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?

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:

BY:

DATE:

Raymond Pool SE Region Mgs.

Addendum #1-1

CIT	Y	OF	·		
GA]	N	ES	VII	L	E

FINANCIAL SERVICES 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:

BY:

DATE:

Raymond Pool SE Region Mgs.

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 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 DA	BID DUE DATE: July 3, 2019 at 3:00 p.m. local time						
CITY'S REPR	ESENTATIVE (to be contacted for additional information on this proposal):						
Name:	Telephone Number: 352-334-5021 Fax Number: 352-334-3163 Email address:						
Bidder Legal N	Jame: Hawkins Inc						
Bidder Alias/D							
Bidder's Addre	- (1) ()						
	Apopka FL 32103						
BIDDER'S RE Name:	EPRESENTATIVE (to be contacted for additional information on this proposal) Telephone Number 800-330-1319						
Date:	6/28/19 Fax Number 800 - 524 - 9315						
	Email address Chuck, Oool Chaultinging						

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.

com

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.

<u>ADDENDA</u>
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 51340. gal year Dollars (\$1.13) Price Per Gallon of NAoc1 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 requestedyes
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 XINO
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)
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: (CORPORATE SEAL) BIDDER: Hawkins, Inc. Signature By: Marcia Stvanson By: Raymond Porl
Title: Office Mg. Title: SE Kegion Mgs.

Revised: 4/4/2005;5/17/2012

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				□ Yes □ No
2.	as 5000000 (5000) - \$1	200 2002 0			□ Yes □ No
3.					□ Yes □ No
4.			7 S SOMESTICO S COM 103	ĺ	□ Yes □ No
5.					□ Yes □ No

MATERIALS SUPPLIERS

	Company Name	Company Phone Number	Type of Supply/Material	% or Price of Materials	Qualified Local Small Business
1.			50-3 St. (200-00) (200-00)		□ Yes □ No
2.	None				□ Yes □ No
3.					□ Yes □ No
4.					□ Yes □ No
5.					□ Yes □ No

(C)C		51200100 20000 S	100 No. 100 No
Bidding Company Name:	Hawkins Inc	Form Completed By:	Med
Date: _	428/19	Title:	Raymond Prol SE Region Mg

DRUG FREE WORKPLACE FORM

The unc	dersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
	Hawking 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 p	person authorized to sign the statement, I certify that this firm complies fully with the above requirements. Bidder's Signature
	Raymond Prol SE Region: Mgr. 1/28/19 Date

ATTACHMENT A

Bid No. PRCA- 190044-ON.

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
he City prefers to have a regular, weekly delivery schedule, with non-regular, additional
eliveries 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:
f you can provide deliveries within the City's schedule, please initial here: AZVY f you cannot provide deliveries within these time periods, please state what your delivery time
rames are:
ames are.
Oue 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
hlaving tonks
f you can meet the delivery truck size requirements, please initial here:



March 20, 2017

Henkins, Iac. 2381 Rosegote Roseville, MM 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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement	. Ast	atement on
	DUCER				CONTACT NAME: Haley Odorizzi					
Marsh & McLennan Agency LLC					PHONE (A/C, No. Ext): 763-746-8323 (A/C, No):					
7225 Northland Dr N #300 Minneapolis MN 55428						E-MAIL ADDRESS: haley.odorizzi@marshmma.com				
IVIII	illeapolis MiN 55426		INSURER(S) AFFORDING COVERAGE NAIC#				NAIC#			
			INCHE	R A : Nautilus	500			17370		
INSURED HAWKIINC							100000000000000000000000000000000000000	rnace Company		10717
Hawkins, Inc.						R C : AIG Spe				99999
2381 Rosegate Roseville, MN 55113								Insurance Company		19410
110	30 vine, 1011 00 110							ance Company	-	23841
						RF: AIG Prop				55555
COVERAGES CERTIFICATE NUMBER: 1302165182				INCORE			REVISION NUMBER:			
IN Ci	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	OT TO	WHICH THIS
INSR LTR		INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
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	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 1,000,	000
	X Products Poll			0				MED EXP (Any one person)	\$ 25,000) .
								PERSONAL & ADV INJURY	\$ 1,000,	000
	GEN'L AGGREGATE LIMIT APPLIES PER:				1		8	GENERAL AGGREGATE	\$ 2,000,	000
	POLICY X JEST X LOC						8	PRODUCTS - COMP/OP AGG	\$ 2,000,	000
	OTHER:						COMBINED SINGLE LIMIT	\$		
Đ	AUTOMOBILE LIABILITY			CA4784945	9/30/2018	9/30/2019	(Ea accident)	\$ 1,000,000		
	X ANY AUTO OWNED SCHEDULED									
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE		
								(Per accident)	\$	
С				14246215	1000	9/30/2018	30/2018 9/30/2019		- AND	
C				14240210	9/30/2018	3/30/2010	9/30/2019	EACH OCCURRENCE	\$ 10,000	
	101							AGGREGATE	\$ 10,000),000
E	DED A RETENTIONS O WORKERS COMPENSATION			WC014220495		9/30/2018	9/30/2019	X PER OTH-	\$	
_	AND EMPLOYERS' LIABILITY Y/N			110014220400		3/03/2010	3/00/2010		C 4 000	200
	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	a beganner over a street	
Α	DÉSCRIPTION OF OPERATIONS below Pollution Liability		8	SSP201587911		9/30/2018	9/30/2021	Total Limit	25,000	0.000 Occ
B	Werk Comp (CA only)			EXAFVXW18 WC014220496		9/30/2018 9/30/2018	9/30/2021 9/30/2019		25,000 \$1M/\$),000 Agg 1M/\$1M
Thi:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES INSURANCE IS ISSUED PUTSUANT to the Mir State of Minnesota. In case of insolvences carriers.	nesc	ota su	irplus lines insurance act. 1	The insu	ırer is an eligi	ble surplus li	nes insurer but is not othe	rwise li lations	icensed by of surplus
					486.00				_	
CE	RTIFICATE HOLDER	E 11/16		. 7 - 3 - 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CANO	ELLATION	70.5			
	For Informational				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
For Informational Purposes Only					AUTHORIZED REPRESENTATIVE					

Reference List -City of Gainesville

Miami-Dade County	275 NW 2nd Ave., 3rd Floor	Jim O'Connor	786-325-8449
	Miami, FL 33128	Supervisor	joconnor@miamidade.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	John Mercer	904-434-5990
	Jacksonville, FL 32202	Superintendent of Pools	<u>johnm@coj.net</u>
Lee County	1450 Werner Dr.	Cadd Balogh	239-281-7632
	Ava, FL33920	Utilities Water Manager	cbalogh@leegov.com
City of Daytona Beach	301 S. Ridgewood Ave.	Joe Wooden	386-671-8080
	Daytona Beach, FL 32114	Aquatics Supervior	woodenige@codb.us
City of Gainesville	1001 NW 31st Drive Gainesville, FL 32605	Jeff Moffitt Supervisor	352-316-4621



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,

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: Bi

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

Telephone: 800-330-1369

Fax: 800-524-9315



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 28st day of June 2019.

Marcia Stivanson

Notary Public MSTGA STYPISON da MY COMMISSION # FF 980804 EXPIRES: April 20, 2020

Summary of Work-Related Injuries and Illnesse 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 enthies are complete.

