

CITY OF CORAL GABLES, FL

2800 SW 72nd Avenue, Miami, FL 33155
 Finance Department / Procurement Division
 Tel: 305-460-5102/ Fax: 305-261-1601

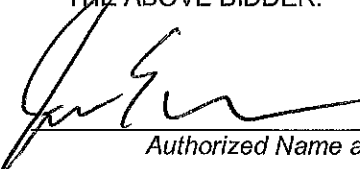
BIDDER ACKNOWLEDGEMENT

<p>IFB TITLE: Bulk Liquid Chlorine, Storage Tank Rental and Swimming Pool Chemicals</p> <hr/> <p>IFB No. 2017.02.LS-1</p> <p>A cone of silence is in effect with respect to this IFB. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1059 of the City of Coral Gables Procurement Code.</p>	<p>Bids must be received prior to 2:00 p.m., Wednesday, March 15, 2017, and may not be withdrawn for a period of up to 120 calendar days after bid opening. Bids received by the date and time specified will be opened in the Procurement Office located at 2800 SW 72nd Avenue, Miami, FL 33155. All Bids received after the specified date and time will be returned unopened.</p> <p>Contact: Letrice Y. Smith Title: Contact Specialist Telephone: 305-460-5121 Facsimile: 305-261-1601 Email: Lsmith@coralgables.com / contracts@coralgables.com</p>
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Bidder Name: <u>Hawkins Inc</u>	FEIN or SS Number: <u>41-0771293</u>
Complete Mailing Address: <u>2263 Clark St., Apopka FL 32703</u>	Telephone No. <u>800-330-1369</u>
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Cellular No. _____ Fax No.: <u>800-524-9315</u>
Bid Bond / Security Bond (if applicable) <u>N/A</u> %	Email: <u>Jason.Schroeder@hawkinsinc.com</u>

ATTENTION: THIS FORM ALONG WITH ALL REQUIRED IFB FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE BID RESPONSE PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM YOUR BID NON-RESPONSIVE.

THE BIDDER CERTIFIES THAT THIS BID IS BASED UPON ALL CONDITIONS AS LISTED IN THE IFB DOCUMENTS AND THAT THE BIDDER HAS MADE NO CHANGES IN THE IFB DOCUMENT AS RECEIVED. THE BIDDER FURTHER AGREES, IF THE BID IS ACCEPTED, THE BIDDER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE BIDDER AND THE CITY OF CORAL GABLES, FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS IFB PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN **BLUE INK** ALL IFB PAGES ARE ACKNOWLEDGED AND ACCEPTED, AS WELL AS, ANY SPECIAL INSTRUCTION SHEET(S), IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS IFB FOR THE ABOVE BIDDER.


Jason Schroeder
Authorized Name and Signature
SE Regional Mgr.
Title
3/14/17
Date

SOLICITATION SUBMISSION CHECKLIST

Invitation for Bids (IFB) No. 2017.02.LS-1

BULK LIQUID CHLORINE, STORAGE TANK RENTAL AND SWIMMING POOL CHEMICALS.

COMPANY NAME: (Please Print): <u>Hawkins Inc</u>	
Phone: <u>800-330-1369</u>	Email: <u>jason.schroeder@hawkinsinc.com</u>

-- NOTICE --

BEFORE SUBMITTING YOUR BID RESPONSE, MAKE SURE YOU...

1. Carefully read and have a clear understanding of the IFB, including the Specifications/Scope of Work and enclosed Agreement (draft).
2. Carefully follow the "Submittal Instructions" and "Bid Response Format" outlined in Section 5 of the IFB.
3. Ensure that verifiable information documenting compliance with the Minimum Qualifications Requirements shown in Section 3 of the IFB is included.
4. Submit ONE (1) ORIGINAL BID RESPONSE and TWO (2) PHOTOCOPIES. Additionally, submit ONE (1) DIGITAL COPY in .pdf format on a CD/DVD or flash drive. (Please insert *additional* TABS on the following sections in the ORIGINAL copy: Bid Bond (*if applicable*), Bid Price Sheet and Addendum Acknowledgement.)
5. Clearly mark the following on the outside of your envelope: IFB Number, IFB Title, Bidder's Name and Return Address.
6. Make sure your bid is submitted prior to the submittal deadline. **Late bids will not be accepted.**

FAILURE TO SUBMIT CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR BID RESPONSE NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION. THIS PAGE IS TO BE RETURNED WITH YOUR RESPONSE PACKAGE.

SECTION 6

Invitation for Bids (IFB) No 2017.02.LS-1

6.0: IFB RESPONSE FORMS

Procurement Documents - Contractor's Affidavit and Schedules A through I. Bidder shall complete, sign and notarize, as applicable, and submit:

- 6.1 Affidavit with Schedules A through I** - Bidder shall complete, sign and notarize, as applicable, the Procurement Forms. Mark "N/A" (*not applicable*) on any document that does not pertain to you. Only one (1) original is required with your IFB response.

Contractor's Affidavit - along with one (1) original of **Schedules A through I** as follows:

- | | |
|-------------------------------------|---|
| A - Certificate of Bidder | F - Code of Ethics, Conflict of Interest, Cone of Silence |
| B - Non Collusion Affidavit | G - Americans with Disabilities Act (ADA) |
| C - Drug Free Statement | H - Public Entity Crimes |
| D - Bidders Qualification Statement | I - Acknowledgement of Addenda |
| E - Statement of No Response | |

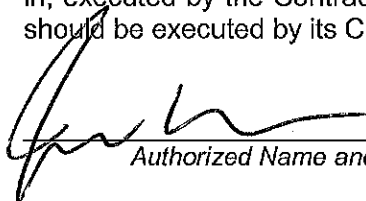
CONTRACTOR'S AFFIDAVIT

SUBMITTED TO: City of Coral Gables
Procurement Division
2800 SW 72 Avenue
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this IFB Schedules A through I shall be relied upon by Owner awarding the contract and such information is warranted by Contractor to be true and correct. The discovery of any omission or misstatements that materially affects the Contractor to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the Contractor that has submitted the attached Response*). Schedules A through I are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – CERTIFICATE OF BIDDER
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – BIDDER'S QUALIFICATION STATEMENT
- SCHEDULE E – STATEMENT OF NO-RESPONSE
- SCHEDULE F – CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE
- SCHEDULE G – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE H – PUBLIC ENTITY CRIMES
- SCHEDULE I – ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its IFB response. It is to be filled in, executed by the Contractor and notarized. If the Response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the Response.

 Jason Schroeder SE Regional Manager 3/14/17
Authorized Name and Signature Title Date

STATE OF Florida

COUNTY OF Orange

On this 14 day of March, 2017, before me the undersigned Notary Public of the State of Florida, personally appeared Jason Schroeder
(Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.

Marcia Stanson
NOTARY PUBLIC, STATE OF _____



MARCIAA. STANSON
MY COMMISSION # FF 960804
EXPIRES: April 20, 2020

(Name of Notary Public; Print, Stamp or Type as Commissioned.)

NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced Identification:

N/A
(Type of Identification Produced)

SCHEDULE "A" - CITY OF CORAL GABLES - CERTIFICATE OF BIDDER

Neither I, nor the firm, hereby represent has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for me or the Contractor) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any firm, organization or person (other than a bona fide employee working solely for me or the Contractor) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT

1. He she is the Representative
(Owner, Partner, Officer, Representative or Agent)

of the Contractor that has submitted the attached Response.

- 2. He she is fully informed with respect to the preparation and contents of the attached Response and of all pertinent circumstances respecting such Response;
- 3. Said Response is made without any connection or common interest in the profits with any other persons making any Response to this solicitation. Said Response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of Contractor's officers or employees are employed by the City, indicate name and relationship below.

Name: None Relationship: _____

Name: _____ Relationship: _____

- 4. No lobbyist or other contractor is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.

