals, softening, precipitation, sequestering, pH adjustment, and corrosion/scale control chemicals, disinfection and oxidation chemicals, miscellaneous treatment chemicals, and miscellaneous water supply chemicals.

The testing performed to this standard is done to estimate the level of contaminants or impurities added to drinking water when the chemical is used at the "Maximum Use Level" under attestation. Prior to testing, information is obtained on the formulation and sources of supply used to manufacture the chemical. This information is then reviewed along with the minimum requirements of the standard to establish the potential contaminants of concern. A representative sample of chemical is obtained for testing. The chemical sample is prepared for analysis through specific methods established in the standard based on the type of chemical and then is analyzed for potential contaminants determined during the formulation review. The laboratory results are normalized to represent potential at-the-tap values and then compared to the "single product allowable concentration" (SPAC) established by the standard. The product is found in compliance with the standard if the normalized value is less than or equal to the allowable concentration.



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TEST REPORT

Send To: 25070

Mr. Patrick Allman
Odyssey Manufacturing Company
1484 Massaro Boulevard
Tampa, FL 33619

Facility: 25071

Odyssey Manufacturing Company
1484 Massaro Boulevard
Tampa FL 33619
United States

Result	PASS	Report Date	09-SEP-2016
Customer Name	Odyssey Manufacturing Company		
Tested To	NSF/ANSI 60		
Description	Sodium Hypochlorite Liquid		
Trade Designation	Sodium Hypochlorite		
Test Type	Annual Collection		
Job Number	A-00191017		
Project Number	W0227219		
Project Manager	Lena Hope		

This report documents the testing of the referenced product to the requirements of NSF/ANSI Standard 60 (Drinking Water Treatment Chemicals - Health Effects). This standard establishes minimum requirements for chemicals, the chemical contaminants, and impurities that are added to drinking water from drinking water treatment chemicals. Contaminants produced as by-products through reaction of the treatment chemical with a constituent of the drinking water are not covered by this Standard. Reference the "About the Standard" section at the end of this report for additional information about NSF/ANSI Standard 60 and the products covered under this Standard.

Thank you for having your product tested by NSF International.

Please contact your Project Manager if you have any questions or concerns pertaining to this report.

Report Authorization 
Amanda Phelka - Director, Toxicology Services

Date 09-SEP-2016



General Information

Standard: NSF/ANSI 60
DCC Number: DA02366
Maximum Use Level: 94 mg/L
Monitor Code: A
Physical Description of Sample: Liquid
Trade Designation/Model Number: Sodium Hypochlorite

Sample Id: S-0001287493
Description: Sodium Hypochlorite | Liquid
Sampled Date: 16-Aug-2016
Received Date: 12-Aug-2016

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0927	Date exposure completed	16-AUG-2016
Preparation method used	B	Final volume of solution	0.5 L
MUL	94 mg/L	Mass of material used	507 mg
Compound Reference Key:	SPAC		

Normalization Calculation:

Normalized Result = Test Result (ug/L) * NF Where NF = $MUL (mg/L) \times \frac{Final Volume Of Solution (L)}{Mass of Material Used (mg)}$

- MUL = Maximum Use Level; .
- Mass of Material Used = The mass of sample analyzed in the laboratory;
- Final Volume of Solution = The volume of water used to dilute the sample;
- An additional factor may be used to adjust the analytical result to field use conditions to account for product carryover, flushing, or other assumptions stipulated with the use of the product. If an additional factor is used, it is included in the information above.

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria (4)	Evaluation Status
Chemistry Lab							
Metals II in water by ICPMS (Ref: EPA 200.8)							
Arsenic	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	1	Pass
Barium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	200	Pass
Beryllium	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	0.4	Pass
Cadmium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.5	Pass
Chromium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)		
Copper	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	130	Pass
Mercury	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pass
Lead	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	1.5	Pass
Antimony	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	0.6	Pass
Selenium	ug/L	ND(2)	ND(2)	ND(2)	ND(0.2)	5	Pass
Thallium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pass
Volatile Organic Compounds (Ref: EPA 524.2)							
Dichlorodifluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
Chloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	3	Pass
Vinyl Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
Bromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	1	Pass
Chloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.04	Pass



Sample Id: S-0001287493

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria	Evaluation Status
Chemistry Lab (Continued)							
Trichlorofluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	50	Pass
Trichlorotrifluoroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Methylene Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
1,1-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.7	Pass
trans-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
1,1-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
2,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
cis-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7	Pass
Chloroform	ug/L	ND(1)	0.6	ND(1)	ND(0.09)	[TTHM]	
Bromochloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
1,1,1-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	20	Pass
1,1-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
Carbon Tetrachloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
1,2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Trichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
1,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Bromodichloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
Dibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
cis-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
trans-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
1,1,2-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Tetrachloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Chlorodibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
Chlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	1	Pass
Bromoform	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
1,1,2,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
1,2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	4	Pass
1,3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	60	Pass
1,4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7.5	Pass
1,2-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	60	Pass
Carbon Disulfide	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Pass
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
tert-Butyl ethyl ether	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	2000	Pass
Methyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(0.93)	400	Pass
Methyl Isobutyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(0.93)	700	Pass
Toluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	100	Pass