Year: 2018 💠 U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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		al number of er recordable cases
0 . 0		0	0
(G)	(H)	(I)	(J)
Number of Days Total nu days aw wo	ay from	Total number of days of job transfer or restriction	ent of the second
0	<u> </u>	0	
(K		(L)	
injury and illness Typ	es		
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 illness	es 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 Meadov	włake Parkway
City, State, Zip	Swainsboro, G	GA 30401
Industry description (e.g.,	Manufacture of n	motor truck trailers)
Chemical	Distribution	
Standard Industrial Classif	ication (SIC), if kn	mown (e.g., SIC 3715)
OR North American Indus	strial Classification	on (NAICS), if known (e.g.,
424	690	
Employment information		
Annual Average number	of employees	2
Total hours worked by all	employees last y	year <u>4179,89</u>
Sign here		
Knowingly falsifying this	document may	result in a fine.
I certify that I have examin are true, accypte, and cor		at and that to the best of my knowledge the entries
	<u></u>	VP, General Counsel
Company	executive	Title
612-331		January 25, 2019
Pho	ne	Date

Summary of Work-Related Injuries and Illnesse

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 farmer 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 Record

Total number of deaths	Total number of cases with days away from work		Total number of other recordable cases 0 (J)	
0	0	0		
(G)	(H)	(I) —		
Number of Days Total nu		Total number of days	athe of t	
days aw		of job transfer or restriction		
0		0		
(K)		(L)		
Injury and Illness Typ	es			
Total number of (M)				
(1) Injury0		_ (4) Poisoning	0	
(2) Skin Disorder	0	(5) Hearing Loss	0	
(3) Respiratory 0		(6) All other illine	sses 0	
Condition			25	

Public reporting burden for this callection of Information is estimated to everage 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 Stalistics, Room N-3644, 200 Constitution Ava., 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., I	Manufacture of	motor truck trailers)		
Chemical C	Distribution			
Standard Industrial Classific	ation (SIC), if k	nown (e.g., SIC 3715)		
OR North American Indust	rial Classification	on (NAICS), if known (e.g.,		
4246	90			
Employment information				
Annual Average number o	f employees	5		
Total hours worked by all e	employees last	year9730,16		
Sign here				
Knowingly falsifying this	document may	y 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	kecutive	VP, General Counsel Title		
612-331- Phor		January 25, 2019 Date		

Summary of Work-Related Injuries and Illnesse

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 those forms.

Number of Cases

Total number Total number of of deaths 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)	(1)	(J)
days av	mber of ray from ork	Total number of days of Job transfer or restriction	
()	0	
(H	9	(L)	
Injury and Illness Ty	ies		
Total number of (M)	00 As 500M00		
(1) Injury	0	(4) Poisoning	00
(2) Skin Disorde	r <u>0</u>	(5) Hearing L	oss 0
(3) Respiratory Condition	O O	(6) All other i	linesses 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, OC 20210, Do not send the completed forms to this office.

Establishment information			
Establishment Name	BP#	79	Big Pine Key
Street	100 l	ndustrial	Road
City, State, Zip	Big P	ine Key,	FL 33043
Industry description (e.g., f	Manufa	cture of	motor truck trailers)
Chemical D	Distribu	tion	
Standard Industrial Classific	ation (S	SIC), if k	nown (e.g., SIC 3715)
OR North American Indust	rial Cla	ssification	on (NAICS), if known (e.g.,
4246	90		
Employment information			
Annual Average number of	f emplo	yees	1
Total hours worked by all e	employe	es last	year <u>1880</u>
Sign here			
Knowingly falsifying this	docum	ent may	result in a fine.
I certify that I have examine are true, accurate, and com		locumen	it and that to the best of my knowledge the entries
			VP, General Counsel
/ Company ex	recutive	3	Title
612-331-			January 25, 2019
Phor	1e		Date

Summary of Work-Related Injuries and Illnesse All establishments covered by Part 1904 must complete this Summary page, even if no injuries or linesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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Employees former employees, and their representatives have the right to review the OSHA Form 300 in its

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 nu days aw wo	ay from	Total number of days of job transfer or restriction	Stor Sant w	
0	<u> </u>	0		
(K)	(L)		
Injury and Illness Typ Total number of (M)	41 0.544 0.002			
	0	(4) Poisoning	0	
(1) Injury				
(1) Injury (2) Skin Disorder	0	(5) Hearing L	oss 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 CMB centrol 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 S	Ł
City, State, Zip	Hollywood, FL	33023
Industry description (e.g.	, Manufacture of n	notor truck trailers)
Chemical	Distribution	<u> </u>
Standard Industrial Classic	ication (SIC), if kn	iown (e.g., SIC 3715)
<u>,</u>		
OR North American Indu	strial Classification	n (NAICS), if known (e.g.,
424	690	
Employment Information		
Annual Average number	of employees	2
Total hours worked by al	l employees last ye	ear <u>3816</u>
Sign here		*
Knowingly falsifying this	document may	result in a fine.
I certify that I have examin are true, accurate, and co		and that to the best of my knowledge the entries
		VP, General Counsel
./ Company	executive	Title
612-33		January 25, 2019
Pho	one	Dale

Summary of Work-Related Injuries and Illnesse

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 Summery 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".

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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	
(G)	(G) (H)		(J)	
Tolal m days av	umber of way from work	Total number of days of job transfer or restriction	ကို ရှင်လေးရှင် အရေး ၁ လည်းသည် သည် သည်သော (၁)	
	0	0		
(K)		(L)		
injury and illness Ty	pes	and the second	and the second of the second o	
Total number of (M				
(1) Injury	0	(4) Poisoning	0	
(2) Skin Disorde	r <u>0</u>	(5) Hearing L	oss <u>0</u>	
(3) Respiratory 0 Condition		(6) All other it	inesses 0	

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Establishment information		
Establishment Name	BP# 76	Tarrytown
Street	13825 SR 471	71
City, State, Zip	Webster, FL 3	33597
Industry description (e.g.	, Manufacture of r	motor truck trailers)
Chemica	Distribution	
Standard Industrial Classic	ication (SIC), if kr	cnown (e.g., SIC 3715)
OR North American Indu	strial Classification	on (NAICS), if known (e.g.,
424	690	
Employment information		
Annual Average number	of employees	10
Total hours worked by al	i employees last y	year <u>20037.53</u>
Sian here		
Knowingly falsifying this	document may	y result in a fine.
I certify that I have examin are true, accurate, and co		nt and that to the best of my knowledge the entr
Company	executive	VP, General Counsel Title
612-33	1-6910	January 25, 2019
Pho	one	Date

Summary of Work-Related Injuries and Illnesse

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.

Year: 2018 • U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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". Establishment information Establishment Name BP# 75 Labelle 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. 871 Industrial Blvd. Number of Cases Labelle, FL 33935 City, State, Zip Total number of other recordable Total number Total number of Total number of Industry description (e.g., Manufacture of motor truck trailers) cases with days away from work of deaths cases with lob Chemical Distribution transfer or restriction cases 0 0 0 0 Standard Industrial Classification (SIC), if known (e.g., SIC 3715) (1) (J) (G) (H) Number of Days OR North American Industrial Classification (NAICS), if known (e.g., Total number of days of job transfer or restriction Total number of days away from work 424690 0 0 Employment Information (K) (L) Annual Average number of employees Injury and Illness Types Total hours worked by all employees last year 14331.64 Total number of... (M) (4) Poisoning (1) Injury n Sign here (5) Hearing Loss Knowingly falsifying this document may result in a fine. (2) Skin Disorder I certify that I have examined this document and that to the best of my knowledge the entries 0 (6) All other illnesses (3) Respiratory 0 are true, accurate, and complete: Condition 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 CMB control number. If you have any comments about these estimates or any aspects of this date collection, contact US Department of Labor, CSHA Office of Statistics, Room N-3844, 200 Constitution Ave. NW, Washington, DC 20210, Do not send the completed forms to this office. VP, General Counsel Title January 25, 2019 612-331-6910 Phone

Summary of Work-Related Injuries and Illnesse

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

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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 "O".

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 Record

Number of Cases	Burnelland his i	Section of the second section of the second	ا المارين الأراب الأر	III Vietn
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)	(1)	(J)	
Number of Days Total nu days aw wo	mber of	Total number of days of job transfer or restriction		ž
		0		
(K	(K)			
Injury and Illness Typ	es .	in the second of	a Production	
Total number of (M)				
(1) Injury	1	(4) Poisoning	. 0	_
(2) Skin Disorder	. 0	(5) Hearing L	.oss <u>0</u>	
(3) Respiratory Condition	0	(6) All other i	linesses 0	

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Establishment information			
Establishment Name	BP# 74	Brooker	
Street	14510 Southwest S.R. 231		
City, State, Zip	Brooker, FL 32	2622	
Industry description (e.g.,	Manufacture of r	motor truck trailers)	
Chemical	Distribution		
Standard Industrial Classifi	cation (SIC), if kn	nown (e.g., SIC 3715)	
OR North American Indus	trial Classification	n (NAICS), if known (e.g.,	
4246	90		
Employment Information			
Annual Average number of	of employees	6	
Total hours worked by all	employees last y	ear <u>12893,03</u>	
Sign here			
Knowlngly falsifying this	document may	result in a fine.	
I certify that I have examine are true, accurate, and com		and that to the best of my knowledge the entries	
		VP, General Counsel	
Company e	xecutive	Title	
612-331-		January 25, 2019	
Pho	ne	Date	

