



## ADDENDUM NO.1

Date: December 6, 2021  
Bid Date: December 22, 2021, at 3:00 P.M. (Local Time)

Bid Name Purchase of Liquid Sodium  
Hypochlorite For City  
Pools  
Bid No.: RECX-220018-DM

NOTE: This Addendum has been issued only to the holders of record of the specifications.

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:

1. Any questions shall be submitted in writing to the City of Gainesville Purchasing Division by 5:00 p.m.(local time), December 13, 2021. Questions may be submitted as follows:  
Email: [mcphalldt@cityofgainesville.org](mailto:mcphalldt@cityofgainesville.org)
2. Please find attached:
  - a) Copy of the blackout period information (Financial Procedures Manual Section 41-423 Prohibition of lobbying in procurement matters).

The following are answers/clarifications to questions received:

3. Question: Can we please get the annual estimated volume and which UOM do you want pricing in?  
Answer: Estimate 50,000 gallons per year. UOM is gallons.

According to the bid, "The term of the Contract shall be two year(s), commencing on **January 1, 2022 and terminating on December 31, 2024**. The Contract may be extended, upon mutual agreement of the Parties. Upon extension of the Contract term, the Contract Price may be increased or decreased based upon the Consumer Price Index as of December 31, 2024." Pg. 20

From January 1st, 2022 to December 31, 2024 is not 2 years, it is 3 years.

4. Question: Please advise how many years is the initial contract term 2 or 3 years?  
Answer: Two years with up to three possible 12-month extensions. The dates of the contract should be *January 1, 2022- December 23, 2023*.

Please pay close attention to the bid document specifications **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: Raymond Pool / Regional Manager 

DATE: 12/21/2021

CITY OF  
GAINESVILLE

FINANCIAL SERVICES  
PROCEDURES MANUAL

41-423

**Prohibition of lobbying in procurement matters**

Except as expressly set forth in Resolution 060732, Section 10, during the blackout 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

Date: December 17, 2021  
 Bid Date: December 22, 2021, at 3:00 P.M. (Local Time)  
 Bid Name Purchase of Liquid Sodium Hypochlorite For City Pools  
 Bid No.: RECX-220018-DM

NOTE: This Addendum has been issued only to the holders of record of the specifications.

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:

1. Please find attached:

- a) Copy of the blackout period information (Financial Procedures Manual Section 41-423 Prohibition of lobbying in procurement matters).

The following are answers/clarifications to questions received:

2. Question: Section 4.1 of Part 4-Bid Prices, is just a black space with no line items. Do we just put our price per gallon in the blank space?  
 Answer: Yes.

3. Question: Section 6.16 on page 19 of the bid states that the City of Gainesville is often exempt from taxes. Can you let me know if the City is exempt from sales tax for Sodium Hypochlorite?  
 Answer: The City is exempt from all sales tax on purchases it makes. See attached exemption certificate.

4. Question: We would like to request the below revisions to the indemnity in the sample

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### 6. INDEMNIFICATION.

Contractor shall indemnify the City, its officials, agents and employees, and hold it harmless from suits, actions, damages, liability, expenses, losses and costs, including, but not limited to reasonable attorney's fees in connection with loss of life, bodily or personal injury, or property damage arising from or occasioned by any act or omission or negligence or intentional wrongdoing on the part of the Contractor and other persons employed or utilized by the Contractor.

... to the extent of actual damages only, solely to the extent caused by the  
 in the performance of the services under this Contract

7. AGENCY DISCRETIONARY

Answer: No.

Please pay close attention to the bid document specifications 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: Raymond Pool / Regional Manager 

DATE: 12/21/2021

CITY OF  
GAINESVILLE

FINANCIAL SERVICES  
PROCEDURES MANUAL

41-423

**Prohibition of lobbying in procurement matters**

Except as expressly set forth in Resolution 060732, Section 10, during the blackout 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.



# City of Gainesville

## Budget & Accounting

January 1, 2021

To Whom It May Concern:

According to the Department of Revenue, local governmental agencies who purchase items for their use only, need only a tax exemption certificate.

The City of Gainesville is not required by the State of Florida, Department of Revenue to have a Resale Certificate.

Please accept the Consumer's Certificate of Exemption, below, in order to exempt the City of Gainesville purchases from Florida Sales Tax.

Sincerely,

A handwritten signature in black ink that reads "Cintya Ramos".

Cintya Ramos  
Finance Director, City of Gainesville

20000516 04/01/17



### Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 10/15

85-8012621596C-9 Certificate Number	05/31/2017 Effective Date	05/31/2022 Expiration Date	MUNICIPAL GOVERNMENT Exemption Category
This certifies that			

CITY OF GAINESVILLE  
200 E UNIVERSITY AVE  
GAINESVILLE FL 32601-5456

Is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

## BID COVER

City of  
**Gainesville**

Procurement Division  
(352) 334-5021(main)

Issue Date: November 22, 2021

### INVITATION TO BID: # RECX-220018-DM

#### Purchase of Liquid Sodium Hypochlorite for City Pools

PRE-BID MEETING:  Non-Mandatory  Mandatory  N/A  Includes Site Visit  
DATE:  TIME:   
LOCATION:

QUESTION SUBMITTAL DUE DATE: December 13, 2021

*All meetings and submittal deadlines are Eastern Time (ET).*

**DUE DATE FOR UPLOADING BID RESPONSE:** December 22, 2021 3:00pm

#### SUMMARY OF SCOPE OF WORK:

Annual contract for all purchases of liquid chlorine for City Pools.

For questions relating to this bid, contact: [McPhallDT@cityofgainesville.org](mailto:McPhallDT@cityofgainesville.org) Type text here

Bidder is not in arrears to City upon any debt, fee, tax or contract:  Bidder is NOT in arrears  Bidder IS in arrears  
Bidder is not a defaulter, as surety or otherwise, upon any obligation to City:  Bidder is NOT in default  Bidder IS in default

Bidders who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar.com MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

**ADDENDA ACKNOWLEDGMENT:** Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer:  
Addenda received (list all) # 1 (12/06), # 2 (12/17)

Legal Name of Bidder: Hawkins, Inc.