SCHEDULE "C" - CITY OF CORAL GABLES - VENDOR DRUG-FREE STATEMENT

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

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 solicitation 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 solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with Sate Statute 287.087

SCHEDULE "D"-- CITY OF CORAL GABLES - BIDDER'S QUALIFICATION STATEMENT

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Hawkins Inc

Address: 2263 Clark St. Apopka FL 32703
Street City State Zip Code

Telephone No: (800) 330-1369 Fax No: (800) 524-9315 Email: jason.schroeder@hawkinsinc.com

How many years has your organization been in business under its present name 20 Years

If Contractor is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute:

Hawkins Water Treatment Group

Under what former names has your business operated? : The Oumont Company

At what address was that business located? Same

Are You Certified? Yes _____ No X If Yes, **ATTACH COPY** of Certification.
Are You Licensed? Yes _____ No X If Yes, **ATTACH COPY** of License

Has your company or its senior officers ever declared bankruptcy?

Yes _____ No X If yes, explain: _____

Please identify each incident within the last five (5) years where (a) a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Contractor's rights, remedies or duties under a contract for the same or similar type services to be provided under this IFB:

N/A

Have you ever been debarred or suspended from doing business with any government entity?

Yes _____ No X If Yes, explain _____

SCHEDULE "F" – CITY OF CORAL GABLES - CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT LINKS, ORDINANCE NO. 2009-53; SEC 2-1055; SEC 2-677; AND SEC 2-1059, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

SCHEDULE "G" - CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION SWORN STATEMENT

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 29 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

SCHEDULE "H" - CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

1. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:
1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[indicate which statement applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

SCHEDULE "I" - CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

1. The undersigned agrees, if this IFB is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the IFB and Contract Documents within the Contract time indicated in the IFB and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Invitation for Bid.

Addendum No. None Date _____

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Addendum No. _____ Date _____

SECTION 7

BID PRICE SHEET

Bidder shall provide pricing as structured below, for the provision of Bulk Liquid Chlorine, Storage Tank Rental and Swimming Pool Chemicals, as described in the Scope of Work of this IFB.

A unit price shall be entered in the "Unit Price" column for each item. Based upon estimated quantity, an extended price shall be entered in the "Extended Price" column for each item offered. In case of a discrepancy between the unit price and extended price, the unit price will be presumed correct.

Estimated quantities are provided for your guidance only. No guarantee is expressed or implied as to actual quantities that will be purchased during the contract period. The City is not obligated to place an order for any given amount subsequent to the award of this contract. Said estimates may be used by the City for purposes of determining the low bidder or most advantageous bidder meeting specifications. The City reserves the right to acquire additional quantities at the prices bid.

Item No.	Description:	Est. Annual Qty:	Unit of Measure:	Unit Price:	Extended Price:
1.	Delivery of Bulk Liquid Chlorine (Sodium Hypochlorite). No substitute. (1200 gallons weekly delivery during the months of May through August)	19200	Gallon	\$ <u>1.19</u>	\$ <u>22,848.</u>
2.	Delivery of Bulk Liquid Chlorine (Sodium Hypochlorite). No substitute. (900 gallons bi-weekly delivery during the months of March through April & September through November)	9000	Gallon	\$ <u>1.19</u>	\$ <u>10,710.</u>
3.	Storage Tank Rental for 12 months (300 Gallon Tank)	4	Tank	\$ <u>265.00</u>	\$ <u>3,180.</u>
4.	Muriatic Acid 20 Baume (4 Gallon Case)	50	Case	\$ <u>16.50</u>	\$ <u>825.</u>
Total:					\$ <u>37,563.</u>

Award of bid will be made to the lowest responsive responsible bidder who bids on all items and whose bid offers the lowest total price when all items are added in the aggregate. Bidders must bid on all items. Failure to do so may deem your bid non-responsive.

BIDDERS NAME: Hawkins, Inc
 CONTACT NAME / TITLE: Jason Schroeder, SE Regional Mgr.
 SIGNATURE: [Signature] DATE: 3/14/17
 ADDRESS: 22123 Clark St., Apopka, FL 32703
 TELEPHONE 800-330-1369 FACSIMILE 800-524-9315 EMAIL: Jason.Schroeder@hawkinsinc.com



Chemical Affidavit/Certification of Compliance

City of Coral Gables

Bid: Bid: IFB#2017.02.LS-1
Bulk Liquid Chlorine, Storage Tank Rental & Swimming Pool Chemicals

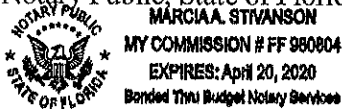
This is to certify the chemicals offered in the above referenced bid and furnished by Hawkins, Inc. are in compliance with all applicable requirements of the specifications in the bid documents.

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

Jason Schroeder
SE Region Manager

Sworn to & Subscribed before me this 14th day of March 2017.

Marcia Stivanson
Notary Public, State of Florida



May 12, 2015



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

Ladies and Gentleman:

As Vice President and General Counsel of Hawkins, Inc., I hereby authorize Jason Schroeder to sign any and all bid documents and related materials for and on behalf of Hawkins Inc.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized initial 'R' followed by a long horizontal line that ends in a small loop.

Richard G. Erstad
Vice President, General Counsel and Secretary

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

3502 WHOLESALE 2016 EXPIRES 9/30/2017 3502-1097494
\$30.00 4 EMPLOYEE

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

HAWKINS INC

DUMONT COMPANY THE
HAWKINS INC
2381 ROSEGATE
ROSEVILLE MN 56113

2263 CLARK ST
U - APOPKA, 32703

PAID: \$30.00 0099-00747038 8/26/2016

Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

3502 WHOLESALE 2016 EXPIRES 9/30/2017 3502-1097494
\$30.00 4 EMPLOYEE

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00



HAWKINS INC

DUMONT COMPANY THE
HAWKINS INC
2381 ROSEGATE
ROSEVILLE MN 56113

2263 CLARK ST
U - APOPKA, 32703

PAID: \$30.00 0099-00747038 8/26/2016

This receipt is official when validated by the Tax Collector.

Orange County Code requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the county.



The City Beautiful™

CITY OF CORAL GABLES REQUIRED COVER SHEET & CHECK LIST WHEN EVIDENCING INSURANCE

This check list was developed to identify the documents required when an entity and/or an individual is evidencing insurance to the City. All applicable boxes must be checked. This form, and other related insurance documents are available @ www.coralgables.com. Under City Departments tab, click on Human Resources, then the Risk Management Division Page.

◀◀◀ THIS FORM MUST BE SUBMITTED WHEN EVIDENCING INSURANCE TO THE CITY ▶▶▶▶

Full Legal Name (as shown on the agreement or permit with the City):	
City Department (that you are working with or that is issuing a permit):	
City Employee (contract manager or employee issuing permit):	See Attached Col
The name & phone # of the individual who completed this check list:	Sample
The date this check list was completed in its entirety:	

A Certificate of Insurance is attached and the following information is contained therein:

- The named insured listed on the Certificate of Insurance exactly matches the name of the individual and/or entity that is required to evidence insurance to the City.
- The Certificate Holder section of the Certificate of Insurance reads as follows:
City of Coral Gables • Insurance Compliance
PO Box 12010 - CE • Hemet, CA 92546-8010
- The special provisions section of the Certificate of Insurance contains language affirming that;
 - 1) Endorsements have been issued to all required insurance policies naming the City of Coral Gables as an additional insured on a primary and non-contributory basis (except workers compensation & professional liability insurance) and;
 - 2) That all policies evidenced to the City contain a waiver of subrogation endorsement and;
 - 3) That all policies have been endorsed to ensure that the City receives the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

IF COVERAGE IS REQUIRED FOR THE LINES OF INSURANCE BELOW, THEN THE DOCUMENTS LISTED MUST ALSO BE ATTACHED TO THE CERTIFICATE OF INSURANCE EVIDENCED TO THE CITY