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January 25, 2019

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". Establishment information Establishment Name BP# 78 Apopka 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. Street 2263 Clark Street City, State, Zip Apopka, FL 32703 المراجعية في المراجعية في المراجعية المنظل المراجعية المراجعية المراجعية المراجعية المراجعية المراجعية المراجع والمراجعية في المراجعية المراجعية المراجعية المراجعية المراجعية المراجعية المراجعية المراجعية المراجعية المراج Number of Cases Total number of cases with days away from work Total number of deaths Total number of cases with job Total number of Industry description (e.g., Manufacture of motor truck trailers) other recordable cases Chemical Distribution transfer or restriction 0 0 0 0 Standard Industrial Classification (SIC), if known (e.g., SIC 3715) (Ĝ) (H) (1) (J) Number of Days OR North American Industrial Classification (NAICS), if known (e.g., Total number of days of job transfer or restriction Total number of days away from work 424690 0 0 Employment information (K) (L) Annual Average number of employees Injury and Illness Types Total hours worked by all employees last year 47922.15 Total number of... (M) (1) Injury (4) Poisoning Sign here 0 n (5) Hearing Loss (2) Skin Disorder Knowingly falsifying this document may result in a fine. (3) Respiratory Condition I certify that I have examined this document and that to the best of my knowledge the entries (6) All other illnesses 0 te, and complet Public reporting burden for that 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 Lebor, OSHA Office of Statistics, Room N-3844, 200 Constitution Ave, NW, Washington, DC 20210, Do not send the completed forms to this office. VP, General Counsel Company executive

612-331-6910

Summary of Work-Related Injuries and Illnesses



Using the Log, court the inches of the Log, if you had no course with the	spiele and incorrele belo duel entries you made it i, and their representative	re completing this exemplery, or each unlagory. Then write t as here the right to review the	he loksts below, melcing a coSHA Form 300 in its e	r Breases occurred during the year. Rem ure you have added the entries from ever reliedy. They also have limited access to 8	Tour establishment name BP78 - Apopka Company Name Hawkins WRI Apopka (Dumont)
Number of Ca	ses		ON THE SCHOOL STORES	ran kir krain kame.	Industry description (e.g. Manufacture of motor track trailers)
Total number of deaths	Total number of cases with days away from work		Total mander of other recordable cases	ľ	Chemical Manufacturing and Distribution Standard Industrial Classification (SIC), if known (e.g. SIC 3715)
<u>0</u>	<u>Q</u> 00	<u>0</u>	O. CO		OR
Number of Da	VS.				North American Industrial Classification (NAICS), if known (e.g., 336212)
Total number of days away from work	NAMES OF	Total number of days of Job Transfer or Restric	if: Hon		424590
Ω		Q			Employment information
(IS)		Ü			Ammal average number of employees 25 Total bours worked by all employees last year 45,733
Injury and Illn	ess Types			•	Sign here
(16)					Knowingly fabilying this document may result in a fine.
(1) Injuries (2) Skin disorders (3) Respiratory condition	Ω Ω Ω	(4) Poisonings (5) Hearing Loss (6) All other illnesses	0 0		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 612-617-8532. Phore Date
A PERSONAL PROPERTY OF STREET, THE PROPERTY OF STREET,					

rust trus summary page from February 1 to April 30 of the year following the year covered by the form.

position in equality countries are connected of information is believed to evenage 60 inherites per response, including three to review the instructions, transfer any operation the data feederd, and complete and instruction of information. Personal are not required to the collection of information unless it displays a currently waited GAED control number. If you have any comments should these auditates are any other expected of this data toolston, control. The operation of its labor, CSSHA Oilton of Statistics, Room H- 3644, 200 Constitution Avenue, NW, Whethington, DC 20210. Do not lessed that completed forms to this office.

Summary of Work-Related Injuries and Illnesses



As a abablishments covered by Pee to review the Log to verify the Log to verify the 1st sentimes are comp. Using the Log, court the builded of the Log 8 your of the Log 8 your Carpidysees, Forms employees, a CSPA Forms 301 or the active the See 20 CFR Peet 1 NUMBER OF CASS	olete end accusate behin had writtee you made for and their representative: 1904.35. In OSHAn pucci	to completing this summary, if each category. Then write the in have the right to review the	Your establishment name BF79 - Big Pinc Key Company Name Hawkins WTG Big Pinc Key (Dumont) Street 100 Industrial BLVD City Big Pinc Key State Florida ZIP 3305; Industry description (e.g. Manufacture of motor track trailers)	1		
Total mamber of deaths	Total number of cases with days	Total number of cases with job transfer or restriction	Total number of other recordable cases		Chemical Manufacturing and Distribution Standard Industrial Classification (SIC), if known (e.g. SIC 3715)	
Ď	<u>O</u>	<u>0</u>	<u>Q</u>		OR	
Number of Day Total number of days away from work	R	Total number of days o Job Transfer or Restrict			North American Industrial Clausification (NAICS), if known (e.g., 33621)	2)
	uer Tanar	Q (C)			Employment information Annual average number of employees 1. Total hours worked by all employees last year 1.896 Sign here	ļ
Injury and Hin Total combet of (N) (1) Injuries (2) Skin disorders (3) Respiratory condition	o o o o	(4) Prisonings (5) Hearing Loss (6) All other Elnesses	0 0 0		Knowingly faistfying this document may result in a fine. I certify that I have examined this document and that to the best of my knowledge the centres are true, accurate, and complete. Company Expeditive G12-614-6532 O1(23/2018 Phone	<u>~</u>

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

Public reporting burset for the collection of information is eletinated to werege 50 minutes per response, supplying thin is review the instructions, paget in a gather the other review of the collection of information unless of england to required to insport to the collection of information unless it displays is currently velict DMB control number. If you have any componite about these self-makes or any other expects of this data collection, contact: US Department of Labor; OSHA Office of Statistics, Room H-3644, 200 Constitution Avenue, NMV, Weshington, DC 20210, Do not send the completed forms to this office.

Summary of Work-Related Injuries and Illnesses



o verily that the entries are complishing the Log, count the individ of the Log. If you and no cases, settle "0," Employees, farmer employees, 3514 Form 301 or	piele and accumie befor val aniches you made for and their representative	e completing this europery. r each category. Then with th ne turns the right to review this	worst-related injuries or literature occ a looks below, making sure you have DONA Form 300 is its endraty. They it also no thre ecoses arrobotors for three	added the entries from every page nitro have straked access to the	Establishment Information Your establishment name HP74 - Brook Company Name Hawkins WTG Starke (Dunom Street 419 Edwards Rd City Starke State Florida	0. ZDP <u>32091</u>
Number of Cas					Industry description (e.g. Manufacture of motor t	-
Fotal number of deaths	Total muchin of cases with days	Total number of cases with job transfer or restriction	Total mimoer of other recordable cases		Charical Manufacturing and Distrit Standard Industrial Classification (SIC), if known	
© Q	<u>Q</u> (H)	<u>0</u>	g G	*	OR OR	
Number of Day	18				North American Industrial Classification (NAICS	i), if known (e.g., 336212)
ioui pamier of days way from work		Total number of days of Job Transfer or Restric			<u>474690</u>	
.0.		0		31	Employment Information	200
(9)		(1)			Annual average number of employees	ı
Injury and Illn	ess Types				Total hours worked by all employees last year Sign here	13,525
Ictal number of					Knowingly faisifying this document may result	
(4) (1) Injuries (2) Skin disorders (3) Respiratory condition	0 0	(4) Poisonings (5) Hearing Loss (6) All other illnesses	0 0	я	Company Emergence This	VP-WT6

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 severage 50 minutes per response, including time to review the instructions, eventh an gettier the data research, and complete and review the collection of information. Persons are not required to the collection of information turbus if discloyer as carrierly walfold this control review. If you have any comments about these satinates or any other supposed of this date collection, confact. The Department of Labor, OSIM Office of Statistics, Room N-3644, 200 Constitution Avenue, INV, Washington, DC 20210. Bo not send the completed farms to this office.