DBA: Hawkins Water Treatment Group

Authorized Representative Name/Title: Raymond Pool / Regional Manager

E-mail Address: chuck.pool@hawkinsinc.com FEIN: 41-0771293

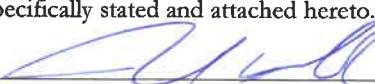
Street Address: 2263 Clark St, Apopka, FL 32703

Mailing Address (if different): PO Box 860263, Minneapolis, MN 55486-0263

Telephone: (800) 330-1369 Fax: (800) 524-9315

By signing this form, I acknowledge I have read and understand, and my business complies with all General Conditions and requirements set forth herein; and,

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE: 

SIGNER'S PRINTED NAME: Raymond Pool

DATE: 12/21/2021

## PART 4 – BID PRICES

## 4.1 BID PRICES

Ultra-Chlor (Sod. Hypo 12.5%) - 50 / gal

## 4.2 WARRANTY INTENTIONALLY LEFT BLANK

Is a warranty being provided?  Yes  No

Who is providing the warranty?  Bidder (not manufacturer)  Manufacturer

If warranty is being provided, provide warranty details (to include the name and contact information of the business offering the warranty, the term of the warranty and what specifically the warranty will cover) here or attach to bid response:

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. (Any price escalation must be based upon a numerical or established index and must identify the terms in which the escalation will operate.)

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.

Note: THE CITY RESERVES THE RIGHT TO ADD OR DELETE LOCATIONS, SERVICES, ITEMS, OR MATERIALS FROM THIS CONTRACT SHOULD IT BE IN THE BEST INTEREST OF THE CITY. THE CONTRACT PRICE MAY BE ADJUSTED UPON AGREEMENT OF THE CONTRACTOR AND THE CITY'S REPRESENTATIVE AND BASED UPON BID PRICES.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY BLANK]

## DRUG-FREE WORKPLACE FORM

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

**Hawkins, Inc.**

does:

(Name of Bidder)

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 the 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 or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States 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 bidder complies fully with the above requirements.



Bidder's Signature

12/21/2021

Date

*In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered for the preference, this document must be completed and uploaded to DemandStar.com with your Submittal.*

## BIDDER VERIFICATION FORM

### LOCAL PREFERENCE (Check one)

Local Preference requested:  YES  NO

A copy of the following documents must be included in your submission if you are requesting Local Preference:

- Business Tax Receipt
- Zoning Compliance Permit

### QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS (Check one)

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Small Business?  YES  NO

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Service-Disabled Veteran Business?  YES  NO

### REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Bidder registered with Florida Department of State's, Division of Corporations, to do business in the State of Florida?  
 YES  NO (refer to Part 1, 1.5, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (# FL4000004437)

If the answer is "NO", please state reason why:

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### DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)

Does your company have a policy on diversity and inclusion?  YES  NO

If yes, please attach a copy of the policy to your submittal.

*Note: Possessing a diversity and inclusion policy will have no effect on the City's consideration of your submittal, but is simply being requested for information gathering purposes.*

Hawkins, Inc.

Bidder's Name

Raymond Pool / Regional Manager

Printed Name/Title of Authorized Representative



12/21/2021

Date

Signature of Authorized Representative

## CUSTOMER HISTORY FORM

Name of Bidder: Hawkins, Inc.

Provide a list of prior customers for similar items that your business has provided within the last \_\_\_\_ years. Copy form as necessary.

Customer Name: <b>City of Deltona</b>	
Address: <b>255 Enterprise</b>	
City, State, Zip: <b>Deltona, FL 32735</b>	
Point of Contact: <b>Shane Churney</b>	Phone Number: <b>386-871-7432</b>
E-mail: <b>SChurney@deltonafl.gov</b>	

Customer Name: <b>Polk County Utilities</b>	
Address: <b>1011 Jim Keene Blvd</b>	
City, State, Zip: <b>Winter Haven, FL 33880</b>	
Point of Contact: <b>Chuck Nichols</b>	Phone Number: <b>863-581-0111</b>
E-mail:	

Customer Name: <b>Florida Keys Aquaduct Authority</b>	
Address: <b>615 33rd Street Gulf</b>	
City, State, Zip: <b>Marathon, FL 33050</b>	
Point of Contact: <b>Jay Miller</b>	Phone Number: <b>305-809-2623</b>
E-mail: <b>jmiller@fcaa.com</b>	

Customer Name: <b>City of Marathon</b>	
Address: <b>9805 Overseas Hwy</b>	
City, State, Zip: <b>Marathon, FL 33050</b>	
Point of Contact: <b>Amanda Riley</b>	Phone Number: <b>305-743-7600</b>
E-mail: <b>rileya@ci.marathon.fl.us</b>	

Customer Name: <b>City of Green Cove Springs</b>	
Address: <b>1277 Harbor Road</b>	
City, State, Zip: <b>Green Cove Springs, FL 32043</b>	
Point of Contact: <b>Mike Null</b>	Phone Number: <b>904-529-2200</b>
E-mail:	

## PART 9 – NO BID SURVEY

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### GENERAL GOVERNMENT PROCUREMENT DIVISION SURVEY BID INFORMATION

**INVITATION TO BID #:** RECX-220018-DM

**DUE DATE:** December 22, 2021

@ 3:00 p.m., local time

**BID TITLE:** Purchase of Liquid Sodium Hypochlorite For City Pools

#### IF YOU DO NOT BID

If you choose to not bid, please complete this form, and either upload it into DemandStar.com or email to the procurement specialist. Your responses will assist the City in developing future solicitations, your responses will remain anonymous and will be aggregated into a spreadsheet for analysis purposes only.

Check the appropriate responses and provide additional information that may help the City develop future solicitations.

1. \_\_\_\_\_ The solicitation time-frame was too short
2. \_\_\_\_\_ My company did not learn of this solicitation until it was too late to develop a response
3. \_\_\_\_\_ My company's work load did not allow time to develop a submittal
4. \_\_\_\_\_ If awarded, my company's work load could not support this project
5. \_\_\_\_\_ Specifications were not clear
6. \_\_\_\_\_ My company does not handle this type of work
7. \_\_\_\_\_ My company does not submit responses to Municipalities
8. \_\_\_\_\_ Have experienced delays in payments from Government agencies in the past
9. \_\_\_\_\_ Is there anything the City could have done differently in the solicitation package to prompt your company to submit a proposal?  
Explain: \_\_\_\_\_
10. \_\_\_\_\_ If the City were to rebid this solicitation, would your company be interested in responding?
11. \_\_\_\_\_ Please provide any additional information regarding this solicitation that may help us develop our next steps in fulfilling the City's needs for this project.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bidder Name: Hawkins, Inc.

