



BEFORE THE CITY COMMISSION  
CITY OF STUART, FLORIDA

RESOLUTION NUMBER 79-2020

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF STUART, FLORIDA TO RENEW ITB NO. 2019-100, CHEMICALS FOR WATER TREATMENT PLANT/WATER RECLAMATION FACILITY ON AN "AS NEEDED" BASIS, FOR THE 2<sup>nd</sup> and FINAL RENEWAL PERIOD THROUGH SEPTEMBER 30, 2021 TO THE FOLLOWING FIRMS, PROVIDING AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

\* \* \* \* \*

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF STUART, FLORIDA that:

SECTION 1: The City Commission of the City of Stuart hereby approves the 2<sup>nd</sup> and Final of two (2) renewal periods of ITB NO. 2019-100 Chemicals for Water Treatment Plant/Water Reclamation Facility for the period October 1, 2020 through September 30, 2021.

<u>Item</u>	<u>Vendor</u>	<u>Chemical</u>	<u>Amount</u>
1	Allied Universal Corporation	Sodium Hypochlorite	\$64,200.00
	Odyssey Manufacturing Company	Sodium Hypochlorite as the secondary vendor	<b>\$66,000.00</b>
2	Tanner Industries, Inc.	Anhydrous Ammonia	\$14,052.50
3	Carus Corporation	Sodium Hexametphosphate	\$19,190.00
4	Hawkins, Inc.	Hydrofluorosilicic acid	\$ 8,070.00
5	Hawkins, Inc.	Hydrochloric Acid	\$ 2,706.00
6	Hawkins, Inc.	Anionic Dry Polymer	\$ 6,110.00
7	Hawkins, Inc.	Cationic Liquid Polymer	\$18,218.20
		<b>Overall Total</b>	<b>\$132,546.70</b>

Resolution No. 79-2020

**SECTION 2:** This resolution shall take effect upon adoption.

Approve Award of ITB #2019-100, Chemicals for Water Treatment Plant/Water Reclamation Facility.

Commissioner CLARKE offered the foregoing resolution and moved its adoption. The motion was seconded by Commissioner MATHESON and upon being put to a roll call vote, the vote was as follows:

MICHAEL J. MEIER, MAYOR  
EULA R. CLARKE, VICE MAYOR  
BECKY BRUNER, COMMISSIONER  
MERRITT MATHESON, COMMISSIONER  
VACANT, COMMISSIONER

YES	NO	ABSENT	ABSTAIN
Y			
Y			
Y			
Y			

ADOPTED this 13<sup>th</sup> day of July, 2020.

ATTEST:

  
MARY R. KINDEL  
CITY CLERK

  
MICHAEL J. MEIER  
MAYOR

APPROVED AS TO FORM  
AND CORRECTNESS:

  
MICHAEL J. MORTELL  
CITY ATTORNEY





## MEMORANDUM

To: David Dyess, Interim City Manager  
From: Alaina Knofla, Procurement Specialist  
Date: July 18, 2019  
Subject: Renewal of ITB #2019-100: Chemicals for the WTP/WRF

The initial year of ITB #2019-100: Contract for Chemicals for the WTP/WRF expires September 30, 2019. This agreement has provisions for two (2) one (1) year renewal options; this would represent the first renewal. The vendors listed below have agreed to the renewal under the original terms, conditions, pricing and specifications. Thereby the Public Works Director Dave Peters recommends approval of the first-year renewal.