Summary of Work-Related Injuries and Illnesses



o review the Log. I verify that the entire are comp. Ueing the Log. count the individu if the Log. 11 you out no cases, write "0." Employees, former employaes, a DSHA Form 301 or to eccivalent. See 20 GFR Part 1	verify that the entities are complete and accurate before completing this automaty. Indeed, the fundamental point and accurate before completing this automaty. Then write the inclusion below, making sure you have added the embies from every page the Equ. 8 you of no cases, write "L" impleyees, forming the "L" impleyees, forming the "L" impleyees, forming the provision and their representatives have the right to review the DSHA Form 300 in the embirdy. They also have finited access to the SHA Form 301 or 20 GFR Part 1904.25, in DSHAs moontinening rule, for further details on the access provisions for these forms. NUMBER OF CRISCS.						stablishment name y Name <u>Hawkins W</u> 5705 Dewey Stree Hollywood description (e.g. Mas Chemical Manufa	BP77 - I TG Hollywo i State aufacture of i	od (Durount) Florida motor truck tre	ZIP allers)	33023
Fotal number of deaths	cases with days		Total mainber of other recordable cases		1	Standard	Industrial Classifica		1 100	IC 3713)	
<u>0</u> (6)	<u>0</u>	<u>0</u>	<u>0</u>			OR	200				
Number of Day	28					North Ar	merican Industrial Cl	amification (NAICS), if in	and (c.E.	, 336212)
Tool number of days sway from work		Total number of days of Job Transfer or Restrict					<u>424690</u> syment Informati	la a			1
0		Q			1		ryment miorined rycage number of ea			1	
(0)		ເນ					urs worked by all can		year	3.880	1
Injury and Illu	ess Tracs				1	Sign h	PARTICULAR STANDS STAND	E.S.L. S. S. E. argonosus	\$107200		
Tutal number of						Katwin	gly falsifying this do	current may	y result be a fi	nė.	
00					840		that I have examined age the cottles are true			he best of	£ my
(1) Injuries	Q	(4) Poisonings	Q			ESO WIELD			THE STATE OF THE S		
(2) Skin disorders	Q	(5) Hearing Loss	2			1	my Executive	and the	Title	-4	716
(3) Respiratory condition	ō	(6) All other illnesses	2			2/	5.6.78- F13 -			3 150	

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PLOEs reporting burden for this collection of information is estimated to evening 3D minutes per response, historizing firms to review the statutions, search min gather the deals needed, and complete and internation under information renomine and only england to respond to the collection of the thirthoston unities it displays a currently wall OMB control number. If you have any comments about these estimates or any other supercts of this date collection, contact: US Department of Labor, OSHA Office of Statistics, Room H- 3044, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Summary of Work-Related Injuries and Illnesses



Establishment Information

Using the Log, count the Individ of the Log. If you and no cases, write "0." Employees, former employees, OSHA Form 301 or	review to Log welf, that the arthins are complete and accurate before completing this surveyary, while the Log, count the individual entries you need for each category. Then write the totals before, making sure you have added the entries from every page to be Log. if you of no cases, write "to" and only a write to the total accuse to the systematics. See 29 CER Part 1004.35, in OSHAs recordination plan, for further deviate on the accesser provisions for these forms.						ablishment no Name Hawkin 871 Industria Labelic cacription (e.g.	WTG Labo I Blvd State	lle (Dumont)	ZIP	33931	
Number of Cas Total number of deaths	Took number of cases with days	Total immiber of cases with job transfer or restriction	Total member of other recordable cases			3533		mufacturing	and Distribution	1	5)	
<u>0</u> (9	Q m	<u>Q</u>	<u>0</u>			OR		CONTRACT PRINT LINE				
Number of Day	PN .		X 107 1036A			North Am	crican Industria	l Classificati	oo (NAICS), if	ichown (c.	g., 336212)	
Total number of days away from work		Total number of days o Job Transfer or Restrict				Emnloy	424690 ment Inform	ration				
D On		<u>0</u> N				Annual av	renge number o	Famployous		B. 13.62		20
Injury and Illa	ess Types					Sign he	South the state to the state of the state of	• 101. • 101.00	100000 - 100000		•	
(11)						I contify th	hat I have exam to the entries are	ned this doc	poent and that	to the best	ofmy	
(1) Injuries (2) Skin disorders (3) Respiratory condition	0 0	(4) Poisonings (5) Housing Loss (6) All other illnesses	0 0			Compan		He	Title		3,000	
					10							

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Public inporting burdon for this collection of information is estimated to severage 50 intention par response, including finis to myles the instructions, search any getter the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unives it displays a currently relat Child control number. If you have any comments about these estimates or any other suspects of this data collection, contact US Department of Labor, OSHA Critica of Statistics, Room N-3646, 200 Constitution Avenue, NW, Washington, DC 20210, Do not send the completed forms to this office.

Summary of Work-Related Injuries and Illnesses



All establishments covered by Pi to review the Log to varily that the entries are com- Uning the Log, count the include of the Log. If you had no ceese, when '0, Emphysics, former exployees, CSNA Ferm 301 or the equivalent. Size 20 GFR Part :	olete and accurate bally lad antifes you made fo and their representative	n completing this assumery, r each celegory. Then write th at hiere the right to review the	e kotaka below, melding OSFAR Form 300 in ita i
Number of Cas	ies		
Total number of deaths	Total maniper 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>	00	<u>Q</u>	<u>ο</u>
Number of Day	PS .		
Total multior of days away from work		Total number of days of Job Transfer or Restric	
<u>0</u>		Q	
(C)		ம	
Injury and Illu	ess Types		
(10)			
(i) Injuries	Q	(4) Poisonings	0
(2) Skin disorders	Q	(5) Hearing Loss	Ō
(3) Respiratory condition	Q	(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 barden for this collection of Information is celebrated to sverage 50 minutes per response, including time to review the instructions, research and getter the date needed, and complete and review the collection of information. Personse are not required to respond to the obtained information unless it displays a currently vesif CMS control number. If you have any consensatis about these estimates or any other expects of this date collection, contact US Department of Labor, OSNA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Westfergion, DC 20210, Do not eart the completed forms to this office.

Establ	ishment inform	ation			
Your es	tabilshmont nam	BP81 -	Swainsbor	12.	
Сопред	y Name Hawkins V	TG Swains	2070		
Stroct	184 East Meadow	lako Perkyo	EX.		
City	Swainsboro.	State	Georgia	ZIP	30401
Industry	description (e.g. Ma	rafacture of	motor track	trailers)	
	Chemical Manufa	cturing zed	Distribution		
Standard	Industrial Classifica	rtion (SIC), i	lf known (e.g	. SIC 3715)	
OR	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
North A	merican Industrial C	lassification	(NAICS), if	known (c.g.	, 336212)
	<u>424690</u>				
Emplo	yment informat	ion			
Ammal :	everage number of e	mployees		2 -	
Total bo	us worked by all on	ployecs last	year	3.648	L.
Sign h	ere				
Kaowie	gly fabiliying this d	ocument hu	y result in a	floc.	
	that I have examined go the outsies are tro				fony
7	Zoon -	7110	4	11-	WT6
Compa	ny Executive /		Title	S.	

Summary of Work-Related Injuries and Illnesses



			13		1	MANUAL MITOR	***********				
to continue the Log		\$100,00 kg (\$100 kg))); \$100 kg (\$100 kg))); \$100 kg (\$100 kg))); \$100 kg (\$100 kg))); \$100 kg (\$100 kg (\$100 kg (\$100 kg (\$100 kg (\$100 kg (\$100 k	o work- minind ligitation or	sees occurred during the year. Recompler	Your establishment name BP76 - Tarrytown						
to verify that the entries are of Using the Log, count the lad	omprese and accurate perci Nikibal emities your stacle fo	ni compaiong and allermary, reach calegory. Then write it	e žotnis čelom, mukling su	ou have within the entries from every page	Сопции	Name Hawkin	WTG Tarryton	en (Dumont)	l .		
of the Log. If you had no cases, write "U."					Stroct	13825 SR 47	l.				
Employees, former employe OSHA Form 301 or	et, and their representative	on have the right to review the	OSHA Form 300 in its en	. They also have Bollod access to the	City	Webster	State	Florida	ZIP	33597	
Br squivelent, See 29 CFR A	ert 1904.35, in OSHAu reco	rdisenty nis, for latter de	helis can the accuses envokels	br Freen forms.	Industry	lescription (e.g.	Manufacture of	motor truck	tratters)		
Number of C	ases				100	Chemical Ma	nofectoring and	Distribution	i.		
Total number of deaths	Total number of cases with days away from work	Total number of casts with job transfer or restriction	Formi rezzoner of other recordable oxses		Standard	Industrial Classi	100			7	
<u>0</u>	<u>0</u> 01)	Ö Ö	8		OR						
Number of D	avs				North An	seriom Industria	I Classification	(NAICS), If	known (e.	g., 336212)	2
Total number of days		Total mander of days				424690					
sway from work		Job Toussfer or Restric	ction		Employ	ment Inform	ration				
0		<u>o</u>			Annual	verago number e	of camployees		6		
60		(4)			Total hox	es worked by all	l employees last	year	21.88	9	
Injury and I	Iness Types				Sign he	1/10					
Toui pumber of	incoo kapico				Knowing	ly falsifying thi	is document ma	y result in s	fine,		
00						het I have exam ge the entries are				of my	
(1) Injuries	Q	(4) Poisonings	Q			Theren -	71-		10.	1.577	į
M) Ohis discusions	^	(5) Warring 7 man	Α.		1 / 2	Marion .	/AUGE			~ / 😊	