Copies of the following Commercial General Liability Endorsements (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Endorsement (or a copy of the policy) naming the City of Coral Gables as an Additional Insured on a Primary and Non-Contributory Basis.
- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

Copies of the following Automobile Liability Endorsements (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Endorsement (or a copy of the policy) naming the City of Coral Gables as an Additional Insured on a Primary and Non-Contributory Basis.
- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

Copies of the following Workers Compensation Endorsements (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/30/2016

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 7225 Northland Dr N #300 Minneapolis MN 55428		CONTACT NAME: Michelle Hanson PHONE (A/C, No, Ext): 763-746-8239 FAX (A/C, No): E-MAIL ADDRESS: michelle.hanson@marshmma.com															
INSURED HAWKIINC Hawkins, Inc. 2381 Rosegate Roseville, MN 55113		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :Steadfast Insurance Com</td> <td>26387</td> </tr> <tr> <td>INSURER B :Great Divide Insurance Company</td> <td>25224</td> </tr> <tr> <td>INSURER C :Nautilus</td> <td>17370</td> </tr> <tr> <td>INSURER D :Aspen Speciality</td> <td>10717</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A :Steadfast Insurance Com	26387	INSURER B :Great Divide Insurance Company	25224	INSURER C :Nautilus	17370	INSURER D :Aspen Speciality	10717	INSURER E :		INSURER F :	
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INSURER E :																	
INSURER F :																	

COVERAGES CERTIFICATE NUMBER: 357006592 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Products Poll GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLP201280212	9/30/2016	9/30/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> CA 9948			BAP201278512	9/30/2016	9/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			SXS655436807	9/30/2016	9/30/2017	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCA201280112	9/30/2016	9/30/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C D	Pollution Liability			SSP201587910 EXAFVXW15	9/30/2015 9/30/2015	9/30/2018 9/30/2018	Total Limit 25,000,000 Occ 25,000,000 Agg

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

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

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

State of Florida

Department of State

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

The document number of this corporation is F14000004437.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on January 17, 2017, and that its status is active.

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

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Seventeenth day of January,
2017*



Ken DeJoyne
Secretary of State

Tracking Number: CC8587444969

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

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Document Number****Foreign Profit Corporation**

HAWKINS WATER TREATMENT GROUP, INC.

Filing Information

Document Number	F14000004437
FEI/EIN Number	41-0771293
Date Filed	10/20/2014
State	MN
Status	ACTIVE

Principal Address2381 ROSEGATE
ROSEVILLE, MN 55113**Mailing Address**2381 ROSEGATE
ROSEVILLE, MN 55113**Registered Agent Name & Address**NATIONAL REGISTERED AGENTS, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**Officer/Director Detail****Name & Address**

Title D

MCKEON, JOHN
2381 ROSEGATE
ROSEVILLE, MN 55113

Title D

SKAAR, DARYL
2381 ROSEGATE
ROSEVILLE, MN 55113

Title D

JERGENSON, DUANE
2381 ROSEGATE
ROSEVILLE, MN 55113

Title P

HAWKINS, PATRICK
2381 ROSEGATE
ROSEVILLE, MN 55113

Title V

KELLER, THOMAS
2381 ROSEGATE
ROSEVILLE, MN 55113

Title S

ERSTAD, RICHARD
2381 ROSEGATE
ROSEVILLE, MN 55113

Annual Reports

Report Year	Filed Date
2015	01/13/2015

Document Images

01/13/2015 -- ANNUAL REPORT

[View image in PDF format](#)

10/20/2014 -- Foreign Profit

[View image in PDF format](#)

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004437

Entity Name: HAWKINS WATER TREATMENT GROUP, INC.

Current Principal Place of Business:

2381 ROSEGATE
ROSEVILLE, MN 55113

Current Mailing Address:

2381 ROSEGATE
ROSEVILLE, MN 55113 US

FEI Number: 41-0771293

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MCKEON, JOHN
Address 2381 ROSEGATE
City-State-Zip: ROSEVILLE MN 55113

Title D
Name SKAAR, DARYL
Address 2381 ROSEGATE
City-State-Zip: ROSEVILLE MN 55113

Title D
Name JERGENSON, DUANE
Address 2381 ROSEGATE
City-State-Zip: ROSEVILLE MN 55113

Title P
Name HAWKINS, PATRICK
Address 2381 ROSEGATE
City-State-Zip: ROSEVILLE MN 55113

Title V
Name KELLER, THOMAS
Address 2381 ROSEGATE
City-State-Zip: ROSEVILLE MN 55113

Title S
Name ERSTAD, RICHARD
Address 2381 ROSEGATE
City-State-Zip: ROSEVILLE MN 55113

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD ERSTAD

SECRETARY

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hawkins, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Britta Retterer

Name of Person

Hawkins, Inc.

Firm/Company

2381 Rosegate

Address

Roseville, MN 55113

City/State and Zip code

britta.retterer@hawkinsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Britta Retterer

Name of Person

at (612) 617-8563

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailed 10/20/14

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Hawkins, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Hawkins Water Treatment Group, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota

(State or country under the law of which it is incorporated)

3. 41-0771293

(FEI number, if applicable)

4. 12/30/1955

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2381 Rosegate, Roseville, MN 55113

(Principal office address)

2381 Rosegate, Roseville, MN 55113

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: National Registered Agents, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michele Miller

(Registered agent's signature)

Michele Miller
Assistant Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Mckeon

Address: 2381 Rosegate, Roseville, MN 55113

Vice Chairman: _____

Address: _____

Director: Daryl Skaar

Address: 2381 Rosegate, Roseville, MN 55113

Director: Duane Jergenson

Address: 2381 Rosegate, Roseville, MN 55113

B. OFFICERS

President: Patrick Hawkins

Address: 2381 Rosegate, Roseville, MN 55113

Vice President: Thomas Keller

Address: 2381 Rosegate, Roseville, MN 55113

Secretary: Richard Erstad

Address: 2381 Rosegate, Roseville, MN 55113

Treasurer: Kathleen Pepski

Address: 2381 Rosegate, Roseville, MN 55113

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Richard Erstad Vice President, General Counsel & Secretary

(Typed or printed name and capacity of person signing application)

11.

A. Directors

Director: James Faulconbridge
Address: 2381 Rosegate, Roseville, MN 55113

Director: James Thompson
Address: 2381 Rosegate, Roseville, MN 55113

Director: Jeffery Wright
Address: 2381 Rosegate, Roseville, MN 55113

Director: Mary Schumacher
Address: 2381 Rosegate, Roseville, MN 55113

Director: Patrick Hawkins
Address: 2381 Rosegate, Roseville, MN 55113

B. Officers

Vice President: John Sevenich
Address: 2381 Rosegate, Roseville, MN 55113

Vice President: Steven Matthews
Address: 2381 Rosegate, Roseville, MN 55113

Vice President: Theresa Moran
Address: 2381 Rosegate, Roseville, MN 55113



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Richard Erstad, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____
Hawkins, Inc.
(Name of Corporation)

a corporation duly organized and existing under the laws of Minnesota,
(State or Country)

was adopted on September 25, 2014, adopting the alternate

name of Hawkins Water Treatment Group, Inc.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: 9/26/14

[Signature]
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Vico President, General Counsel & Secretary
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2014

BRITTA RETTERER
2381 ROSEGATE
ROSEVILLE, MN 55113

Qualification documents for HAWKINS WATER TREATMENT GROUP, INC. were filed on October 20, 2014 and assigned document number F1400004437. Please refer to this number whenever corresponding with this office.

Your corporation is now authorized to transact business in Florida.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please notify this office if the corporate address changes.