Item	Vendor	Chemical	Amount
1	Allied Universal Corporation	Sodium Hypochlorite	\$62,280.00
	Odyssey Manufacturing Company	Sodium Hypochlorite as the secondary vendor	<b>\$66,000.00</b>
2	Tanner Industries, Inc.	Anhydrous Ammonia	\$14,052.50
3	Carus Corporation	Sodium Hexametphosphate	\$19,190.00
4	Hawkins, Inc.	Hydrofluorosilicic acid	\$ 8,070.00
5	Hawkins, Inc.	Hydrochloric Acid	\$ 2,706.00
6	Hawkins, Inc.	Anionic Dry Polymer	\$ 6,110.00
7	Hawkins, Inc.	Cationic Liquid Polymer	\$18,218.20
<b>Overall Total</b>			<b>\$130,626.70</b>

If approved, this renewal will be effective for the period October 1, 2019 and ending September 30, 2020. If you have any questions, or if I might be of further assistance please contact me at ext. 5320 or contact me by email at [purchasing@ci.stuart.fl.us](mailto:purchasing@ci.stuart.fl.us).

- Approve renewal of ITB #2019-100: Chemicals for the WTP/WRF
- Recommended this ITB not be renewed

  
\_\_\_\_\_  
David Dyess, City Manager

7-25-19  
Date





# City of Stuart

Procurement & Contracting Division  
121 SW Flagler Ave. Stuart Fl. 34991  
Phone: 772.288.5320

June 20, 2019

Odyssey Manufacturing Company  
Attn: Mr. Stephen W. Sidelko, V/S  
1484 Massaro Blvd.  
Tampa, Florida 33619

Subject: Renewal for ITB# 2019-100, Chemicals for the Water Treatment Plant and Water Reclamation Facility

Dear Mr. Sidelko,

This is official notification to your firm that the City of Stuart wishes to extend your current contract as the secondary vendor for Sodium Hypochlorite, for the period beginning October 1, 2019 and ending on September 30, 2020, which represents the first year of two (one year) renewal options. This extension is granted under the same terms, conditions, and pricing as the original contract.

Please complete the bottom portion of this letter if your firm will agree to the requested renewal. Your response must be received no later than 4:00 p.m., July 3, 2019. You may fax your response to (772) 600-1202 or send by email to [purchasing@ci.stuart.fl.us](mailto:purchasing@ci.stuart.fl.us). Thank you for your cooperation and immediate attention to this matter. Please contact me at (772) 288-5320, if you should have any questions.

Best Regards,

Alaina Knofla  
Procurement Specialist

cc: File

I hereby attest, by signature, to Florida Statutes (F.S.) 287.135-Scrutinized Companies that Boycott Israel list, F.S. 215.4725-Engaging in commerce with Cuba or Syria, and F.S. 215.473-Scrutinized Companies with activities in the Iran Petroleum Energy Sector List; and agree to the contract renewal as specified of the subject Agreement.

I am unable to agree to the contract renewal as specified of the subject Agreement

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Printed Name

8 July 19  
\_\_\_\_\_  
Date

General Manager  
\_\_\_\_\_  
Title



# City of Stuart

121 SW Flagler Avenue • Stuart • Florida 34994  
Department of Financial Services  
Procurement and Contracting Services Division

Lenora Darden, CPPB  
Procurement Manager  
[purchasing@ci.stuart.fl.us](mailto:purchasing@ci.stuart.fl.us)

Telephone (772) 288-5320  
Fax: (772) 600-0134

August 30, 2018

Via: Email transmission, [pallman@odysseymanufacturing.com](mailto:pallman@odysseymanufacturing.com)

Odyssey Manufacturing Company  
Attn: Mr. Stephen W. Sidelko, V/S  
1484 Massaro Blvd  
Tampa, FL 33619

Subject: Notice of Award  
ITB No. 2019-100, Chemicals for the Water Treatment Plant (WTP) and Water Reclamation Facility (WRF)

Dear Mr. Sidelko:

The Stuart City Manager awarded ITB No. 2019-100, Chemicals for the WTP/WRF, to your firm on August 28, 2018, as the secondary vendor for Sodium Hypochlorite, at the unit price of \$0.55 per gallon for the estimated annual amount of \$66,000.00. Please consider this your formal notice of award. The City of Stuart requests that you provide all necessary insurance requirements by September 10, 2018 as listed below:

A "Certificate of Insurance" which reflects all types and levels of coverage as noted in the Request for Proposal. The insurance certificate must also have printed in the "Remarks" box, words to the effect: **"The City of Stuart is an additional insured"**. The City requests that the insurance certificate lists the **project number and the project name**, ITB No. 2019-100 Chemicals for the WTP/WRF.