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

(6) All other illnesses 0

Summary of Work-Related Injuries and Illnesses



to subset the Log to verify that the entries are comp. Using the Log, count the individ of the Log. If you had no cases, with "Q," Employees, former employees, CSMA Form 301 or	to verify that the entries are complete and accurate before completing this assessary. Using the Los count the individual entries you made for each category. Then write the totals below, mailing sure you have added the extrins from every purper of the Los, if you have a sure you have added the extrins from every purper and no cases, write "0." Employees, from a complexious, and their representatives have the right to review the OSHA Form 500 in the extrins). They also have illusted accesse to the SSHA Form 500 in the extrins of the ext					Your establishment name BP80 - Thomasville					
Number of Cas	ies					Chemical Manufac	2007 /201				
Total number of deaths	Total number of cases with days	Total number of cases with job transfer or restriction	Total number of other recordable cases	•	Standar	d Industrial Classificat	m Mark Metr in	016 39	SIC 3715,).	
<u>Q</u> (4)	00	<u>0</u>	<u>0</u>		OR						
Number of Da	es.				North A	merican Industrial Cla	mification ((NAICS), if h	man (c'il	,, 336212)	
Torsi manber of days away from work		Total number of days of Job Transfer or Restric		•		424590					
0		Q			N. V. 1. 1000 - 0.100	sym ent informati average number of on			3		
(10)		(L)				ours worked by all com	•	VOIC	8.533		
Injury and Illn	ess Types		1000.00		Sign I					E	
Total number of					Knowle	egiy fakiliying this do	concet ma	y result to a f	me.		
040						that I have examined dee the entries are true			the best o	Emy	
(1) Injuries	<u>o</u>	(4) Poisonings	Q		1 THE LOCAL PROPERTY OF THE LOCAL PROPERTY O						
(2) Skin disorders	Q	(5) Hearing Loss	Q		Comp	iny Executive	196	EL-		-4	
(3) Respiratory condition	<u>Q</u>	(6) All other illnesses	Ω			- 613 - 853	52	-071s	2312	D)&	

Post this Summery 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 everage 50 minutes per response, including time to review the instructions, everal and getter the data model, and completed on the information univers it displays a currently unit CASC control number. If you have any commends only those estimates or any other supercial of this data collection, contact LSC Department of Labor, CISHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Whathington, DC 20210. Do not pand the completed forms to this office.

Summary of Work-Related Injuries and Illnesses



	Establis
All establishments covered by Part 1904 must complete this Summary page, even it no work-related injuries or illnesses occurred during the year. Remember	201007751
to review the Log to verify that the artries are complete and accurate before completing this summary.	Your esta
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	Company N
had no cases, write "0."	Street
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	City
its equivalent. See 29 CFR Part 1904.35, in OSHAs recordkeeping rule, for further details on the access provisions for these forms.	City
1 1945 W.	Industry do

Number of Cas	ses					
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>O</u> (H)	<u>O</u>	<u>0</u> (2)			
Number of Da	ys .					
Total number of days away from work		Total number of days of Job Transfer or Restriction				
<u>o</u>		<u>o</u>				
(K)		(L)				
Injury and Illn	ess Types					
Total number of (M)						
IS 10	•	(IS 70 :	12			
(1) Injuries	<u>o</u>	(4) Poisonings	<u>0</u>			
(2) Skin disorders	<u>o</u>	(5) Hearing Loss	<u>0</u>			
(3) Respiratory condition	0	(6) All other illnesses	0			

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Compan	y Name <u>Hawkins WT</u>	G Apopl	ka (Dumont)		
Street	2263 Clarke Stree	1			
City	Apopka	State	Florida	ZIP	32703
Industry	description (e.g. Mani	ufacture (of motor truc	k trailers)	
	Chemical Manufa	cturing a	nd Distributi	<u>on</u>	
Standard	Industrial Classificati	on (SIC)	, if known <i>(e</i>	.g. SIC 371:	5)
			4		
OR					
North A	merican Industrial Clas	ssification	n (NAICS), i	f known (e.	g., 336212)
North A	merican Industrial Clas	ssification	n (NAICS), i	f known (e.	g., 336212)
			n (NAICS), i	f known (e.	g., 336212)
Emplo	424690	on	n (NAICS), i	f known (e. <u>22</u>	g., 336212)
<i>Emplo</i> Annual a	<u>424690</u> yment Informatio	on ployees		501700 A 94170 → 100 A	
Emplo Annual a Total ho	424690 yment Informatio werage number of emp ars worked by all empl	on ployees		22	
Emplo Annual a Total ho Sign h	424690 yment Informatio werage number of emp ers worked by all empl	on ployees loyees las	st year	<u>22</u> 45.83	
Emplo Annual a Total ho Sign h Knowin I centify	424690 yment Informatio yverage number of empl ars worked by all empl ere	on ployees loyees las ument m his docum	st year nay result in nent and that	22 45,839 a fine. to the best	<u>9</u>

Date

Phone

Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 r	nust complete this Summary page, even if no work- related injuries of silnesses occurred during the year. Hemembe	r
to review the Log		
to verify that the entries are complete and	accurate before completing this summary.	
Using the Log, count the individual entrie	s you made for each calegory. Then write the totals below, making sure you have added the entries from every pag	70
of the Log If you	1	

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 entirety. They also have limited access to the OSHA Form 301 or its entirety. They also have limited access to the OSHA Form 301 or its entirety. They also have limited access to the OSHA Form 301 or its entirety. They also have limited access to the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its entirety.

Number of Cas	ses		
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>O</u>	<u>Q</u> (H)	<u>0</u> (r)	0
Number of Day	vs		
Total number of days away from work		Total number of days of Job Transfer or Restric	
<u>o</u>		<u>o</u>	
(K)		(r)	
Injury and Illn	ess 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>o</u>	(6) All other illnesses	<u>o</u>

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

rour es	tablishment name	BP76 -	Tarrytown	ı	
Compan	y Name <u>Hawkins W</u>	TG Tarryto	wn (Duniont	ŀ	
Street	13825 SR 471				
City	Webster	State	Florida	ZIP	33597
Industry	description (e.g. Mai	nufacture of	motor truck	trailers)	
	Chemical Manufi	acturing and	Distribution	l	
Standard	Industrial Classifica	tion (SIC), i	f known (e.g	. SIC 3712	5)
OR		6/80 - 2/			
North A	nerican Industrial Cl	assification	(NAICS), if	known (e.)	g., 336212
North A	nerican Industrial Cl 424690	assification	(NAICS), if	known (e.	g., 336212
			(NAICS), if	known (e.;	g., 336212
Emplo	424690	ion	(NAICS), if	known (e.; <u>9</u>	g., 336212
<i>Emplo</i> Annual a	<u>424690</u> yment Informati	on iployees			
<i>Emplo</i> Annual a Total ho	<u>424690</u> yment Informati verage number of en urs worked by all em	on iployees		2	
Emplo Annual a Total hor Sign h	<u>424690</u> yment Informati verage number of en urs worked by all em	ion iployees ployees last	year	9 19.49	
Emplo Annual a Total hor Sign h Knowing	424690 yment Informati verage number of en urs worked by all em ere	ion uployees ployees last cument ma this docume	year y result in 2	9 19,49 I line. to the best	<u>2</u> .
Emplo Annual a Total hor Sign h Knowin I certify knowled	424690 yment Informati verage number of en urs worked by all em, ere gly falsifying this do that I have examined	ion uployees ployees last cument ma this docume	year y result in 2	9 19,49 I line. to the best	<u>2</u> .

Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-rataled injuries or illnesses occurred during the year. Remember to review the Log	E
to verify that the entries are complete and accurate before completing this summary. Lising 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	C
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 fimiled access to the OSHA Form 301 or	St Ci
its equivalent. See 29 CFR Part 1904.35, in OSHAs recordikeeping rule, for further details on the access provisions for these forms. Number of Cases	Ir
make the company of t	

Number of Cas	ses		
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> (6)	<u>Q</u> (H)	<u>0</u>	<u>0</u>
Number of Day	102.00		67
Total number of days away from work		Total number of days of Job Transfer or Restric	
<u>o</u>		<u>o</u>	
(K)		(r.)	
Injury and Illn	ess Types		4
Total number of			
(M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>Q</u>
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>

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

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your es	tablishment name	BP77 -	Hollywood		
Company	Name Hawkins WTC	3 Hollywo	ood (Dumont)		
Street	5705 Dewey Street				
City	Hollywood	State	Florida	ZIP	33023
Industry	description (e.g. Manuj	facture of	motor truck tra	ilers)	
	Chemical Manufactu	ring and I	Distribution		
Standard	Industrial Classificatio	n (SIC), i	f known <i>fe.g. S</i>	IC 3715)	
OR					
North A:	nerican Industrial Class	sification	(NAICS), if kno	own (e.g	, 336212)
	424690			-	
Emplo	vment Information	n			
	verage number of empl			1	
	irs worked by all emplo	oyees last	year	1.628	\$3
Total hor					
	ere	3			
Sign h	e re gly falsifying this docu	iment ma	y result in a fi	ıe.	
Sign h Knowin; I certify		is docume	ent and that to t		fmy
Sign h Knowing I certify knowled	gly falsifying this docu that I have examined th	is docume	ent and that to t and complete.		fmy

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 or review the Log or overly that the artries are complete and eccurate before completing this summary. Using the Log, count the individual enthics you made for each category. Then write the totals below, making sure you have edided the entries from every page of the Log. If you are desired to the country of the coun						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)						
Number of Cas	ses					industry de			· ·			
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			Standard In	Chemical Ma dustrial Classif		and Distributio), if known <i>(e.</i> ;	78	5)	
<u>0</u> (6)	<u>1</u> (H)	<u>0</u> (1)	<u>0</u>			OR			_			
Number of Day	vs .				l	North Ame	rican Industrial	Classification	on (NAICS), if	known (e.	g., 336212)	
Fotal number of days way from work		Total number of days of Job Transfer or Restric					424690					
<u>3</u>		20				Employn	nent Inform	ation				
(15)		<u>—</u>			6	Annual ave	rage number of	f employees		6		
	-	18.67					worked by all	employees la	ast year	13,584	<u>4</u>	
Injury and Illn	ess Types					Sign her						
Total number of						Knowingly	falsifying this	document	may result in a	ı sîne.		
(M) 1) Injuries	1	(4) Poisonings	<u>0</u>				t I have examir the entries are				of my	
2) Skin disorders	<u>o</u>	(5) Hearing Loss	<u>0</u>			Company	Executive		-0.0	Title		
3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>			Phone		Date	15 - 5/19/20	Table 1		

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 astimated to average 50 minutes per response, including time to review the instructions, search airs gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unders 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 20219. Do not send the completed forms to this office.

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	Est
to review the Log	You

to review the Logs
It to writh the little entires are complete and accurate before completing this summary.
Using the Log, count the individual entires you made for each category. Then write the totals below, making sure you have added the entires from every page of the Log. If you had no casses, 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 1804.35, in OSHAs recordisequing rule, for further details on the access provisions for these forms.

Total number of deaths	Total number of cases with days	Total number of cases with job transfer or restriction	Total number of other recordable			
•	away from work	transfer or restriction	cases			
<u>U</u> (G)	<u>U</u> (H)	Ω Τ	(i) <u>0</u>			
Number of Day	vs	•				
Total number of days away from work		Total number of days of Job Transfer or Restric				
Q		<u>19</u>				
(K)		(L)				
Injury and Illn	ess Types	• • • • • • • • • • • • • • • • • • • •	-			
Total number of		350	10360			
(M)						
(1) Injuries	1	(4) Poisonings	<u>0</u>			
(2) Skin disorders	<u>o</u>	(5) Hearing Loss	<u>0</u>			
(3) Respiratory condition	0	(6) All other illnesses	0			

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Industry	description (e.g. Ma			trailers)	
Standar	Chemical Manufi Industrial Classific	100 9000 000000	1000 Pr	SIC 3715	Ì
Standart	I INGGOTIAL CIGOSTIC	unon (010),	Transfer ferk		į.
OR					
	merican Industrial C	lassification	(NAICS), if I	nown (e.g	., 336212)
	424690				
Emplo	yment Informa	tion			
Annual	average number of c	mployees		<u>2</u>	
Total ho	urs worked by all er	nployees last	year	3,808	<u>.</u>
Sign h	ere				
Knowin	gly falsifying this d	ocument ma	y result in a	fine.	
	that I have examine lge the entries are tre				ofmy
Compa	ny Executive		4	Title	
		Date			

Summary of Work-Related Injuries and Illnesses



Using the Log, count the id of the Log. If you had no cases, write "0." Employees, former employ OSHA Form 301 or	yees, and their representative	reach calegory. Then write th	QSHA Form 300 in its en	we you have added the entries from every pe- tirely. They also have limited access to the
Number of		rancephing rate, for location case	on on one access proving	
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	•
n	n	0	۸	

Number of Cas	ses		
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>	<u>0</u>	<u>o</u>	<u>o</u>
(G)	(H)	(1)	(2)
Number of Day	VS.		
Total number of days away from work	5.000	Total number of days of Job Transfer or Restric	
<u>0</u>		<u>o</u>	
(K)		(L)	
Injury and Illn	ess Types	195	
Total number of (M)	10.0		
(1) Injuries	<u>o</u> .	(4) Poisonings	<u>o</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory condition	0	(6) All other illnesses	0

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Establ	ishment Inform	ation			
Your es	tablishment nam	e <u>BP79 -</u>	Big Pine K	ev	
Company	y Name Hawkins W	TG Big Pin	e Kev (Dumor	<u>11)</u>	
Street	100 Industrial BL	.VD			
City	Big Pine Key	State	Florida	ZIP	33053
Industry	description (e.g. Ma	mufacture oj	motor truck t	railers)	
	Chemical Manufi	ecturing and	Distribution		
Standard	Industrial Classifica	ation (SIC), i	if known (e.g.	SIC 3715))
OR					
(100 m)	nerican Industrial C	lassification	(NAICS), if k	nown (e.g	., 336212)
	424690		v.•		The second section of the second section second section second section
Emplo	yment Informat	tion			
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	gly falsifying this d	ocument ma	y result in a	fine.	
	that I have examined ge the entries are tru				of my
Сотра	ny Executive	(137c) 1000cc		Title	
Phone	1.7-1-	Date			

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Summary of Work-Related Injuries and Illnesses



		C	wash calated in vine or	Recess commend during the year Remember
	sy Part 1904 must complete t	uus Summery page, even II n	o work- related injuries or	illnesses occurred during the year. Remember
to review the Log	79 Y 8 Y 2			
to verify that the entries are Using the Log, count the in	complete and accurate befor dividual entries you made for	e completing this summary. reach category. Then write th	a totals balow, making su	re you have added the entries from every page
of the Log. If you				
had no cases, write "0." Employees, former employ	rees, and their representative	s have the right to review the	OSHA Form 300 in its en	tiraty. They also have limited access to the
OSHA Form 301 or				AND
its equivalent. See 29 CFR.	Part 1904.35, In OSHAs reco	rdkeeping rule, for further del	ails on the access provise	ons for these forms.
Number of C	ases			
Total number of deaths	Total number of cases with days	Total number of cases with job	Total number of other recordable 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>O</u> (G)	2 (H)	<u>O</u>	<u>0</u> (2)
Number of Day	VS .		
Total number of days away from work		Total number of days of Job Transfer or Restric	
<u>21</u>		<u>o</u>	
OK)		(r)	
Injury and Illn	ess Types		
Total number of (M)			
(1) Injuries	2	(4) Poisonings	<u>0</u>
(2) Skin disorders	Q	(5) Hearing Loss	<u>0</u>
(3) Respiratory condition	Q	(6) All other illnesses	<u>0</u>

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 date needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless if displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this date collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3544, 200 Constitution Avenue, NW, Weshington, DC 20210. Do not send the completed forms to this office.