Should you have any questions regarding this matter, please contact this office at (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section
Division of Corporations

Letter Number: 014A00022529

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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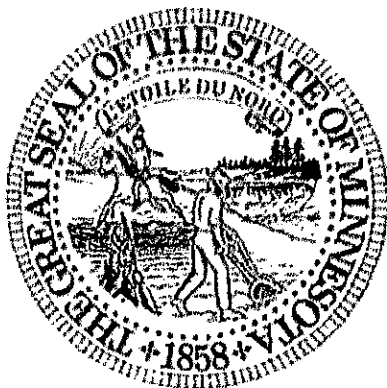
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Postal Explorer
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Hawkins, Inc.
Date Filed: 12/30/1955
File Number: Q-420
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 10/08/2014



Mark Ritchie
Mark Ritchie
Secretary of State
State of Minnesota



SAFETY DATA SHEET

Version 1

1. Identification of the Substance // Preparation and of the Company // Undertaking

Product Name: Hydrochloric Acid 20'
UN/ID No UN1789
Synonyms: Muriatic Acid
Formula: HCl
Molecular Weight: 36.46

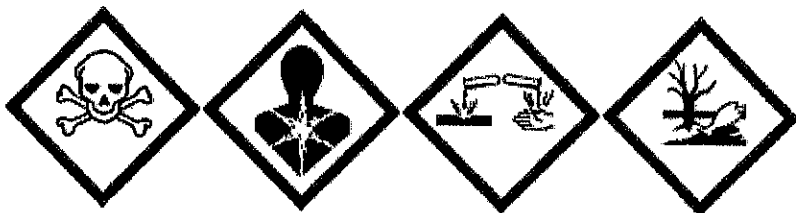
Company Name:
 Hawkins, Inc., 2381 Rosegate, Roseville, MN 55113 (612-331-6910)

Emergency Telephone:
 CHEMTREC (US): 1-800-424-9300

2. Hazards Identification

GHS - Classification

Acute toxicity - Oral	Category 3
Acute toxicity - Inhalation (Gases)	Category 3
Acute toxicity - Inhalation (Dusts/Mists)	Category 1
Skin corrosion/irritation	Category 1 Category 1A
Serious eye damage/eye irritation	Category 1
Respiratory sensitization	Category 1A
Specific target organ toxicity (single exposure)	Category 1
Specific target organ toxicity (repeated exposure)	Category 1
Acute aquatic toxicity	Category 1



Signal Word:

Danger

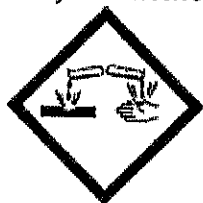
Hazard Statements:

- Toxic if swallowed
- Fatal if inhaled
- Causes severe skin burns and eye damage
- May cause allergy or asthma symptoms or breathing difficulties if inhaled
- Causes damage to organs
- Causes damage to organs through prolonged or repeated exposure
- Very toxic to aquatic life

Physical Hazards

Corrosive to metals	Category 1
---------------------	------------

- May be corrosive to metals



Precautionary Statements:

- Do not breathe dust/fume/gas/mist/vapors/spray
- Avoid breathing dust/fume/gas/mist/vapors/spray
- Wash face, hands and any exposed skin thoroughly after handling
- Do not eat, drink or smoke when using this product
- Use only outdoors or in a well-ventilated area
- Avoid release to the environment
- Wear protective gloves/protective clothing/eye protection/face protection
- Wear respiratory protection
- In case of inadequate ventilation wear respiratory protection
- Store in a well-ventilated place. Keep container tightly closed
- Immediately call a POISON CENTER or doctor/physician
- Call a POISON CENTER or doctor/physician
- Get medical advice/attention if you feel unwell
- Rinse mouth
- Immerse in cool water/wrap in wet bandages
- Wash contaminated clothing before reuse
- Absorb spillage to prevent material damage
- IF SWALLOWED: Rinse mouth. Do NOT induce vomiting
- IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician
- IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower
- IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing
- IF INHALED: If breathing is difficult, remove victim to fresh air and keep at rest in a position comfortable for breathing
- IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing
- IF exposed: Call a POISON CENTER or doctor/physician
- If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician
- Store locked up
- Store in corrosive resistant aluminum container with a resistant inliner
- Dispose of contents/ container to an approved waste disposal plant
- Dispose of contents/container to industrial incineration plant

3 Composition / Information on Ingredients

Hazardous

Chemical Name	CAS No	Weight %	EC No
Hydrochloric acid	7647-01-0	31-32	231-595-7

4 First Aid Measures

- General Advice:** Immediate medical attention is required.
- Eye Contact:** Keep eye wide open while rinsing. Immediate medical attention is required. Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Do not rub affected area.
- Skin Contact:** Wash off immediately with soap and plenty of water while removing all contaminated clothes and shoes. Immediate medical attention is required.
- Inhalation:** Move to fresh air. Call a physician or poison control center immediately. If breathing is difficult, give oxygen. If not breathing, give artificial respiration.

41861 Hydrochloric Acid 20'

- Ingestion:** Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Drink plenty of water. Immediate medical attention is required. Call a physician or poison control center immediately. Clean mouth with water and drink afterwards plenty of water. Remove from exposure, lie down.
- Note to Physicians:** Treat symptomatically. Product is a corrosive material. Use of gastric lavage or emesis is contraindicated. Possible perforation of stomach or esophagus should be investigated. Do not give chemical antidotes. Asphyxia from glottal edema may occur. Marked decrease in blood pressure may occur with moist rales, frothy sputum, and high pulse pressure.
- Self-protection of the First Aider:** Use personal protective equipment as required. Avoid contact with skin, eyes or clothing.

5. Fire-fighting Measures

Flammable Properties:

Not considered to be a fire hazard, Contact with metals may evolve flammable hydrogen gas

Explosive Properties:

Not considered to be an explosion hazard

Suitable Extinguishing Media:

Water spray (fog), Water, Neutralize with soda ash or slaked lime

Unsuitable Extinguishing Media:

No information available

Specific Hazards Arising from the Chemical:

The product causes burns of eyes, skin and mucous membranes, Thermal decomposition can lead to release of irritating and toxic gases and vapors, In the event of fire and/or explosion do not breathe fumes

Protective Equipment and Precautions for Firefighters:

In the event of a fire, wear full protective clothing and MSHA/NIOSH (approved or equivalent) self-contained breathing apparatus with full facepiece operated in the pressure-demand or other positive pressure mode, Cool containers with flooding quantities of water until well after fire is out, Stay away from ends of tanks, Structural firefighter's protective clothing is ineffective for fires involving this material

6. Accidental Release Measures

- Personal Precautions:** Evacuate personnel to safe areas. Use personal protective equipment as required. Avoid contact with skin, eyes or clothing. Keep people away from and upwind of spill/leak.
- Environmental Precautions:** Prevent further leakage or spillage if safe to do so. Do not allow into any sewer, on the ground or into any body of water. Prevent product from entering drains. Should not be released into the environment.
- Methods for Containment:** Cover powder spill with plastic sheet or tarp to minimize spreading. Dike far ahead of liquid spill for later disposal. Prevent further leakage or spillage if safe to do so.
- Methods for Cleaning Up:** Dam up. Soak up with inert absorbent material. Clean contaminated surface thoroughly. After cleaning, flush away traces with water. Prevent product from entering drains. Take up mechanically, placing in appropriate containers for disposal. Dike far ahead of liquid spill for later disposal.
- Other Information:** Not applicable.

7. Handling and Storage

- Advice on Safe Handling:** Use personal protective equipment as required. Avoid contact with skin, eyes or clothing. In case of insufficient ventilation, wear suitable respiratory equipment. Use only with adequate ventilation and in closed systems. Use only with adequate ventilation.

Storage Conditions: Keep container tightly closed in a dry and well-ventilated place. Keep in properly labeled containers. Keep out of the reach of children. Keep containers tightly closed in a dry, cool and well-ventilated place.