Address: 2263 Clark St, Apopka, FL 32703

Is your company a certified City of Gainesville small business?  YES  NO

Is your company a certified City of Gainesville service-disabled veteran business?  YES  NO

## Annual Contract for Liquid Sodium Hypochlorite Purchases for City Pools

**Supplier Name:** Hawkins, Inc.

## 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: Raymond Pool / Regional Manager / Hawkins, Inc.

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: *Cvd*

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: CB



December 21, 2021

City of Gainesville

RE: RECX-220018-DM  
Purchase of Liquid 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 The City of Palm Coast that we are more than qualified to support 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

# *State of Florida*

## *Department of State*

I certify from the records of this office that HAWKINS WATER TREATMENT GROUP, INC. is a Minnesota corporation authorized to transact business in the State of Florida, qualified on October 20, 2014.

The document number of this corporation is F14000004437.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on February 10, 2021, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Tenth day of February, 2021*



  
*Lund*  
*Secretary of State*

Tracking Number: 6577133637CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



WATER TREATMENT GROUP

Hawkins, Inc.  
2263 Clark Street  
Apopka, FL  
PH: 800-330-1369  
FAX: 800-524-9315

June 19, 2020

To Whom It May Concern:

As Hawkins, Inc's Vice President-Water Treatment Group, I hereby authorize Raymond C. Pool to sign any and all bid documents, contracts/agreements along with any and all related material for and on behalf of Hawkins, Inc.

Thank you,

A handwritten signature in black ink, appearing to read "D. Lange".

Doug Lange  
Vice President  
Water Treatment Group



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/22/2021

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 USA, Inc. 1166 Avenue of the Americas New York, NY 10036		CONTACT NAME: _____ PHONE (A/C, No. Ext): _____ E-MAIL ADDRESS: _____ FAX (A/C, No.): _____
CN103177417-SATCO-ACORD-20-		INSURER(S) AFFORDING COVERAGE INSURER A : National Union Fire Insurance Co. of Pittsburgh, PA 19445 INSURER B : N/A N/A INSURER C : N/A N/A INSURER D : Illinois Union Insurance Co 27960 INSURER E : INSURER F :
INSURED Sulphuric Acid Trading Company, Inc. 3710 Corporex Park Drive Suite 205 Tampa, FL 33619		NAIC #

**COVERAGES** **CERTIFICATE NUMBER:** NYC-009436679-50 **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	ADD'L SUBR INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			045780547	04/14/2021	04/01/2022	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (ea occurrence)	\$
	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						MED EXP (Any one person)	\$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						PERSONAL & ADV INJURY	\$ 1,000,000
	DED RETENTION \$						GENERAL AGGREGATE	\$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PRODUCTS - COMP/OP AGG	\$ 1,000,000
D	POLLUTION LIABILITY SIR: \$100,000			G24883930 007	04/01/2020	04/01/2023	COMBINED SINGLE LIMIT (ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							PER STATUTE	OTHE- R
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

## CERTIFICATE HOLDER

Hawkins, Inc.  
2263 Clark Street  
Attn: Jason Schroeder  
Apopka, FL 32703

## CANCELLATION

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

*Marsh USA Inc.*

© 1988-2016 ACORD CORPORATION. All rights reserved.



Company ID Number: 116278

Client Company ID Number: 763528

### Information Required for the E-Verify Program

#### Information relating to your Company:

Company Name	Hawkins, Inc.
Company Facility Address	2381 Rosegate Roseville, MN 55113
Company Alternate Address	
County or Parish	RAMSEY
Employer Identification Number	410771293
North American Industry Classification Systems Code	325
Parent Company	
Number of Employees	<del>500 to 999</del> 0 to 500 <i>8m</i>
Number of Sites Verified for	34

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.  
See specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Hawkins Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or  C Corporation  S Corporation  Partnership  Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► \_\_\_\_\_

5 Address (number, street, and apt. or suite no.) See instructions.

2381 Rosegate

6 City, state, and ZIP code

Roseville, MN 55113

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

or

Employer identification number

4 1 - 0 7 7 1 2 9 3

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

*Paul S...*

Date ► 12/21/2021

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.*

# *NovaChem*

*Laboratories, Inc*

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Date: 7 June 2021

Call for results over the phone  
513-523-3605

## **Odyssey Bleach Analysis Results Received 27 May 2021**

Parameter

Wt% NaOCl	11.24	
GPL Available Chlorine	124	
Trade %	12.4	
Wt% NaOH	0.381	
Calculated pH	13.0	
Wt% Na <sub>2</sub> CO <sub>3</sub>	0.160	
Density, g/mL	1.1598	
Bromate ion, mg/L	<5	DL = 5 mg/L
Chlorate ion, mg/L	468	DL = 100 mg/L
Perchlorate ion, mg/L	<5	
Iron, mg/L	0.07	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	75	
Sodium, g/L (estimate)	53	
Wt% Suspended Solids	0.003	
Total Dissolved Solids, g/mL	0.80	
Filter Test (1,000 mL)	1 min 03 sec	(Millipore 0.8 uM, type AWWP)

*B.P. Bubnis*

B.P. Bubnis

*7 June 2021*

5172 College Corner Pike, P.O. Box 638, Oxford, Ohio 45056

Tel: 513-523-3605, FAX: 513-523-4025

[www.novachemlabs.com](http://www.novachemlabs.com)

E-Mail: [bbubnis@novachemlabs.com](mailto:bbubnis@novachemlabs.com)



**ODYSSEY**  
MANUFACTURING CO.

---

**SAFETY DATA SHEET**  
REVISED 4/06/13

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**SECTION I - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION**

**1.1 Product identifier**

**Product name:** Ultra-CHLOR

**Product code(s):**

**Synonyms:** Sodium Hypochlorite Solution, Bleach Solution, Bleach Liquor, Hypo-solution, Bleach, Liquid Bleach

**REACH Registration Number:** The materials in this product have been registered according to Regulation (EC) 1907/2006.

**1.2 Relevant identified uses of the substance or mixture and uses advised against**

**Uses:** Cleaner, Disinfectant, Biocide and Sanitizer

**Uses Advised Against:** None

**1.3 Details of the Supplier and of the Safety Data Sheet (SDS)**

Odyssey Manufacturing Co.

1484 Massaro Boulevard

Tampa, Florida 33619

+1-813-635-0339 (24 hours)

**1.4 Emergency telephone number:**

1-800-ODYSSEY (Florida)

1-813-635-0339 (Outside Florida)

1-813-340-9093 (Control Room Cell Phone)

**SECTION II - HAZARDS IDENTIFICATION**

**2.1 Classification of substance or mixture**

**Classification REGULATION (EC) No 1272/2008**

Skin Corrosiveness: 1B; Skin Irritant: 2

Eye Irritant: 2

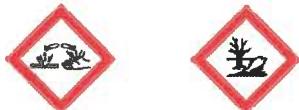
Aquatic Acute: 1

Description: Clear, greenish-yellow liquid; chlorine-like odor. Irritating to eyes, skin and respiratory system. Can cause burns to all areas contacted.