Your e	stablishment name <u>BP80 - Mon</u>	licello		
Compan	y Name Hawkins WTG Monticello (D	umont)		
Street	33 Too Long Keen Rd			
City	Monticello State Flor	ida	ZIP	32344
Industry	description (e.g. Manufacture of motor	r truck tro	illers)	
	Chemical Manufacturing and Distri	<u>bution</u>		
Standard	Industrial Classification (SIC), if know	vn (e.g. S	IC 3715)
•				
	moriona Industrial Classification (NAI)	TS) if kn	nvn te o	336212)
OR North A	merican Industrial Classification (NAI	CS), if kn	own (e.g	g., 336212)
-	merican Industrial Classification (NAI)	CS), if kn	own (e.g	g., 336212)
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North A	<u>424690</u>	CS), if kn	own (e.g <u>3</u>	g., 336212)
North A Emplo	424690 Dyment Information	CS), if kn		
North A Emplo	424690 Pyrment Information average number of employees ours worked by all employees last year	CS), if km	2	
Emplo Annual Total ho	424690 Pyrment Information average number of employees ours worked by all employees last year		<u>3</u> 5.166	
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Date

Phone

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Summary of Work-Related Injuries and Illnesses



o review the Log o verify that the entries are comp Using the Log, count the individual of the Log if you	lete and accurate befor usi entries you made for and their representative	e completing this summary, reach category. Then write th s have the right to review the	e lotals below, making sure OSHA Form 300 in its entin	nesses occurred during the year. Remer you have added the entries from every aly. They also have limited access to the s for these forms.	Your e page Compai Street City	lishment Info stablishment i ny Name <u>Hawki</u> 419 Edward Statke	name <u>BP7</u> ins WTG Sta ds Rd State		ZIP Irailers)	32091
Number of Cas								ng and Distributio		
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		Standar	d Industrial Clas	sification (S	IC), if known <i>(e.</i> ş	; SIC 371:	5)
<u>0</u> (G)	<u>O</u> (H)	<u>Q</u> (x)	<u>0</u>		OR	-		====		
Number of Day	s		N.		North A	American Industr	ial Classifica	ation (NAICS), if	known (e.	g., 336212)
Total number of days away from work		Total number of days of Job Transfer or Restric				424690				
		ο.			Emple	oyment Infon	mation			
<u>0</u>		<u>0</u>			Annual	average number	of employed	es	<u>6</u>	
(K)		(r)			Total b	ours worked by a	ill employee	s last year	12,726	٤
Injury and Illn	ess Types .				Sign	here				
Total number of		***			Кложі	ngly falsifying tl	nis documer	nt may result in :	fine.	
(M)								ocument and that		of my
(1) Injuries	<u>o</u>	(4) Poisonings	<u>o</u>		knowle	dge the entries a	re true, accui	rate, and complete	2.	
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>		Comp	any Executive			Title	
(3) Respiratory condition	<u>0</u>	(6) All other illnesses	<u>0</u>		Phone	7	Dat	te		

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

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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



Laboratories, Inc.

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 GPL Available Chlorine Trade %	11.00 121 12.1			
Wt% NaOH Calculated pH	0.390 13.1			
Wt% Na ₂ CO ₃ Density, g/mL	0.137 1.1578			
Bromate ion, mg/L Chlorate ion, mg/L Perchlorate ion, mg/L	<5 870 <5	DL = 5 mg/L DL = 100 mg/L DL = 5 mg/L		
Iron, mg/L Copper, mg/L Nickel, mg/L	0.03 <0.02 <0.02	DL = 0.02 mg/L DL = 0.02 mg/L 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 (M	(illipore 0.8 uM, type AWWP)		

B.P. Bubnis 24 May 2019



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	ix	e	
Project Number	W0438228			
Project Manager	Lena Hope		999	

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

Lab Normalization Information:

Quenched Date: 29-OCT-2018 13:00

Date exposure completed

Tox Normalization Information:

Calculated NF

0.0000001

MUL

Density Value Applied

94 mg/L

1.16 g/mL

Compound Reference Key:

SPAC

Miscellaneous Factor:

1.13

Normalization Calculation:

Normalized Result = Test Result * NF * (10 ug/L mg)

Where NF = MUL (mg/L) * Malonic Acid Dilution Correction (ml/ml) * (1/Product Density (g/ml))

- 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: $1 L = 10^3 ml$, $1 g = 10^3 mg$;

N 0 N 21-22				*****			
emistry Lab					8	400,000,000	
Oxyhalides in Bleach by LCMS							
Perchlorate	mg/L	ND(1)	ND(1)	ug/L	ND(0.1) ug/L	5	Pas
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	Pas

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	В	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		

FI20181116140246

A-00277783

29-OCT-2018



S-0001541191

Normalization Calculation:

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

Where NF = MUL (mg/L) *

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.

gParameter		THE SECTION			Vi Result :	Acceptance Criteria(1)	欆
stry Lab					79		
Metals II in water by ICPMS (Ref: EPA 200.8)							
Arsenic	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	1	
Barium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	200	
Beryllium	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.06)	0.4	6
Cadmium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.5	-
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	
Mercury	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	
Lead	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.06)	0.5	
Antimony	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.06)	0.6	
Selenium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	5	
Thallium	ug/L	ND(0.2)	0.4	ND(0.2)	ND(0.02)	0.2	
Volatile Organic Compounds (Ref: EPA 524.2)	200						
Dichlorodifluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	
Chloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	3	
Vinyl Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	
Bromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	1	
Chloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.04	
Trichlorofluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	50	
Trichlorotrifluoroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	******
Methylene Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	
1,1-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.7	
trans-1,2-Dichloroethylene	vg/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	
1,1-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	
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	3,40
Chloroform	ug/L	ND(1)	0.7	ND(1)	ND(0.1)	[TTHM]	534574
Bromochloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	
1,1,1-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	20	
1,1-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	er e	
Carbon Tetrachloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	_

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S-0001541191

ng Parameter 394	Units	Sample 7	Control	Result		Acceptance Criteria(1)	Eval
	**************************************	1, 171, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	I to a State of the second second			<u> </u>	12 1,50
istry Lab (Continued)							
1,2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	P
Trichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	P
1,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	P
Bromodichloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[ТТНМ]	
Dibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
cis-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ŅD(1)	ND(0.1)	0.2	Р
trans-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	P
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	P
Tetrachioroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	P
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	P
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	1	Pi
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	P
1,2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	4	Pa
1,3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	Pi
1,4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	7 _: 5	Pa
1,2-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	Pá
Carbon Disulfide	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Pa
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pa
tert-Butyl ethyl ether	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	2000	Pa
Methyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.1)	400	Pa
Methyl Isobutyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.1)	700	Pa
Toluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	100	Pa
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	70	Pa
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	Pa
Isopropylbenzene (Cumene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	70	Pa
n-Propyibenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	5997.000	
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)	2/20/20020	
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)	000 000	
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)		

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ng Parameter	To the second se	Ter Cample	Control 2	Result (* '	Norm. Result	!! Acceptance Criteria(1)	Eva ≆ Si
	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	***		hastal basa nashara ta	15.3 \$ 75.75 2 22.5 3, 22.5 2.5	V.1	1
istry Lab (Continued)							
1,2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	
Trichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	
1,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	
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)		riiso
cis-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	F
trans-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	F
1,1,2-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	- Carlotte	
1,3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	F
Tetrachloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	F
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	F
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	1	F
Bromoform	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	2000
1,1,2,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	F
1,2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	4	F
1,3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	P
1,4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	7.5	P
1,2-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	Р
Carbon Disulfide	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Р
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Р
tert-Butyl ethyl ether	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	2000	Р
Methyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.1)	400	P
Methyl Isobutyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.1)	700	Р
Toluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	100	P
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	70	P
m+p-Xylenes	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	[Xylenes]	(400000
o-Xylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[Xylenes]	335
Styrene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	₽.
Isopropylbenzene (Curnene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	70	P
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)	_6_99	3100
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)		

A-00277783

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S-0001541191

stry Lab (Continued)							
p-Isopropyitoluene (Cymene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	MARIE AND	
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	Pa
Hexachlorobutadiene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.4	Pa
1,2,3-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	484 4855	100000 1000
Naphthalene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pas
Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pas
Total Trihalomethanes	ug/L	ND(0.5)	0.7	ND(0.5)	ND(0.06)	8 -	Pas
Total Xylenes	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.06)	1000	Pas



Common Terms and Acronyms Used:

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

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:

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 attestment. 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.