Incompatible Materials: Strong acids and bases; Oxidizing agents; Amines; Metal oxides; Hydroxides; Carbonates; Cyanides; Sulfides; Metals; Sulfites; Formaldehyde; Alkali

8. Exposure Controls / Personal Protection

Chemical Name	ACGIH TLV	OSHA PEL	Ontario TWA			
Hydrochloric acid	Ceiling: 2 ppm	5 ppm Ceiling 5 ppm Ceiling 7 mg/m ³ Ceiling 7 mg/m ³ Ceiling	CEV: 2 ppm			
Chemical Name	European Union	China	Japan	Korea	Australia	Taiwan
Hydrochloric acid	TWA 5 ppm TWA 8 mg/m ³ STEL 10 ppm STEL 15 mg/m ³	Ceiling: 7.5 mg/m ³ Ceiling	Ceiling: 5 ppm Ceiling: 7.5 mg/m ³	STEL: 2 ppm STEL: 3 mg/m ³ TWA: 1 ppm TWA: 1.5 mg/m ³	5 ppm Peak 7.5 mg/m ³ Peak	

Exposure Guidelines Vacated limits revoked by the Court of Appeals decision in AFL-CIO v. OSHA, 965 F.2d 962 (11th Cir., 1992)

Engineering Controls: Ensure adequate ventilation, especially in confined areas

Personal protective equipment (PPE)

Eye/Face Protection: Tight sealing safety goggles. Face protection shield.

Body Protection: Wear chemical resistant clothing such as gloves, apron, boots or whole bodysuits made from neoprene, as appropriate. Rubber boots. Suitable protective clothing. Wear impervious protective clothing, including boots, gloves, lab coat, apron or coveralls, as appropriate, to prevent skin contact. Gloves made of plastic or rubber.

General Hygiene Considerations:

When using do not eat, drink or smoke. Wash contaminated clothing before reuse. Regular cleaning of equipment, work area and clothing is recommended. Keep away from food, drink and animal feeding stuffs. Contaminated work clothing should not be allowed out of the workplace. Avoid contact with skin, eyes or clothing. Take off all contaminated clothing and wash it before reuse. Wear suitable gloves and eye/face protection.

9. Physical and Chemical Properties

9.1. Information on basic physical and chemical properties

Physical State: Liquid
Appearance: Clear liquid
Color: Colorless
Odor: Pungent
Odor Threshold: No information available

Property	Values	Remarks • Method
pH:		No information available
"Salt Out" Point (°F):		No information available
Melting Point/Freezing Point:		
Boiling Point/Boiling Range:	81 °C / 178 °F	
Flash Point:		No information available
Evaporation Rate (BuAc=1):		No information available
Flammability (solid, gas):		No information available
Flammability Limits in Air:		No information available
Upper Flammability Limit:		
Lower Flammability Limit:		
Vapor Pressure (mm Hg) :		No information available
Vapor density (Air =1)		No information available
Specific Gravity (H ₂ O=1):		No information available
Specific Gravity (2nd value):		No information available
Water Solubility:		No information available

41861 Hydrochloric Acid 20'

Solubility(ies): Infinitely soluble
Partition Coefficient (n-octanol/water): No information available
Autoignition Temperature: No information available
Decomposition Temperature: No information available
Kinematic Viscosity: No information available
Dynamic Viscosity: No information available
Oxidizing Properties: No information available
Explosive Properties: Not considered to be an explosion hazard

9.2. Other information

Softening Point: No information available
Molecular Weight: 36.46
VOC Content(%): No information available
Density: 1.16
Bulk Density: No information available

10. Stability and Reactivity

Stability: Stable under normal conditions of use and storage
Conditions to Avoid: Exposure to air or moisture over prolonged periods; Direct sunlight; Heat
Incompatible Materials: Strong acids and bases, Oxidizing agents, Amines, Metal oxides, Hydroxides, Carbonates, Cyanides, Sulfides, Metals, Sulfites, Formaldehyde, Alkali
Hazardous Decomposition Products: Thermal decomposition can lead to release of irritating and toxic gases and vapors
Possibility of Hazardous Reactions: None under normal processing

11. Toxicological Information

Product Information

Acute Toxicity: 0.01% of the mixture consists of ingredient(s) of unknown toxicity.

The following values are calculated based on chapter 3.1 of the GHS document

Chemical Name	Oral LD ₅₀	Dermal LD ₅₀	LC ₅₀ (Lethal Concentration)
Hydrochloric acid	700 mg/kg (Rat)	5010 mg/kg (Rabbit)	3124 ppm (Rat) 1 h

Chronic Toxicity:

Carcinogenicity: This product contains one or more substances which are classified by IARC as carcinogenic to humans (Group I), probably carcinogenic to humans (Group 2A) or possibly carcinogenic to humans (Group 2B)

Chemical Name	IARC
Hydrochloric acid	3

IARC (International Agency for Research on Cancer)
 Not classifiable as a human carcinogen

Target Organ Effects: Respiratory system, Eyes, Skin

12. Ecological Information

Ecotoxicity

67.97% of the mixture consists of components(s) of unknown hazards to the aquatic environment

Very toxic to aquatic life

Chemical Name	Toxicity to algae	Toxicity to fish	Toxicity to daphnia and other aquatic invertebrates
Hydrochloric acid		282: 96 h <i>Gambusia affinis</i> mg/L LC50 static	

Persistence and Degradability: No information available.

Bioaccumulation: No information available.

Mobility: No information available.

13. Disposal Considerations

Waste from Residues/Unused Products: Disposal should be in accordance with applicable regional, national and local laws and regulations

Contaminated Packaging: Do not reuse container.

14. Transport Information

DOT

Proper shipping name HYDROCHLORIC ACID
 Hazard Class 8
 UN/ID No UN1789
 Packing Group II
 Description UN1789, HYDROCHLORIC ACID, 8, PG II



15. Regulatory Information

International Inventories

All of the components in the product are on the following inventory lists: TSCA (United States);, Canada (DSL/NDL), Europe (EINECS/ELINCS/NLP), Australia (AICS), China (IECSC),

This product contains a substance not listed on international inventories - it is for research and development use only.

AICS	Complies
TSCA	Complies
DSL/NDL	Complies
EINECS/ELINCS	Complies
ENCS	Complies
IECSC	Complies

41861 Hydrochloric Acid 20'

KECL Complies
PICCS Complies

Chemical Name	AICS	TSCA	DSL	NDSL	EINECS	ELINCS	ENCS	IECSC	KECL	PICCS
Hydrochloric acid	Listed	Listed	Listed	-	Listed	-	(1)-215	Listed	KE-20189	Present

Inventory Legend

AICS - Australian Inventory of Chemical Substances
TSCA - United States Toxic Substances Control Act Section 8(b) Inventory
DSL/NDSL - Canadian Domestic Substances List/Non-Domestic Substances List
EINECS/ELINCS - European Inventory of Existing Chemical Substances/European List of Notified Chemical Substances
ENCS - Japan Existing and New Chemical Substances
IECSC - China Inventory of Existing Chemical Substances
KECL - Korean Existing and Evaluated Chemical Substances
PICCS - Philippines Inventory of Chemicals and Chemical Substances

RESTRICTIONS - REACH TITLE VII No information available

US Federal Regulations

CERCLA

This material, as supplied, does not contain any substances regulated as hazardous substances under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (40 CFR 302) or the Superfund Amendments and Reauthorization Act (SARA) (40 CFR 355). There may be specific reporting requirements at the local, regional, or state level pertaining to releases of this material

Chemical Name	CERCLA Hazardous Substances and the Reportable Quantities	SARA Extremely Hazardous Substances EPCRA RQ	SARA Extremely Hazardous Substances TPQ
Hydrochloric acid	5000 lb 2270 kg	5000 lb EPCRA RQ (gas only)	500 lb TPQ