**2.2 Label elements**

**Labeling Regulation (EC) No 1272/2008**

Hazard pictograms



Signal word: **DANGER**

Hazard statements:

H314 – Causes severe skin burns and eye damage

H319 – Causes serious eye irritation

H400 – Very toxic to aquatic life

[Prevention] P260 – Do not breathe dusts or mists.

P264 – Wash hands or any exposed skin areas thoroughly after handling.

P273 – Avoid release to the environment.

P280 – Wear protective gloves/protective/clothing/eye protection/face protection.

[Response] P301 + P330 + P331 – IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.  
P303 + P361 + P353 – IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing.  
Rinse skin with water/shower.  
P363 – Wash contaminated clothing before reuse.  
P304 + 340 – IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.  
P310 – Immediately call a POISON CENTER or doctor/physician.  
P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.  
P337 – If eye irritation persists: Get medical advice/attention.  
P391 – Collect spillage.  
[Storage] P405 – Store locked up.  
[Disposal] P501 – Dispose of container in accordance with local/regional/national/international regulations.

Classification according to Directive 67/548/EEC or Directive 1999/45/EC



C - Corrosive



N- Dangerous for the environment

Risk phrases: R31 – Contact with acids liberates toxic gas.  
R34 – Causes burns.  
R36/38 – Irritating to eyes and skin.  
R50 – Very toxic to aquatic organisms.

Safety phrases: S1/2 – Keep locked up and out of the reach of children.  
S26 – In case of contact with eyes, rinse immediately with plenty of water and seek medical advice.  
S28 – After contact with skin, wash immediately with plenty of soap-suds.  
S37/39 – Wear suitable gloves and eye/face protection.  
S45 – In case of accident or if you feel unwell, seek medical advice immediately  
(Show the label whenever possible).  
S50 – Do not mix with acids or other incompatible materials (refer to section 10).  
S60 – This material and its container must be disposed of as hazardous waste.

Additional labeling: EUH031 – Contact with acids liberates toxic gas.

### **SECTION III - COMPOSITION, INFORMATION ON INGREDIENTS**

#### **3.1 Substances**

Chemical nature: Sodium hypochlorite, aqueous solution

% by Weight	Ingredient	CAS Number	EC Number	Index Number	EC Classification
10.0 – 20.0	Sodium Hypochlorite	7681-52-9	231-668-3	017-011-00-1	C, R34; R31: N, R50
0.1 – 0.4	Sodium Hydroxide	1310-73-2	215-185-5	011-002-00-6	Xi, 36/38
79.7 89.9	Water	7732-18-5	231-791-2		

#### **3.2 Mixtures - Not applicable**

### **SECTION IV - FIRST AID MEASURES**

#### **4.1 Description of first aid measures**

**Inhalation:** If product vapors or mists cause respiratory irritation or distress, move the exposed person to fresh air immediately. If breathing is difficult or irregular, administer oxygen; if respiratory arrest occurs, start artificial respiration by trained personnel. Loosen tight clothing such as a collar, tie, belt or waistband. If symptoms persist, seek medical attention immediately.

**Eyes:** Immediately flush eyes with large amounts of water for 15 minutes, occasionally lifting upper and lower lids. Remove contact lenses after the first 5 minutes and continue washing. Obtain immediate medical attention, preferably from an ophthalmologist.

**Skin:** Flush skin with large amounts of water while removing contaminated clothing. Wash affected area with soap and water. Wash contaminated clothing and shoes thoroughly before reuse. Seek prompt medical attention if rash develops.

**Ingestion:** Rinse mouth with water. Do not induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Get medical attention immediately.

#### **4.2 Most important symptoms and effects, both acute and delayed**

##### **Potential health symptoms and effects**

**Eyes:** Causes severe eye irritation and burns. Symptoms include redness, pain, itching, burning sensation and tearing. Material is extremely destructive to eyes, mucous membranes and surrounding tissues.

**Skin:** Causes severe skin irritation and burns. Symptoms include redness, pain, itching and burning sensation. May be harmful if absorbed through the skin.

**Inhalation:** Vapors and mists may be harmful if inhaled, causing sore throat and cough. Material is extremely destructive to the tissue of the mucous membranes and upper respiratory tract.

**Ingestion:** May cause severe gastrointestinal tract irritation with abdominal pain, burning sensation, cough, diarrhea, sore throat and vomiting. May cause burns and irritation to mucous membranes of the mouth and to tissues of the digestive tract.

**Chronic:** Repeated or prolonged contact with spray mist may produce chronic eye irritation, severe skin irritation and/or respiratory tract irritation leading to frequent attacks of bronchial infection.

### **SECTION V - FIRE FIGHTING MEASURES**

#### **5.1 Extinguishable media**

**Suitable methods of extinction:** Material does not burn. Use fire extinguishing media appropriate for surrounding materials.

**Unsuitable methods of extinction:** None listed

#### **5.2 Special hazards arising from the substance or mixture**

Closed containers may explode (due to the build-up of pressure) when exposed to extreme heat. During emergency conditions overexposure to toxic decomposition products may cause a health hazard. Fire may cause the evolution of chlorine, hydrogen chloride gas and chlorine oxides. Symptoms may not be immediately apparent. Obtain immediate medical attention.

#### **5.3 Advice for firefighters**

Full protective equipment including self-contained breathing apparatus should be used. Water may be used to cool closed containers to prevent pressure build-up and possible autoignition or explosion when exposed to extreme heat. If possible, firefighters should control run-off water to prevent environmental contamination.

### **SECTION VI - ACCIDENTAL RELEASE MEASURES**

#### **6.1 Personal precautions, protective equipment and emergency procedures**

Avoid breathing vapors/mists. Avoid contact with skin and eyes. Wear appropriate protective clothing designated in Section 8. Ventilate the area. Evacuate personnel to safe areas.

#### **6.2 Environmental precautions**

Avoid dispersal of spilled material or run-off and prevent contact with soil and entry into drains, sewers or waterways. Contain and recover liquid when possible.