Orders from the City of Stuart will be placed throughout the contract period through the issuance of a Blanket Purchase Order to 1002 Palm Beach Rd, Stuart, FL 34994, which will serve as your contract and notice to proceed. All services shall be coordinated with the City Project Manager, Mike Woodside, Team Leader II, at 772-288-5343 ext. 5444.

The initial contract period will be for one year, effective October 1, 2018 through September 30, 2019, with two one-year renewal options. The City reserves the right to exercise the option to renew annually, if mutually agreed upon in writing by both parties subject to the same terms and conditions of the original agreement. Annual renewals shall be subject to the appropriation of funds, vendor's satisfactory performance and determination that the contract renewal is in the best interest of the City.

The City of Stuart looks forward to a mutually beneficial business relationship. If you have any questions, please feel free to contact me by email at [purchasing@ci.stuart.fl.us](mailto:purchasing@ci.stuart.fl.us) or call me at (772) 288-5320.

Sincerely yours,

Procurement Manager

ec: Dave Peters, Public Works Director  
Mike Woodside, Team Leader II  
2019-100 ITB File



# City of Stuart

121 SW Flagler Avenue • Stuart • Florida 34994  
Department of Financial Services  
Procurement & Contracting Services Division

Lenora Darden, CPPB  
Procurement Manager  
[ldarden@ci.stuart.fl.us](mailto:ldarden@ci.stuart.fl.us)

Telephone (772) 288-5308  
Fax: (772) 600-0134  
[www.cityofstuart.us](http://www.cityofstuart.us)

## MEMORANDUM

To: David Dyess, Interim City Manager  
From: Lenora Darden, Procurement Manager  
Date: August 21, 2018  
Subject: Award of ITB #2019-100: Chemicals for the WTP/WRF

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Attached are the bid tabulation and the department/purchasing recommendation for the above referenced project. In accordance with the City of Stuart Code of Ordinances, you have authority to award solicitations where the funds for the project have been appropriated by the City Commission through the annual budgeting process and where the vendor was selected in accordance with the City Procurement Ordinance.

The subject bid was legally advertised in the Palm Beach Post and the Stuart News on July 20, 2018. The Procurement Office sent complete bid packages to seventeen (17) suggested vendors. This solicitation was disseminated by DemandStar on-line, who notified Two hundred and Sixty-one (261) interested vendors. Out of Thirty (30) planholders, seven (7) bids were received by 2:30 pm on the ITB opening date of August 8, 2018.

Fort Bend has been deemed non-responsive for failure to include their bid prices on the bid schedule. Therefore their signature does not attest to their pricing as submitted. Staff has checked references, reviewed the technical specifications for compliance, and thereby recommends award to the following firms:

<u>Item</u>	<u>Vendor</u>	<u>Chemical</u>	<u>Amount</u>
1	Allied Universal Corporation	Sodium Hypochlorite	\$62,280.00
	Odyssey Manufacturing Company	Sodium Hypochlorite as the secondary vendor	<b>\$66,000.00</b>
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7	Hawkins, Inc.	Cationic Liquid Polymer	\$18,218.20
		<b>Overall Total</b>	<b>\$130,626.70</b>

Please review the attached documentation and signify below your determination of award, request for further information or recommended rejection of all bids.

Should you have any questions or if I might be of further assistance please call me at ext. 5308 or contact me by email at [ldarden@ci.stuart.fl.us](mailto:ldarden@ci.stuart.fl.us).