SARA 313

Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA). This product contains a chemical or chemicals which are subject to the reporting requirements of the Act and Title 40 of the Code of Federal Regulations, Part 372

Chemical Name	SARA 313 - Threshold Values %
Hydrochloric acid	1.0

SARA 311/312 Hazard Categories

Acute health hazard Yes
 Chronic health hazard Yes
 Fire hazard No
 Sudden release of pressure hazard No
 Reactive hazard No

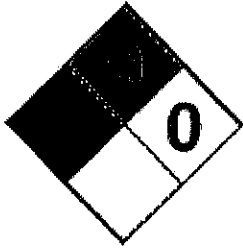
U.S. State Right-to-Know Regulations

California Proposition 65:

This product does not contain any Proposition 65 chemicals

16 Other Information

National Fire Protection Association (NFPA) Ratings



NSF Certification



Certified to
NSF/ANSI 60

Maximum Use (mg/L unless otherwise indicated): 40

Prepared By: HSE Department

Issue Date: 04-Oct-2012

Revision Date: 14-Aug-2014

Revision Note: Updated section(s) 1

Disclaimer:

Please be advised that it is your responsibility to inform your employees of the hazards of this substance, to advise them of what these properties mean and be sure they understand exposure information. The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication.

The information presented herein, while not guaranteed, was prepared by competent technical personnel and is true and accurate to the best of our knowledge. No warranty or guaranty, express or implied, is made regarding performance, stability, or otherwise. This information is not intended to be all-inclusive as to the manner and conditions of use, handling, and storage. Other factors may require additional safety or performance considerations. While our technical personnel will be happy to respond to questions regarding safe handling and use procedures, the handling and use remains the responsibility of the consumer. No suggestions are intended as, and should not be constructed as, a recommendation to infringe on any existing patents or to violate any Federal, State, or local laws.

End of Safety Data Sheet



ODYSSEY
MANUFACTURING CO.

ODYSSEY MANUFACTURING CO.
Ultra-Chlor Sodium Hypochlorite Specification
For
12.5 Trade Percent Available Chlorine

<u>Item</u>	<u>Guarantees</u>	<u>Typical Values</u>
Chemical Formula:	NaOCl in water	NaOCl in water
Delivered Grams per Liter:	≥120 GPL	122 - 125 GPL
Specific Gravity Range:	1.159 - 1.169	1.163 - 1.165
% by Weight Excess Sodium Hydroxide:	0.15 - 0.4	0.25 - 0.35
pH:	12.3 - 12.7	12.4 - 12.6
Weight % Available Chlorine:	≥10.4	10.55 - 10.8
Weight % Sodium Hypochlorite:	≥10.85	11.05 - 11.3
lb/gallon Available Chlorine:	≥1 lb/gallon	1.03 - 1.04 lb/gallon
Gallons required to Obtain 1lb of Chlorine:	.96 - 1 gallon	.96 - .97 gallon
Iron (Fe):	<0.30 mg/L	.1 - .2 mg/L
Copper (Cu):	<0.03 mg/L	Not detectable
Nickel (Ni):	<0.03 mg/L	Not detectable
Manganese (Mn):	<0.03 mg/L	Not detectable
Selenium (Se):	<.02 mg/L	Not detectable
Bromate:	<20 mg/L	5 - 10 mg/L
Perchlorate (At time of manufacture):	<10 mg/L	Not Detectable
Chlorate (At time of manufacture):	<2,000 mg/L	500-1,000 mg/L
Viscosity (Varies with temperature):	1.75 - 2.50 centipois	1.75 - 2.50 centipois
Specific Heat:	.90 - .94 Cal./gm/deg C	.91 - .93 Cal./gm/deg C
Thermal Conductivity:	.2 - .4 W/m/deg C	.3 - .35 W/m/deg C
Suspended Solids Test (e.g. Filter Test):	<3 minutes	.9 - 1.25 minutes
Hardness (as Calcium Carbonate):	<5 ppm	1 ppm
Appearance:	Greenish-yellow liquid	Greenish-yellow liquid

Note: Product is certified to meet ANSI/NSF Standard 60 and is in compliance with ANSI/AWWA Standard B300-04.

NovaChem

Laboratories, Inc

Date: 15 November 2016

Call for results over the phone
513-523-3605

Odyssey Sample Analysis Results Received 8 November 2016

Parameter		
Wt% NaOCl	11.37	
GPL Available Chlorine	126	
Trade %	12.6	
Wt% NaOH	0.371	
Calculated pH	13.0	
Wt% Na ₂ CO ₃	0.109	
Density, g/mL	1.1645	
Bromate ion, mg/L	<5	DL = 5 mg/L
Chlorate ion, mg/L	838	DL = 100 mg/L
Perchlorate ion, mg/L	<10	DL = 10 mg/L
Iron, mg/L	0.20	DL = 0.02 mg/L
Copper, mg/L	<0.02	DL = 0.02 mg/L
Nickel, mg/L	<0.02	DL = 0.02 mg/L
Chloride ion, g/L	86	
Sodium, g/L (estimate)	60	
Wt% Suspended Solids	0.003	
Total Dissolved Solids, g/mL	0.797	
Filter Test (1,000 mL)	0 min 53 sec (Millipore 0.8 uM, type AWWP)	

B.P. Bubnis

B.P. Bubnis

15 November 2016



ODYSSEY
MANUFACTURING CO.

SAFETY DATA SHEET

SECTION I CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

ODYSSEY MANUFACTURING CO.
1484 Massaro Boulevard
Tampa, Florida 33619
1-813-635-0339 (24 hours)

EMERGENCY RESPONSE NUMBER:
1-800-ODYSSEY (FLORIDA)
1-813-635-0339 (OUTSIDE FLORIDA)
1-813-340-9093 (Control Room Cell Phone)
1-800-226-0911 (ACT Environmental)

SUBSTANCE: SODIUM HYPOCHLORITE

TRADE NAME: Ultra-CHLOR

CHEMICAL NAME/SYNONYMS: Sodium Hypochlorite Solution, Bleach Solution, Bleach Liquor, Hypo-solution, Bleach, and Liquid Bleach.

CAS NUMBER: 7681-52-9

CHEMICAL FAMILY: Alkali

FORMULA: NaOCl

DOT PROPER SHIPPING NAME: Hypochlorite Solution

DOT HAZARD CLASS: 8 (Corrosive) PG III; PG II (For solutions greater than 16% available chlorine)

DOT IDENTIFICATION NO: UN1791

RQ: 100 pounds (Approximately 100 gallons of Odyssey Ultrachlor 12.5 Trade Percent Sodium Hypochlorite)

DOT EMERGENCY GUIDE NO: 154

SECTION II COMPOSITION, INFORMATION ON INGREDIENTS

INGREDIENT(S):

Sodium Hypochlorite (NaOCl)	10.0 - 15.0% wt
Salt (NaOCl)	6.0 - 8.0% wt
Sodium Hydroxide (NaOH)	0.2 - 0.4% wt
Water (H ₂ O)	76.6 - 83.8% wt

SECTION III HAZARDS IDENTIFICATION

NFPA CLASSIFICATION (SCALE 0-4): Health=2 Fire=0 Reactivity=1

EC CLASSIFICATION (ASSIGNED): C (Corrosive)

EMERGENCY OVERVIEW

COLOR: Yellow

PHYSICAL FORM: Liquid

ODOR: Chlorine Odor

MAJOR HEALTH HAZARDS: Respiratory Tract Burns, Skin Burns, Mucous Membrane Burns, and Eye Irritation

HAZARDOUS MIXTURES WITH OTHER LIQUIDS, SOLIDS, OR GASES: Reacts violently with acids liberating chlorine gas. Also reacts with organic substances. Reaction with water is *not* exothermic.