#### **6.3 Methods and materials for containment and cleaning up**

Cover drains. Cover with a large quantity of inert absorbent (e.g. sand, vermiculite, kitty litter, dry earth). Do not use combustible materials such as saw dust. Collect product using a shovel and place into approved container for proper disposal as hazardous waste. For large spills use water spray to divert vapor drift. Observe possible material restrictions (section 7.2 and 10.5). Clean contaminated area with water. Do not mix with other cleaning agents that may liberate chlorine gas vapors.

US Regulations (CERCLA) require reporting spills and releases to soil water and air in excess of reportable quantities. Reportable quantity (RQ) for hypochlorite solutions is 45.36 kg (100 lbs).

**Reportable Quantity (RQ):** 100 lbs or 45.36 kg (approximately 100 gal or 378.5 L of Odyssey Ultrachlor 12.5 Trade Percent sodium hypochlorite). In the event of a spill (e.g. defined as any release to the environment), call Odyssey Manufacturing and/or the emergency contact numbers as soon as possible for assistance.

\*\*\*For releases higher than the Reportable Quantity (RQ), you must notify the State Emergency Response Commission at (800) 320-0519 AND the National Response Center at (800) 424-8802 or (202) 267-2675 within 15 minutes!!!\*\*\*

Plan in advance for an occupational release and have necessary equipment and neutralization agents on-site. Contact Odyssey Manufacturing for assistance.

#### 6.4 Reference to other sections

For indications about waste treatment, see section 13.

### **SECTION VII - HANDLING AND STORAGE**

#### 7.1 Precautions for safe handling

Observe label precautions. Avoid contact with skin and eyes. Wear all appropriate protective equipment specified in Section 8. Wash thoroughly after handling. Keep containers closed when not in use. Use proper equipment for listing and transporting all containers.

#### Advice on protection against fire and explosion

Material is non-flammable and non-combustible.

#### 7.2 Conditions for safe storage, including any incompatibilities

Keep in cool, dry, ventilated storage areas in closed containers. Protect against physical damage. Isolate from incompatible substances. Do not store near acids, heat, oxidizable materials or organics.

Store in a receptacle equipped with a vent. Transfer only to approved containers having correct labeling. Containers that have been opened should be carefully resealed and kept upright to prevent leakage. Do not take internally. Keep locked up and out of reach of children.

#### 7.3 Specific end uses

Apart from the uses mentioned in section 1.2, no other specific uses are stipulated.

### **SECTION VIII - EXPOSURE CONTROLS AND PERSONNEL PROTECTION**

#### 8.1 Control parameters

Components	CAS Number	OSHA	ACGIH	AIHA (WEEL)
Sodium Hypochlorite	7681-52-9	2 mg/m <sup>3</sup> TWA; skin	0.5 ppm as Cl <sub>2</sub> TWA; 1 ppm as Cl <sub>2</sub> STEL, A4	2 mg/m <sup>3</sup> STEL
Sodium Hydroxide	1310-73-2	2 mg/m <sup>3</sup> TWA	2 mg/m <sup>3</sup> Ceiling	

#### 8.2 Exposure controls

**Engineering Measures:** Technical measures and appropriate working operations should be given priority over the use of personal protective equipment. Use adequate ventilation. Local exhaust is preferable. See section 7.1.

**Individual protection measures:** Wear protective clothing to prevent repeated or prolonged contact with product. Protective clothing needs to be selected specifically for the workplace, depending on concentrations and quantities of hazardous substances handled. The chemical resistance of the protective equipment should be enquired at the representative supplier.

**Hygiene measures:** Facilities storing or using this material should be equipped with an eyewash station and safety shower. Change contaminated clothing. Preventive skin protection is recommended. Wash hands thoroughly after use, before eating, drinking or using the lavatory and at the end of the workday.

**Eye/face protection:** Wear tightly fitting protective goggles and a face shield (8-inch minimum). Refer to 29 CFR 1910.133, ANSI Z87.1 or European Standard EN 166.

**Hand Protection:** Wear gloves recommended by glove supplier for protection against materials in section 3. Gloves must be inspected prior to use. Gloves should be impermeable to chemicals and oil. Breakthrough time of selected gloves must be greater than the intended use period. Use proper glove removal technique (without touching glove's outer surface) to avoid skin contact with this product.

**Other protective equipment:** Wear impervious, protective chemical resistant clothing including boots, gloves, lab coat, apron or coveralls as appropriate to the situation to prevent skin contact.

**Respiratory Protection:** Always use an approved respirator when vapor/aerosols are generated. Where risk assessment shows air-purifying respirators are appropriate use a full-faced respirator with multi-purpose combination (US) or type ABEK (EN 14387) respirator cartridges as a backup to engineering controls. If the respirator is the sole means of protection, use a full-face supplied air respirator. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU).

**Environmental exposure controls:** Do not empty into drains.

## SECTION IX - PHYSICAL AND CHEMICAL PROPERTIES

### **9.1 Information on basic physical and chemical properties**

<b>Appearance</b>	Clear, greenish yellow colored liquid
<b>Odor</b>	Pungent, chlorine-like
<b>Odor Threshold</b>	No data available
<b>Molecular Weight</b>	74.44 (sodium hypochlorite)
<b>Chemical Formula</b>	NaOCl (sodium hypochlorite)
<b>pH</b>	11 – 13
<b>Freezing Point</b>	-13.9° C (7° F)
<b>Initial Boiling Point</b>	100° C (212° F) – lowest known value
<b>Evaporation Rate</b>	<1 (BuAc = 1)
<b>Flammability (solid, gas)</b>	No data available
<b>Flash Point</b>	No data available
<b>Autoignition Temperature</b>	No data available
<b>Decomposition Temperature</b>	110° C (230° F)
<b>Lower Explosive Limit (LEL)</b>	No data available
<b>Upper Explosive Limit (UEL)</b>	No data available
<b>Vapor Pressure</b>	No data available
<b>Vapor Density</b>	No data available
<b>Relative Density</b>	1.15 – 1.17 g/ml (9.597 – 9.764 lb/gal) @ 60 ° F
<b>Viscosity</b>	No data available
<b>Solubility in Water</b>	Complete
<b>Partition Coefficient:</b> n-octanol/water	No data available
<b>Volatiles by Volume @ 70° F</b>	No data available; decomposes leaving salt solution

### **9.2 Other data - No data available**

## SECTION X - STABILITY AND REACTIVITY

### **10.1 Reactivity**

Slowly decomposes on contact with air. Rate increases with the concentration and temperature. Exposure to sunlight accelerates decomposition.