- Award of ITB #2019-100: Chemicals for the WTP/WRF for the initial term of one (1) year effective October 1, 2018, with two (2) additional 1-year periods, to the lowest **responsive** and responsible bidders, on an as needed basis for an estimated annual total of \$130,626.70.
- Further information is required
- Recommend all bids be rejected

  
\_\_\_\_\_  
David Dyess, Interim City Manager

8-28-18  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2018

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 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).

<b>PRODUCER</b> Stahl & Associates Insurance Inc. 91 Lake Morton Drive P O Box 3608 Lakeland FL 33802	<b>CONTACT NAME:</b> Debbie MacGillivray <b>PHONE (A/C, No, Ext):</b> (863) 688-5495 <b>FAX (A/C, No):</b> (863) 688-4344 <b>E-MAIL ADDRESS:</b> debbie.macgillivray@stahlinsurance.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Westchester Surplus Lines Ins Co</td> <td>10172</td> </tr> <tr> <td>INSURER B: ACE American Insurance Co</td> <td>22667</td> </tr> <tr> <td>INSURER C: Zenith Insurance Company</td> <td>13269</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Westchester Surplus Lines Ins Co	10172	INSURER B: ACE American Insurance Co	22667	INSURER C: Zenith Insurance Company	13269	INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Odyssey Manufacturing Co. 1484 Massaro Blvd Tampa FL 33619														

**COVERAGES** CERTIFICATE NUMBER: Jan 2018 Master 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Per Project Applies By Written Contract GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	G24092975 009 Includes Contractual Liability & XCU Coverages	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		H08450377 009 Hired Auto Physical Damage Comp/Coll Ded \$1,000	10/1/2017	10/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		G24092987 009	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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 N/A	Z066828614	1/1/2018	1/1/2019	<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
A	<input type="checkbox"/> POLLUTION/PROF LIABILITY Poll Ded \$10K/Prof 25K		G24092975 009	10/1/2017	10/1/2018	Ea Poll Condition/AGG \$1,000,000 Pro Ea Claim Aggregate \$1,000,000

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

Job: ITB No. 2019-100, Chemicals for Water Treatment Plant (WTP) and Water Reclamation Facility (WRF) The City of Stuart is an additional insured on the general liability including products and completed operations if required by written contract.

**CERTIFICATE HOLDER**

City of Stuart  
 121 SW Flagler Avenue  
 Stuart, FL 34994

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Tony Martinez/MACG

*Anthony Martinez*

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City of Stuart  
121 SW Flagler Avenue  
Stuart, FL 34994  
Department of Financial Services

Lenora Darden  
Procurement Manager

Procurement & Contracting Services Division  
772.288.5320 PHONE

772.600.0134 FAX  
[purchasing@ci.stuart.fl.us](mailto:purchasing@ci.stuart.fl.us)

## INVITATION TO BID

FOR: CHEMICALS FOR THE WATER TREATMENT PLANT/WATER RECLAMATION FACILITY

DATE: July 20, 2018

DEPT: Public Works

BID NUMBER: 2019-100

### THIS IS NOT AN ORDER

Bids will be opened and publicly read aloud at City Hall, 121 S.W. Flagler Ave., Stuart, FL at **2:30 pm on Wednesday, the 8<sup>th</sup> day of August, 2018.** Bids must be SUBMITTED ON THE desired.

Please attach this completed form as the top sheet for all bids submitted. Bid bonds, if required, may be in the form of a Surety Bond, Cashier's Check or Certified Check (checks payable to The City of Stuart).

Bidder's Name	<u>Patrick Allman</u>
Company Name	<u>Odyssey Manufacturing Company</u>
Street Address	<u>1484 Massaro Blvd.</u>
City, State, Zip	<u>Tampa, Fl. 33619</u>
Total Amount of Bid	<u>\$ 66,000</u> 

It is the intent and purpose of the City of Stuart that this Invitation to Bid promotes competitive bidding. It shall be the bidder's responsibility to advise the Procurement Division if any language, requirements, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this Invitation to Bid to a single source. Such notification must be submitted in writing and must be received by the Procurement Division not later than seven (7) days prior to the bid opening date.