POTENTIAL HEALTH EFFECTS

INHALATION:

- **SHORT TERM EXPOSURE:** Irritation to respiratory tract. May have same as effects reported in other routes of exposure, burns, blisters, nausea, difficulty breathing, and lung congestion.
- **LONG TERM EXPOSURE:** Same as effects reported in short term exposure.

SKIN CONTACT:

- **SHORT TERM EXPOSURE:** Irritant, reddening of the skin. May have burns, blisters, and itching
- **LONG TERM EXPOSURE:** Same as effects reported in short term exposure.

EYE CONTACT:

- **SHORT TERM EXPOSURE:** Irritation (possibly severe), possible eye damage
- **LONG TERM EXPOSURE:** Same as effects reported in short term exposure.

INGESTION:

- **SHORT TERM EXPOSURE:** Burns, vomiting stomach pain, disorientation, bluish skin color, convulsions, coma
- **LONG TERM EXPOSURE:** Same as effects reported in short term exposure.

CARCINOGEN STATUS

OSHA: N

NTP: N

IARC: N

SECTION IV FIRST AID MEASURES

INHALATION: Remove from exposure and get fresh air. Use a bag valve mask or similar device to perform artificial respiration (rescue breathing) if needed. Keep warm and at rest. Get medical attention immediately if artificial respiration is required.

SKIN CONTACT: Remove contaminated clothing, jewelry, and shoes immediately. Flush affected area with large amounts of water, preferably a safety shower. Use soap or mild detergent and large amounts of water until no evidence of chemical remains (at least 15-20 minutes). For burns, cover affected area securely with sterile, dry, loose fitting dressing. If skin is burned, get medical attention immediately.

EYE CONTACT: Wash eyes immediately with large amounts of water, occasionally lifting upper and lower lids, until no evidence of chemical remains (at least 15 minutes). Continue irrigating with a normal saline solution until ready to transport to physician. Cover with sterile bandages. Get medical attention immediately.

INGESTION: Rinse mouth with water. Drink large quantities of milk (water if no milk is available). Milk of magnesia may be helpful. **DO NOT USE ACIDIC ANTIDOTES SUCH AS SODIUM BICARBONATE.** When vomiting occurs, keep head lower than hips to help prevent aspiration. If person is unconscious, do not induce vomiting and turn their head to the side. Never make an unconscious person vomit or drink fluids. Get medical attention.

NOTE TO PHYSICIAN: For inhalation, consider oxygen. For ingestion, avoid gastric lavage, emesis, sodium bicarbonate and acid solutions. Consider the use of antacids.

SECTION V FIRE FIGHTING MEASURES

FLASH POINT: Non-flammable

FLAMMABLE LIMITS: Non-flammable

FIRE AND EXPLOSION HAZARDS: Negligible fire hazard. Toxic fumes can be liberated by contact with acid or heat.

EXTINGUISHING MEDIA: Regular dry chemical, carbon dioxide, water, or foam suitable for surrounding fire. For large fires, use regular foam or flood with fine water spray.

FIRE FIGHTING: Wear self-contained breathing apparatus and full protective clothing. Move container from fire area if it can be done without risk. Cool containers with water spray until well after the fire is out. Stay away from the ends of tanks. Use extinguishing agents appropriate for surrounding fire. Do not get water directly on material. For large fires, flood with fine water spray. Reduce vapors with water spray. Apply water from a protected location or from a safe distance. Avoid body contact or inhalation of material or combustion by-products. Stay upwind and keep out of low areas.

SECTION VI ACCIDENTAL RELEASE MEASURES

OCCUPATIONAL RELEASE: Do not touch spilled material. Stop leak if possible without personal risk. For small spills, collect spilled material in appropriate container for disposal and consider absorbing with sand or other non-combustible material (e.g., do not use sawdust or other combustible material). Be advised, however, that the use of absorbing material is creating hazardous waste and this absorbing material must now be disposed of properly. Collect spilled material in appropriate container for disposal. For small dry spills, move containers away from spill to a safe area. For large spills, dike for later disposal. If possible, do not allow material to enter sewers, streams, ponds or storm conduits as concentrated solutions will seriously injure aquatic life. Keep unnecessary people away, isolate hazard area and deny entry. Contain in as small an area as possible, such as a holding area for dilution and neutralization. Contain spill in plastic drums when available. Dispose of in accordance with Federal, State, and local regulations. Personnel engaged in cleanup operations must be equipped with NIOSH approved respirator protection, rubber boots, gloves, and clothing to avoid body contact. **Reportable Quantity (RQ):** 100 pounds (approximately 100 gallons of Odyssey Ultrachlor 12.5 Trade Percent sodium hypochlorite). In the event of a spill (e.g., defined as any release to the environment), call Odyssey Manufacturing and/or the emergency contact numbers as soon as possible for assistance. ACT Environmental is a private company that can be hired to provide emergency response and site cleanup services at (800) 226-0911. For releases higher than the Reportable Quantity (RQ), you must notify the State Emergency Response Commission (U.S. SARA Section 304) at (800) 320-0519 **AND** the National Response Center at (800) 424-8802 or (202) 426-2675 (CERCLA Section 103) **within 15 minutes**. Sometimes they will communicate with each other **BUT DO NOT DEPEND ON THIS!**

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

SECTION VII HANDLING AND STORAGE

Store in vented, closed containers that provide protection from direct sunlight. Keep separated from incompatible substances and do not store near acids, ammonia, heat, or oxidizable materials or organics. When handling, do not mix with other cleaning agents that may liberate chlorine gas vapors (e.g., acidic agents).

Store and handle in accordance with all current regulations and standards.

SECTION VIII EXPOSURE CONTROLS AND PERSONNEL PROTECTION

EXPOSURE LIMITS: 2 mg/m³ AIHA recommended STEL 15 minute(s) for Sodium Hypochlorite

VENTILATION: Provide local exhaust ventilation system. Ensure compliance with applicable exposure limits.

EYE PROTECTION: Splash goggles are preferred to a faceshield. Another option is to wear splash resistant safety goggles with a faceshield. Provide an emergency eye wash fountain and quick drench shower in the immediate work area.

CLOTHING: It is recommended to wear appropriate chemical resistant clothing to avoid body contact such as a rubber apron or rain suit. Boots are preferred for footwear.

GLOVES: Wear appropriate chemical resistant gloves.

RESPIRATOR: Under conditions of frequent use or heavy exposure, respiratory protection may be needed.

Respiratory protection is ranked in order from minimum to maximum. Consider warning properties before use.

- Any chemical cartridge respirator with organic vapor cartridge(s).
- Any chemical cartridge respirator with a full facepiece and organic vapor cartridge(s)
- Any air-purifying respirator with a full facepiece and an organic vapor canister
- Any supplied-air respirator with full facepiece and operated in a pressure-demand or other positive-pressure mode in combination with a separate escape supply (Use for Unknown Concentrations or those that may be Immediately Dangerous to Life or Health)
- Any self-contained breathing apparatus with a full facepiece (Use for High Concentrations or those which are immediately Dangerous to Life or Health)

SECTION IX PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL APPEARANCE: Liquid

APPEARANCE AND ODOR: Clear - Chlorine odor like household bleach.

COLOR: Greenish - Yellowish cast

MOLECULAR WEIGHT: 74.44

MOLECULAR FORMULA: Na-O-Cl

BOILING POINT: Degrades at 230 Degrees Fahrenheit

FREEZING POINT: 7 Degrees Fahrenheit

SPECIFIC GRAVITY: 1.15 - 1.17 at 60 Degrees Fahrenheit
PH: Approximately 11 - 13
VAPOR PRESSURE (mm HG): Vapor Pressure of water + decomposition product Vapor Pressure
VAPOR DENSITY: Not Available
SOLUBILITY IN WATER: Complete
VOLATILITY: Not Available
EVAPORATION RATE: >1
COEFFICIENT OF WATER /OIL DISTRIBUTION: Not Available

SECTION X STABILITY AND REACTIVITY

REACTIVITY: Stable at normal temperatures and pressure.