### **10.2 Chemical stability**

Stable under recommended storage conditions. Slowly decomposes on contact with air. Rate increases with the concentration and temperature. Exposure to sunlight accelerates decomposition. Sodium hypochlorite becomes less toxic with age.

### **10.3 Possibility of hazardous reactions**

Avoid excessive heat and sources of ignition. Flammable hydrogen may be generated from contact with metals such as: aluminum, brass, tin, zinc and alloys of these metals. Avoid contact with acids, halogenated organics, organic nitro compounds and glycols. Hazardous gases may be generated from contact with acids, ammonium hydroxide (aqua ammonia) or cleaners containing ammonia compounds. Violent reactions may occur with some organic compounds. Sodium hypochlorite reacts readily with various reducing sugars (e.g. fructose, galactose, maltose, dry whey solids) to produce carbon monoxide.

Precautions should be taken including atmospheric monitoring of the tank to ensure safety of personnel. Hazardous polymerization will not occur.

#### 10.4 Conditions to avoid

Light, heat, air and contact with incompatible materials (see section 10.5).

#### 10.5 Incompatible materials

Ammonia, amines, ammonium salts, aziridine, methanol, phenyl acetonitrile, cellulose, ethyleneimine, organic materials, oxidizable metals/powdered metals, acids, soaps and bisulfates. Forms shock-sensitive mixtures with certain other materials.

#### 10.6 Hazardous decomposition products

Thermal decomposition products include chlorine gas, hydrogen chloride gas, hydrochloric acid, sodium oxide. Decomposition rate increases with temperature.

### SECTION XI - TOXILOGICAL INFORMATION

#### 11.1 Information on toxicological effects

##### Acute Oral Toxicity (Sodium Hypochlorite)

TDLo - 1gm/ kg oral (woman)

TDLo - 45mg/kg intravenous (man)

LD<sub>50</sub> - 5,800 mg/kg (mouse)

LD<sub>50</sub> - 140 mg/kg - 9 week(s) continuous oral (rat)

##### Acute inhalation toxicity

May cause severe bronchial irritation, sore throat with possible blistering, coughing, stomatitis, nausea, labored breathing, shortness of breath and pulmonary edema. 10-20 mg/m<sup>3</sup> causes burning of the nose and throat; 40-60 mg/m<sup>3</sup> may be fatal. If sufficient amounts are absorbed, may cause effects as detailed in acute ingestion.

##### Acute dermal toxicity

Extent of damage depends on concentration, pH, and volume of solution and duration of contact. May cause redness, pain, blistering, itchy eczema and chemical burns. Sensitization reactions are possible in previously exposed persons.

##### Skin irritation

Skin irritation - 24 h (Rabbit)

##### Eye irritation

Rabbit, Adult – 10 mg, moderate irritation

May cause redness, pain, and blurred vision. Solutions of 5% splashed in human eyes have caused a burning sensation and later only slight superficial disturbance of the corneal epithelium which cleared completely in the next day or two without special treatment. However, one animal study reports a 5% solution causing only moderate irritation with clearing within 7 days. A higher concentration of 15% tested on rabbit eyes caused immediate severe pain, hemorrhages, rapid onset of ground-glass appearance of the corneal epithelium, moderate bluish edema of the whole cornea, chemosis and discharge for several days. Such eyes have sometimes healed in 2-3 weeks with slight or no residual corneal damage but they had neovascularization of the conjunctiva and distortion of the nictitating membrane by scarring.

##### Sensitization

May cause allergic skin reaction

##### Genotoxicity in vitro

No data available

##### Mutagenicity

Mutation in micro organisms – *Salmonella typhimurium* 1mg / plate (-S9)

DNA repair – *Escherichiacoli* 20 µg/ disc;

DNA damage – *Esoherichiacoli* 420 µmol/L;

Phage inhibition capacity – *Esoherichiacoli* 103 µg/ well

Micronucleus test - non-mammalian species multiple 200 ppb

Cytogenetic analysis - non-mammalian species multiple 120 µg/ L

Cytogenetic analysis – human lymphocyte 100 ppm 24hour(s)  
Sister chromatid exchange – human embryo 149 mg/ L  
Cytogenetic analysis – hamster lung 100 mg/ L

**Aspiration hazard**

No test data available. Risk of serious damage to lungs by aspiration.

**Specific organ toxicity - single exposure**

No data available

**Specific organ toxicity - repeated exposure**

May cause allergic skin reactions, dermatitis (allergic and contact) and asthma or bronchitis. Sensitization reactions are reported in individuals who are exposed in small amounts through their water supply. High doses have caused sperm abnormality in mice.

**Additional information**

RTECS: Not available

## 11.2 Further information

**Ingestion:** May cause irritation and erosion of the mucous membranes, vomiting (possibly bloody) and abdominal pain and spasms. A drop in blood pressure, shallow respiration, edema (possibly severe) of pharynx, larynx, and glottis, confusion, convulsions, delirium and coma may occur. Cyanosis and circulatory collapse are possible. Esophageal or gastric perforation and strictures are rare. Death may occur, usually due to complications of severe local injury such as toxemia, shock, perforations, hemorrhage, infection and obstruction. Massive ingestions may produce fatal hyperchlormic metabolic acidosis or aspiration pneumonitis.

**Further data:** Handle in accordance with good industrial hygiene and safety practice.

**Chronic Effects**

Persons with impaired respiratory function may be more susceptible to the effects of this substance.

Sodium Hypochlorite (hypochlorite salts) is listed by IARC as a Group 3 Carcinogen – Not classifiable as to its carcinogenicity to humans. Sodium Hydroxide is not listed by IARC. None of the components of this product are listed as carcinogens by ACGIH, IARC, NTP or OSHA. No data is available regarding its mutagenicity and/or teratogenicity of this material, nor is there any available data that indicates it causes adverse developmental and/or fertility effects.

## SECTION XII - ECOLOGICAL INFORMATION

### 12.1 Toxicity Aquatic Ecotoxicity:

This product is very toxic to aquatic organisms.