**Hand Deliver Mail/Express Bids to:**  
**Stuart City Hall**  
**Procurement & Contracting Services Office**  
**121 S.W. Flagler Avenue**  
**Stuart, Florida 34994**

## ATTACHMENT D

### BIDDERS CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline~ it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

Is Bid envelope marked accordingly?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is Invitation to Bid cover page (page 1) completed, signed and attached?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is copy of bidder's valid Business Tax Receipt submitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is Bid Schedule Form completed, signed and attached?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is safety report and Quality program included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is bid submitted in triplicate (one original, two copies) ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bidder must submit proof that their firm name is registered. with their State of origin	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is proof of insurance included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is minimum Qualification of Bidders/Questionnaire information included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are Submittal Forms completed and enclosed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is MSDS or COA submitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are addendum (if any issued) signed and submitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Submit a copy of all Licenses, Certificates, or Registrations, held by Bidder	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the Request for Information form completed, signed and attached including W-9?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Company Name Odyssey Manufacturing Company

## **A1 INSTRUCTIONS TO BIDDER**

- A1.1 Each bidder shall furnish the information required on the bid schedule and each accompanying sheet thereof on which he makes an entry. Offers submitted on any other format are subject to disqualification.
- A1.2 All bids must be submitted in a sealed envelope plainly marked on the outside with the invitation to bid number, date and time of opening.**
- A1.3 All Bids Must Be Submitted in Triplicate. This includes specifically the bid cover page, the bid signature section (A2), any section on which annotations are required or exceptions are taken, the bid schedule (F), and any supporting documentation or literature being submitted with your bid.**
- A1.4 It is the bidder's responsibility to assure that Bids are received in the City of Stuart Procurement & Contracting Services Office, 121 SW Flagler Avenue, Stuart, Florida 34994, not later than **2:30 p.m., on the day and date shown above**. Any received after this date and time will not be accepted or considered, and will be retained unopened to the bidder. No telegraphic or facsimile offers will be considered.
- A1.5 Bids will be publicly opened and read aloud at the designated location at City Hall on the above appointed date at 2:30 p.m. or as soon as possible thereafter.
- A1.6 Bids may not be withdrawn for a period of 30 days after the public opening date.
- A1.7 Bidder's attention is specifically called to the terms and conditions of this solicitation.
- A1.8 Please check your prices before submitting your bid, as no change in prices will be allowed after the opening. All prices and notations must be in ink or typewritten. Be sure your bid is signed.
- A1.9 All items quoted must be in compliance with the specifications. Alternate bids will not be considered unless they are specifically called for in this solicitation.
- A1.10 Any actual or prospective bidder who protests the reasonableness, necessity or competitiveness of the terms and/or conditions of the invitation to bid, selection or award recommendation shall file such protest in writing to the Stuart City Manager with a copy to the City Procurement & Contracting Services Manager.
- A1.11 Questions relative to interpretation of specifications or the solicitation process shall be addressed to the Procurement Division at [purchasing@ci.stuart.fl.us](mailto:purchasing@ci.stuart.fl.us), in writing, in ample time before the period set for the receipt of bids. Any interpretations, clarifications or changes made will be in the form of written addenda issued by the Procurement Office. Oral answers will not be authoritative.
- A1.12 Bidders must register with DemandStar in order to receive all required documents and notification of addenda. Register for FREE at <http://www.onvia.com/demandstar-subscriptions>, "FREE AGENCY".