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

24-MAR-2017 Date



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

MUL

Received Date: 24-Jan-2017

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

Tox Normalization Information:

Calculated NF

0.0902

В

94 mg/L

Lab Normalization Information:

Date exposure completed

Final volume of solution

0.5 L 521 mg

30-JAN-2017

Mass of material used

Compound Reference Key:

Preparation method used

SPAC

Normalization Calculation:

Where NF = MUL (mg/L) 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.

emistry Lab	2					-	
Metats II in water by ICPMS (Ref: EPA 200.8)			<u>-</u>				
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
Antimorry	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

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A-00236204



ling Para		Units 1	Sample ⊶	Control :	Result	S Norm:	Acceptance Criteria(1)	Evalua Statu
ling Para	meter					Result	Criteria(1)	3. S. a.
nistry La	ab (Continued)		-	-				
Tri	chlorofluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	50	Pas
Tri	chlorotrifluoroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pas
Me	thylene Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pas
	-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.7	Pas
	ns-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pas
	-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pas
	2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		_
	-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7	Pas
	loroform	ug/L	ND(1)	0.6	ND(1)	ND(0.09)	[TTHM]	
Di NOVE	omochloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pas
	,1-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	20	Pas
	-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	- 185 - 188 -	
	rbon Tetrachloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pas
	2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pas
	chloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pas
2007	2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pas
	omodichloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
		ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	5 55	
	bromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pas
	-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pa
	ns-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
	1,2-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pas
	3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pa
	trachloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[MHTT]	
	lorodibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pa
	nlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	1	Pa
	1,1,2-Tetrachioroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
	omoform	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pa
	1,2,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	4	Pa
	2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	60	Pa
	3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7.5	Pa
	4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	.ND(1)	ND(0.09)	60	Pa
	2-Dichlorobenzene	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Pa
750	arbon Disulfide	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pa
	ethyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	2000	Pa
	rt-Butyl ethyl ether	ug/L	ND(10)	ND(5)	ND(10)	ND(0.90)	400	Pa
	ethyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(0.90)	700	Pa
Me	ethyl Isobutyl Ketone	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	100	Pa

A-00236204

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S-0001332955

istry Lab (Continued)						10.89 x 446.	1500
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	70	Pa
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	Pa
Isopropylbenzene (Cumene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	70	Pa
n-Propylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pa
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)	-	0.000
tert-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pa
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	Pa
1,2,4-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7	Pa
Hexachlorobutadiene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.4	Pa
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	Pa
Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pa
Total Trihalomethanes	ug/L	ND(0.5)	0.6	ND(0.5)	ND(0.05)	8	Pa
Total Xylenes	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	1000	Pa

Sample Id:

S-0001335614

Description:

Sodium Hypochlorite | Liquid

Sampled Date:

21-Feb-2017

Received Date: 23-Feb-2017

Tox Normalization Information:

Calculated NF

MUL Density Value Applied

Compound Reference Key:

0.000000089

94 mg/L

SPAC

1.16 g/mL

Date exposure completed

23-FEB-2017

Lab Normalization Information:

Quenched Date: 21-FEB-2017 00:00

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S-0001335614

Normalization Calculation:

Normalized Result = Test Result * NF * (10 ug/L mg)

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

- 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 Şample Received = Volume of Hypochlorite Sampled + Malonic Acid
- Unit conversion: 1 L = 10 ml, 1 g = 10 mg;

Testing Parameter: 31 74 75 15			行物的原	Units	Result of the	illeria i	Statu
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	_22
Bromate	mg/L	ND(1)	ND(1)	ug/L	ND(0.09) ug/L	3.3	Pas



Common Terms and Acronyms Used:

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

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)
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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:

All work performed at: -

Address

NSF International 789 N. Dixboro Road Ann Arbor MI 48105

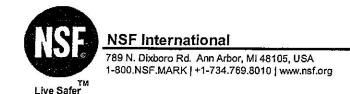


About the Standard:

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 attestment. 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.



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	NA.		
Description	Sodium Hypochlorite Liquid		,	
Trade Designation	Sodium Hypochlorite			
Test Type	Annual Collection			
Job Number	A-00191017			
Project Number	W0227219	2.		
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

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:

Calculated NF

MUL

0.0927

В

94 mg/L SPAC

Lab Normalization Information:

Date exposure completed

Final volume of solution Mass of material used

0.5 L

16-AUG-2016

507 mg

Compound Reference Key:

Preparation method used

Normalization Calculation:

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

Final Volume Of Solution (L) Where NF = MUL (mg/L) * Mass of Material Used (mg)

unis Sampe d Garda) (Result - Noim & Accordica Asvibation

- 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.

nistry Lab							
Metals II in water by ICPMS (Ref: EPA 200.8)				- ···			
Arsenic	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	1	Pa
Barium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	200	Pa
Beryllium	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	0.4	Pa
Cadmium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.5	Pa
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	Pa
Mercury	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pa
Lead	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	1.5	Pa
Antimony	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	0.6	Pas
Selenium	ug/L	ND(2)	ND(2)	ND(2)	ND(0.2)	5	Pas
Thalilum	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pas
Volatile Organic Compounds (Ref: EPA 524.2)		27.000 50			2222		200000000000000000000000000000000000000
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	Pas
Vinyl Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pas
Bromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	1	Pas
Chloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.04	Pas

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Sample Id:

S-0001287493

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oug Rokinder					;: Result j -	. (Criteria (1) a	T S
mistry Lab (Continued)	<u> </u>	-	70000000000000000000000000000000000000	<u>,</u>	· · · · · · · · · · · · · · · · · · ·		
Trichlorofluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	50	X
Trichlorotrifluoroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	
Methylene Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	
1,1-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.7	
trans-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	
1,1-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	
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	1
Chloroform	ug/L	ND(1)	0.6	ND(1)	ND(0.09)	[ТТНМ]	
Bromochloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	- 1
1,1,1-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	20	F
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	F
1,2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	F
Trichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	F
1,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	۶
Bromodichloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[ТТНМ]	
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	P
trans-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	P
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	Р
Tetrachloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Р
Chlorodibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[ТТНМ]	250
Chlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Ρ
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	1	P
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	Ρ
1,2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	4	P
1,3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	60	P
1,4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7.5	Pa
1,2-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	60	Pa
Carbon Disulfide	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Pa
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pa
tert-Butyl ethyl ether	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	2000	Pa
Methyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(0.93)	400	Pa
Methyl Isobutyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(0.93)	700	Pa
Toluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	100	Pa

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emistry Lab (Continued)							190
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	70	Pa
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	Pa
Isopropylbenzene (Cumene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	70	Pa
n-Propylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pa
Bromobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	72.0	
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	Pa
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)	3000 2000 - 200 -	380
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)		
л-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pa
1,2,4-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7	Pa
Hexachlorobutadiene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.4	Pas
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	Pas
Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pas
Total Trihalomethanes	ug/L	ND(0.5)	0.6	ND(0.5)	ND(0.05)	8	Pas
Total Xylenes	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	1000	Pas
f the acceptance criteria is blank and the evaluation (ylenes] - Acceptance based on Total Xylenes TTHM] - Acceptance based on Total Trihalomethan		n the criteria use	ed will be noted	on the letter a	accompanying th	ese results.	

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 MUL Density Value Applied	0.00000089 94 mg/L 1.16 g/mL	Date exposure completed	12-AUG-2016
Compound Reference Key:	SPAC		

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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)) * $\frac{1 L}{10^3 \text{ml}}$ * $\frac{1 g}{10^3 \text{mg}}$

- 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 Şample Received = Volume of Hypochlorite Sampled + Malonic Acid
- Unit conversion: 1 L = 10 ml, 1 g = 10 mg;

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emistry Lab	6.00 m.						Talanda - Avr
Oxyhalides in Bleach by LCMS						-	
Perchlorate	mg/L	ND(1)	ND(1)	ug/L	ND(0.09) ug/L	5	Pas
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	Pas



Common Terms and Acronyms Used:

Sample	lest 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		89	×

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:

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 attestment. 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.