**Aquatic Ecotoxicity:**

**Acute and prolonged toxicity to fish:** LC<sub>50</sub> – Pimephales promelas (Fathead minnow) 96 h: 0.22 – 0.62 mg/L

LC<sub>50</sub> – Oncorhynchus clarki (Cutthroat trout) 96 h: 0.94 µg/L (mortality)

**Acute toxicity to aquatic invertebrates:** EC<sub>50</sub> – Daphnia magna (Water flea), 96 h: 2.1 mg/L

LC<sub>50</sub> – Protozoan phylum (Protozoa), 7 h: 31.6 µg/L

**Acute toxicity to aquatic plants:** LC<sub>50</sub> – Algae, phytoplankton, algal mat (Algae), 96 h: 90 µg/L (mortality)

EC<sub>50</sub> – Desmodesmus subspicatus (Green algae), 24 h: 28 mg/L

**Acute phytotoxicity, aquatic plants:** Biomass reduction – Potamogeton crispus (Curled pond weed), 35h: 23 µg/L

**Acute toxicity, miscellaneous aquatic:** Chlorophyll Threshold, Aquatic community, 28 d: 2.1 µg/L

### 12.2 Persistence and degradability

**Biodegradability**

The methods for determining the biological degradability are not applicable to inorganic substances.

### 12.3 Bioaccumulation potential

**Partition coefficient, n-octanol in water:** Data not available

Bioaccumulation is not expected

## 12.4 Mobility in soil

Product is mobile in water.

## 12.5 Results of PBT and vPvB assessment

PBT/vPvB assessment is not available as chemical safety assessment was not conducted.

## 12.6 Other adverse effects

### Additional ecological information

This material is a very toxic to aquatic life. Do not allow material to run into surface waters, wastewater or soil.

## SECTION XIII - DISPOSAL CONSIDERATIONS

### 13.1 Waste treatment methods

The generation of waste should be avoided or minimized whenever possible. This material is subject to disposal regulations under U.S. EPA 40 CFR Parts 261 and 262. Container should be disposed of in a safe way as empty containers may contain product residue. Leave chemicals in original containers. No mixing with other waste. Handle unclean containers like the product itself. Incinerate in an approved facility. Do not incinerate closed container. Dispose of in accordance with the Directive 2008/98/EC as well as other national, federal, state/provincial and local laws and regulations.

No waste code according to the European Waste Catalogue can be assigned for this product, as the intended use dictates the assignment. The waste code is established in consultation with the regional waste disposer.

## SECTION XIV - TRANSPORT INFORMATION

### US DOT (Domestic Ground Transportation)

Proper Shipping Name:	Hypochlorite Solutions
Hazard Class:	8
Packing Group:	III
NAERG:	Guide #157
Packaging Authorizations:	Non-Bulk: 49 CFR 172.203; Bulk: 49 CFR 172.241
Packaging Exceptions:	49 CFR 173.154

### IMO/IMDG (Water Transportation)

Proper Shipping Name:	Hypochlorite Solutions
Hazard Class:	8
UN/NA#:	UN1791
Packing Group:	III
Marine Pollutant:	NO
EMS Number:	F-A, S-B

### ICAO/IATA (Air Transportation)

Proper Shipping Name:	Hypochlorite Solutions
Hazard Class:	8
UN/NA#:	UN1791
Packing Group:	III
Quantity Limitations:	49 CFR 175.75 - Cargo Aircraft Only: 60L Passenger Aircraft: 5L

### RID/ADR (Rail Transportation)

Proper Shipping Name:	Hypochlorite Solutions
Hazard Class:	8
UN/NA#:	UN1791
Packing Group:	III

**Marine Pollutant:** No

**Signal Word:** DANGER

**Hazard Symbols:** GHS05, GHS09 (GHS); C, N (EEC)



## SECTION XV - REGULATORY INFORMATION

### **15.1 Safety, health and environmental regulations/legislation specific for substance or mixture**

#### **U. S. Federal Regulations**

**OSHA Hazard Communication Standard:** This material contains "Hazardous Chemicals" as defined by the OSHA Hazard Communication Standard (29 CFR 1910.1200). **CORROSIVE**

**OSHA PSM:** Not regulated under OSHA Process Safety Management Standard (PSM) 29 CFR 1910.119

**EPA RMP:** Not regulated under EPA Risk Management Standard (RMP) 40 CFR Part 68

**EPA FIFRA:** This product is a registered Pesticide under the Federal insecticide, Fungicide and Rodenticide Act (FIFRA) 40 CFR Part 150

**TSCA Status:** All components of this product are listed on the Toxic Substance Control Act (TSCA) Inventory.

This product not subject to TSCA 12(b) Export Notification.

#### **Superfund Amendments and Reauthorization Act (SARA)**

**SARA Section 311/312 Hazard Categories:** This product is subject to the reporting requirements of Section 311/312 of the Emergency Planning and Community Right-to Know Act of 1986.

**Acute:** Yes **Chronic:** No **Fire:** No **Reactive:** No

**SARA 313 Information:** None of the chemicals in this product exceed the threshold (de minimis) reporting levels established by Section 313 of the Emergency Planning and Community Right-to Know Act of 1986.

**SARA 302/304 Extremely Hazardous Substance:** No components of the product exceed the threshold (de minimis) reporting levels established by of these sections of Title III of SARA.

**SARA 302/304 Emergency Planning & Notification:** No components of the product exceed the threshold (de minimis) reporting levels established by of these sections of Title III of SARA.

**Comprehensive Response Compensation and Liability Act (CERCLA):** This product contains the following CERCLA reportable substances:

Sodium Hypochlorite (CAS # 7681-52-9), RQ – 45.36 kg (100 lbs)

Sodium Hydroxide (CAS # 1310-73-2), RQ – 453.59 kg (1,000 lbs)

*\*Special Note: The Reportable Quantity (RQ) of Ultra-CHLOR Solution is approximately 100 gallons*

#### **Clean Air Act (CAA)**

This product does not contain any chemicals that are listed as Hazardous Air Pollutants (HAPs) designated in CAA Section 112 (b).

This product does not contain any Class 1 Ozone depleters.

This product does not contain any Class 2 Ozone depleters.

#### **Clean Water Act (CWA)**

Sodium hypochlorite, sodium hydroxide and hypochlorite solutions are listed as Hazardous Substances under the CWA.

None of the chemicals in this product are listed as Priority Pollutants under the CWA.

None of the chemicals in this product are listed as Toxic Pollutants under the CWA.

#### **U.S. State Regulations**

**California Prop 65, Safe Drinking Water and Toxic Enforcement Act of 1986:** This product contains no chemical(s) known to the state of California to cause cancer or other reproductive harm.

#### **Other U.S. State Inventories:**

Sodium hypochlorite (CAS #7681-52-9) is found on the following State Hazardous Substance Inventories and/or Right-to-Know lists: CA, DE, MA, MN, NY, NJ, PA.

Sodium hydroxide (CAS #1310-73-2) is found on the following State Hazardous Substance Inventories and/or Right-to-Know lists: CA, DE, ID, MA, MN, NY, NJ, PA, WA, WI .