CONDITIONS TO AVOID: Avoid heat, flames, sparks and other sources of ignition. Dangerous gases may accumulate in confined spaces. May ignite or explode on contact with combustible materials.

INCOMPATIBLES: Acids, metals, amines, combustible materials, reducing agents. Specific reactions with sodium hypochlorite include the following:

ACIDS: Violent reaction.

ALUMINUM: Corrosive action.

AMINES: Form explosive chloramines.

AMMONIA: Form explosive chloramines.

AMMONIUM SALTS: May form explosive product.

BENZYL CYANIDE (ACIDIFIED): Explosive reaction.

CELULOSE: Violent reaction

ETHYLENEIMINE: Forms explosive 1-chloroethyleneimine.

FORMIC ACID: Explosive mixture.

METHANOL: May form explosive compound.

NITROGEN COMPOUNDS: Forms explosive N-chloro compounds.

ORGANIC AND COMBUSTIBLE MATERIALS: Fire and explosion hazard.

OXALIC ACID: Intense reaction

REDUCING AGENTS: Fire and explosion hazard

ZINC: Corrosive

HAZARDOUS DECOMPOSITION:

Thermal decomposition products – Chlorine and Hydrochloric Acid Vapors

Decomposition Products – Hypochlorous Acid Vapors

POLYMERIZATION: Will not polymerize.

SECTION XI SODIUM HYPOCHLORITE TOXICOLOGICAL INFORMATION

IRRITATION DATA: 10 mg eyes – rabbit moderate

TOXICITY DATA:

1gm/ kg oral-woman; TDLo; 45mg/kg intravenous-man TDLo; 5800 mg/ kg oral-mouse LD50; 140 mg/ kg/9 week(s) continuous oral-rat TDLo

CARCINOGEN STATUS: According to the IARC, animal inadequate evidence, human no adequate data, Group 3 (Hypochlorite salts)

LOCAL EFFECTS:

Corrosive: inhalation, skin contact, eye, ingestion hazards

ACUTE TOXICITY LEVEL:

Slightly Toxic if ingested

MUTAGENIC DATA:

Mutation in micro organisms – Salmonella typhimurium 1mg / plate (-S9); DNA repair – Escherichiacoli 20ug/ disc; DNA damage – Escherichiacoli 420 umol/L; phage inhibition capacity – Escherichiacoli 103 ug/ well; micronucleus test - non-mammalian species multiple 200 ppb; cytogenetic analysis - non-mammalian species multiple 120 ug/ L; cytogenetic analysis – human lymphocyte 100 ppm 24hour(s); sister chromatid exchange – human embryo 149 mg/ L; cytogenetic analysis – hamster lung 100 mg/ L

HEALTH EFFECTS:

INHALATION

ACUTE EXPOSURE: May cause severe bronchial irritation, sore throat with possible blistering, coughing, stomatitis, nausea, labored breathing, shortness of breath and pulmonary edema. 10-20 mg/m³ causes burning of the nose and throat; 40-60 mg/m³ may be fatal. If sufficient amounts are absorbed, may cause effects as detailed in acute ingestion.

CHRONIC EXPOSURE: No data available.

SKIN CONTACT

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

CHRONIC EXPOSURE: Effects depend on concentration and duration of exposure. Repeated or prolonged contact with corrosive substances may result in dermatitis or effects similar to acute exposure. Allergic dermatitis has also been reported.

EYE CONTACT

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

CHRONIC EXPOSURE: Depending on concentration and duration of exposure, symptoms may be as those of acute exposure.

INGESTION

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

CHRONIC EXPOSURE: Sensitization reactions are reported in individuals who are exposed in small amounts through their water supply. High doses have caused sperm abnormality in mice.

SECTION XII ECOLOGICAL INFORMATION

ECOTOXICITY DATA:

FISH TOXICITY: 94.0 ug/L 96h hour(s) LC50 (Mortality) Cutthroat trout
(*Oncorhynchus clarki*)

INVERTEBRATE TOXICITY: 31.6 ug/L 7 hour(s) 1C50 (Species Diversity) Protozoan phylum (Protozoa)

ALGAL TOXICITY: 90 ug/L 96 hour(s) LC50 (Mortality) Algae, phytoplankton, algal mat (Algae)

PHYTOTOXICITY: 230 ug/L 35 hour(s) (Biomass) Curled pondweed (*Potamogeton crispus*)

OTHER TOXICITY: 2.1 ug/L 28 day(s) (Chlorophyll) Aquatic community (Aquatic community)

ENVIRONMENTAL SUMMARY: Highly toxic to aquatic life.

SECTION XIII DISPOSAL CONSIDERATIONS

Subject to disposal regulations: U.S. EPA 40 CFR 262. Hazardous Waste Number(s): D001. Dispose in accordance with all applicable regulations.

SECTION XIV TRANSPORT INFORMATION

U.S. DOT 49 CFR 172.101 SHIPPING NAME-UN NUMBER: Sodium Hypochlorite) - UN1791

U.S. DOT 49 CER 172.101 HAZARD CLASS OR DIVISION: 8

U.S. DOT 49 CFR 172.101 PACKING GROUP: III (less than 16% available chlorine) / II (16% or more available chlorine)

U.S. DOT 49 CFR 172.101 AND SUBPART E LABELING REQUIREMENTS: Corrosive

U.S. DOT 49 CFR 172.101 PACKAGING AUTHORIZATIONS:

EXCEPTIONS: 49 CFR 173.154

NON- BULK PACKAGING: 49 CFR 173.203 (less than 16% available chlorine) / 49 CFR 173.202 (16% or more available chlorine)

BULK PACKAGING: 49 CFR 173.241 (less than 16% available chlorine) / 49 CFR 173.242 (16% or more available chlorine)

U.S. DOT 49 CFR 172.101 QUANTITY LIMITATIONS:

PASSENGER AIRCRAFT OR RAILCAR: 5 LITERS / (less than 16% available chlorine) / 1 LITERS (16% or more available chlorine)

CARGO AIRCRAFT ONLY: 60 LITERS / (less than 16% available chlorine) / 30 LITERS (16% or more available chlorine)

SECTION XV REGULATORY INFORMATION

U.S. REGULATIONS

TSCA INVENTORY STATUS: Y

TSCA 12(b) EXPORT NOTIFICATION: Not listed.

CERCLA SECTION 103 (40CFR302.4): Y

SODIUM HYPOCHLORITE: 100 LBS RQ

SARA SECTION 302 (40CFR355.30): N

SARA SECTION 304 (40CFR355.40): N

SARA SECTION 313 (40CFR372.65): N

SARA HAZARD CATEGORIES, SARA SECTIONS 311/312 (40CFR370.21):

ACUTE: Y

CHRONIC: N

FIRE: N

REACTIVE: N

SUDDEN RELEASE: N

OSHA PROCESS SAFETY (29CFR1510.119): N

STATE REGULATIONS:

California Proposition 65: N EUROPEAN REGULATIONS:

EC NUMBER (BINECS): 231-668-3

EC RISK AND SAFETY PHRASES:

R 31 Contact with acids liberates toxic gas.

R 34 Causes burns.

S ½ Keep locked-up and out of reach of children.

S 28b After contact with skin, wash immediately with plenty of soap and water.

S 45 In case of accident or if you feel unwell, seek medical advice immediately (show the label where possible)

S 50 Do not mix with incompatible materials.

CONCENTRATION LIMITS:

C>10% C R 31-34

5 % <= C <= 10 % Xi R 31-36/38

GERMAN REGULATIONS:

WATER HAZARD CLASS (WGK): 2 (Official German Classification)

SECTION XVI OTHER INFORMATION

For additional information, contact our technical service department.

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