Sample Id: S-0001287493

Testing Parameter	Units	Sample	Control	Result	Norm Result	Acceptance Criteria (1)	Evaluation Status
Chemistry Lab (Continued)							
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	70	Pass
m+p-Xylenes	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	[Xylenes]	
o-Xylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[Xylenes]	
Styrene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
Isopropylbenzene (Cumene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	70	Pass
n-Propylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Bromobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
2-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
4-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,3,5-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
tert-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
1,2,4-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
sec-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
p-Isopropyltoluene (Cymene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,2,3-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
n-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
1,2,4-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7	Pass
Hexachlorobutadiene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.4	Pass
1,2,3-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
Naphthalene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Total Trihalomethanes	ug/L	ND(0.5)	0.6	ND(0.5)	ND(0.05)	8	Pass
Total Xylenes	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	1000	Pass
1 - If the acceptance criteria is blank and the evaluation status is "Fail", then the criteria used will be noted on the letter accompanying these results.							
[Xylenes] - Acceptance based on Total Xylenes							
[TTHM] - Acceptance based on Total Trihalomethanes							

Sample Id: S-0001287494

Description: Sodium Hypochlorite | Liquid

Sampled Date: 08-Aug-2016

Received Date: 12-Aug-2016

Quenched Date: 8-AUG-2016 10:41

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.000000089	Date exposure completed	12-AUG-2016
MUL	94 mg/L		
Density Value Applied	1.16 g/mL		
Compound Reference Key:	SPAC		



Sample Id: S-0001287494

Normalization Calculation:

Normalized Result = Test Result * NF * (10³ ug/L mg)

Where NF = MUL (mg/L) * Malonic Acid Dilution Correction (ml/ml) * (1/Product Density (g/ml)) * $\frac{1 \text{ L}}{10^3 \text{ ml}}$ * $\frac{1 \text{ g}}{10^3 \text{ mg}}$

- Malonic Acid Dilution Correction = ((Volume of Hypochlorite Sampled + Malonic Acid) / Volume of Hypochlorite Sampled)
- Volume of Hypochlorite Sampled = (Volume of Hypochlorite Sample Received(ml) - (Malonic Acid (g) * (1 / Density of Malonic Acid (g/ml))))
- Volume of Hypochlorite Sample Received = Volume of Hypochlorite Sampled + Malonic Acid
- Unit conversion: 1 L = 10 ml, 1 g = 10 mg;

Testing Parameter	Units	Sample	Result	Norm. Units	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Chemistry Lab							
Oxyhalides in Bleach by LCMS							
Perchlorate	mg/L	ND(1)	ND(1)	ug/L	ND(0.09) ug/L	5	Pass
Chlorate	mg/L	860	860	ug/L	77 ug/L	300	
Bromate	mg/L	ND(1)	ND(1)	ug/L	ND(0.09) ug/L	3.3	Pass
1 - If the acceptance criteria is blank and the evaluation status is "Fail", then the criteria used will be noted on the letter accompanying these results.							



Common Terms and Acronyms Used:

- Sample..... Test result on the submitted product sample after prepared or exposed in accordance with the standard.
- Control..... Test result on a laboratory blank sample analyzed in parallel with the sample.
- Result..... Sample test result minus the Control test result.
- Normalized Result... Result normalized in accordance with the test standard to reflect potential at-the-tap concentrations
- ND()..... Result is below the detection level of the analytical procedure as identified in the parenthesis.
- DCC Number..... NSF document control code of the registered formulation of the product tested
- ug/L..... Microgram per liter = 0.001 milligram per liter (mg/L)
- SPAC..... Acceptance criteria of the standard (Single Product Allowable Concentration)

References to Testing Procedures:

NSF Reference	Parameter / Test Description
C0931	Oxyhalides in Bleach by LCMS
C1183	Metals II in water by ICPMS (Ref: EPA 200.8)
C4662	Volatile Organic Compounds (Ref: EPA 524.2)

Test descriptions preceded by an asterisk *** indicate that testing has been performed per NSF International requirements but is not within its scope of accreditation.

Testing Laboratories:

	<u>Id</u>	<u>Address</u>
All work performed at: →	NSF_AA	NSF International 789 N. Dixboro Road Ann Arbor MI 48105



About the Standard:

NSF/ANSI Standard 60: Drinking Water Treatment Chemicals - Health Effects

NSF/ANSI 60 establishes minimum health effects requirements for the chemicals, the chemical contaminants, and the impurities that are directly added to drinking water from drinking water treatment chemicals. It does not establish performance or taste and odor requirements. The standard contains requirements for chemicals that are directly added to water and are intended to be present in the finished water as well as other chemical products that are added to water but are not intended to be present in the finished water. Chemicals covered by this Standard include, but are not limited to, coagulation and flocculation chemicals, softening, precipitation, sequestering, pH adjustment, and corrosion/scale control chemicals, disinfection and oxidation chemicals, miscellaneous treatment chemicals, and miscellaneous water supply chemicals.

The testing performed to this standard is done to estimate the level of contaminants or impurities added to drinking water when the chemical is used at the "Maximum Use Level" under attestation. Prior to testing, information is obtained on the formulation and sources of supply used to manufacture the chemical. This information is then reviewed along with the minimum requirements of the standard to establish the potential contaminants of concern. A representative sample of chemical is obtained for testing. The chemical sample is prepared for analysis through specific methods established in the standard based on the type of chemical and then is analyzed for potential contaminants determined during the formulation review. The laboratory results are normalized to represent potential at-the-tap values and then compared to the "single product allowable concentration" (SPAC) established by the standard. The product is found in compliance with the standard if the normalized value is less than or equal to the allowable concentration.