#### **Canada**

##### **WHMIS Hazard Symbol and Classification:**



Class E – Corrosive material – Corrosive to skin

**Canadian Controlled Products Regulations (CPR):** This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations, and the MSDS contains all the information required by the Controlled Products Regulations.

**Canadian Ingredient Disclosure List (IDL):** Sodium hypochlorite and sodium hydroxide are listed on the IDL.

**Canadian National Pollutant Release Inventory (NPRI):** None of the ingredients in this product are listed on the NPRI.

**European Economic Community**

**WGK, Germany (Water danger/protection):** 2

**Chemical Inventory Lists**

Country	Inventory Name	Inventory Listing*
United States	Toxic Substance Control Act (TSCA)	Yes
Canada	Domestic Substance List (DSL).	Yes
Canada	Non-Domestic Substance List (NDSL)	Yes
Europe	Inventory of New and Existing Chemicals (EINECS)	Yes
Australia	Australian Inventory of Chemical Substances (AICS)	Yes
New Zealand	New Zealand Inventory of Chemicals (NZIoC)	Yes
China	Inventory of Existing Chemical Substances in China (IECSC)	Yes
Japan	Inventory of Existing and New Chemical Substances (ENCS)	Yes
Korea	Existing Chemicals List (ECL)	Yes
Philippines	Philippines Inventory of Chemicals and Chemical Substances (PICCS)	Yes

\*"Yes" indicates that all components of this product are in compliance with the inventory requirements administered by the governing country.

\*\*"No" indicates that one or more components of this product are not on the inventory and are not exempt from listing.

**SECTION XVI - OTHER INFORMATION**

**Hazardous Material Information System (HMIS)**

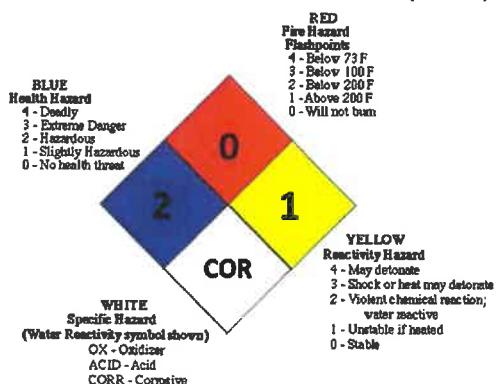
HEALTH	2
FLAMMABILITY	0
REACTIVITY	1
PERSONAL PROTECTION	H

**HMIS / NFPA Hazard Rating Legend**

* = Chronic Health Hazard	2 = MODERATE
0 = INSIGNIFICANT	3 = HIGH
1 = SLIGHT	4 = EXTREME



**National Fire Protection Association (NFPA)**



For additional information, contact our technical service department.

Information contained in this MSDS refers only to the specific material designated and does not relate to any process or use involving other materials. This information is based on data believed to be reliable, and the Product is intended to be used in a manner that is customary and reasonably foreseeable. Since actual use and handling are beyond our control, no warranty, express or implied, is made and no liability is assumed by Odyssey Manufacturing in connection with the use of this information.

# NSF International

RECOGNIZES

## ODYSSEY MANUFACTURING COMPANY

TAMPA, FL

AS COMPLYING WITH ANSI/NSF 60.

PRODUCTS APPEARING IN THE NSF OFFICIAL LISTING ARE

AUTHORIZED TO BEAR THE NSF MARK.



Certification Program  
Accredited by A2LA  
American National  
Standards Institute



Certification Program  
Accredited by A2LA  
The Dutch Council  
for Accreditation  
of Camps

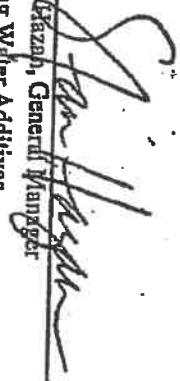


Certification Program  
Accredited by A2LA  
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Institute

This certificate is the property of NSF International and must be returned upon request. To verify certification, call 800-NSF-MARK or (1) 734 769-8010.

May 4, 2000

Certificate #25070/25070B

  
Stan S. Kazan, General Manager  
Drinking Water Additives



**ODYSSEY**  
MANUFACTURING CO.

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**Ultrachlor® Sodium Hypochlorite Specifications  
12.5% Trade Percent Available Chlorine**

As of 08/01/2017

Item	Guarantees	Typical Values
Chemical Formula:	NaOCl in Water	NaOCl in Water
Delivered Grams per Liter:	> 120 GPL	122 - 125 GPL
Delivered Trade Percent/Percent by Volume:	12.0	12.2 - 12.5
Specific Gravity Range:	1.159 - 1.169	1.163 - 1.165
% by Weight Excess Sodium Hydroxide:	0.2 - 0.4	0.25 - 0.35
pH:	12.5 -13.0	12.6 - 12.9
Weight % Available Chlorine:	> 10.4	10.55 - 10.8
Weight % Sodium Hypochlorite:	> 10.8	11.0 - 11.3
lb/gallon Available Chlorine:	> 1 lb/gallon	1.03 - 1.04 lb/gallon
Gallons required to Obtain 1lb of Chlorine:	0.96 - 1 gallon	0.96 - 0.97 gallon
Iron (Fe):	< 0.30 mg/L	0.1 -0.2 mg/L
Copper (Cu):	< 0.03 mg/L	Not detectable
Nickel (Ni):	< 0.03 mg/L	Not detectable
Manganese (Mn):	< 0.03 mg/L	Not detectable
Selenium (Se):	< 0.02 mg/L	Not detectable
Bromate:	< 20 mg/L	0 - 5 mg/L
Perchlorate (At time of manufacture):	< 10 mg/L	Not detectable
Chlorate (At time of manufacture):	< 2,000 mg/L	500 - 1,000 mg/L
Viscosity (Varies with temperature):	1.75 – 2.50 centipois	1.75 – 2.50 centipois
Specific Heat:	0.90 - 0.94 Cal./gm/deg C	0.91 - 0.93 Cal./gm/deg C
Thermal Conductivity:	0.2 - 0.4 W/m/deg C	0.3 - 0.35 W/m/deg C
Suspended Solids Test (e.g. Filter Test)	< 3 minutes	0.9 - 1.25 minutes
Appearance:	Greenish-yellow liquid	Greenish-yellow liquid

**Note: Product is certified to meet ANSI/NSF Standard 60 and is in compliance with ANSI/AWWA Standard B300-10.**