**A2 BID SIGNATURE SECTION**

- A2.1 This sheet must be signed by a person authorized to sign for your firm and returned with your bid. Failure to comply will result in disqualification of submittal.
- A2.2 Delivery shall be a factor in award. Failure to perform within delivery deadline(s) set forth in the specifications or any other contract document shall constitute default.
- A2.3 Section Not Used
- A2.4 The City reserves the right to reject any or all bids, without recourse, to waive technicalities or to accept the bid which in its sole judgment best serves the interest of the City. Cost of submittal of this bid is considered an operational cost of the bidder and shall not be passed on to or be borne by the City.
- A2.5 Goods, services, supplies or equipment covered in the specifications shall be delivered F.O.B. Destination.
- A2.6 The City may accept any item or group of items on any bid unless the offeror qualifies his bid by specific limitations.
- A2.7 Bidders are requested not to contact the City Commission, requesting/evaluating Departments or Divisions from the time of the issuance of the solicitation or advertisement until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, whichever is earlier. Any questions from bidders or evaluating Departments or Divisions will be answered through the Procurement Division.
- A2.8 If not bidding any or all items, please so state on Attachment E.
- A2.9 Bidders are expected to examine the specifications, delivery schedule, bid prices, extensions and all instructions pertaining to supplies and services. In the event of extension error(s), the unit price will prevail and the Bidder's total offer will be corrected accordingly. In the event of addition errors, the extended totals will prevail and the Bidder's total will be corrected accordingly. Bids having erasures or corrections must be initialed in ink by the Bidder.
- A2.10 Failure to comply with these instructions may result in disqualification of your bid.**

Odyssey Manufacturing Company

Firm Name

8/1/18

Date

pallman@odysseymanufacturing.com

Email Address



Authorized Signature  
(Manual)

813/635-0339

Telephone Number

Patrick Allman, General Mgr.

Name/Title (Please Print)

813/630-2589

Facsimile Number

Any questions regarding this Invitation to Bid should be addressed to the Procurement & Contracting Services Office, City of Stuart, Florida. Contact Purchasing: Email: [purchasing@ci.stuart.fl.us](mailto:purchasing@ci.stuart.fl.us), and Fax # (772) 600-0134.

### Technical Specifications

Item No.	Chemical Description	Physical Data	Individual Shipment Quantities	Compliance	Used at WTP WWTP
1	Liquid Sodium Hypochlorite	<p>Maximum use level for Sodium hypochlorite under NSF/ANSI Standard 60 - Maximum use in potable water is 84 mg/L for 12.5% bleach and 100 mg/L for 10.5% bleach Density 1.10-1.30, SpG (12%) 1.202 Color: liquid=green-yellow</p> <p>Minimum strength of 120 grams per liter (12 trade percent by volume)</p> <p>Contaminant concentration limits: Iron &lt; 0.3 mg/L    Copper &lt; 0.3 mg/L Nickel: &lt; 0.3 mg/L    Chlorate: &lt; 2,500 mg/L Bromate &lt; 20 mg/L    Perchlorate &lt; 20 mg/L</p> <p>Suspended Solids Test Time &lt; 3 minutes</p> <p>The suspended solids in the sodium hypochlorite delivered under this contract shall be minimized and the shipments delivered shall achieve a filtration time of less than 3 minutes for 1,000 ml when applying the "Suspended Solids Quality Test for Bleach Using the Vacuum Filtration" Method co-developed by Dr. Bernard Bubnis of NovaChem.</p>	5,000 gallon combined deliveries, Tanker Truck	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	WTP WWTP
2	Anhydrous Ammonia	<p>SpG 0.62 @ 60 F, pH+ 11.6 (1 N sol. In water) % volatile by volume: 100</p> <p>Solubility in water: 33% @ 68F</p> <p>Vapor density: 0.6 @ 32 F</p> <p>Metallurgical Grade Anhydrous Ammonia</p>	City owns a 1,000 gal tank, The average delivery size is 600 gals/3,000 lbs	Yes <input type="checkbox"/> No <input type="checkbox"/>	WTP
3	Hydrofluorosilicic Acid	<p>23 - 25% AWWA Standard B703-06</p> <p>No more than 0.020% heavy Metals (Mercury, Lead, Bismuth, and Copper expressed as Lead</p>	300 gallon deliveries, Tanker Truck	Yes <input type="checkbox"/> No <input type="checkbox"/>	WTP
4	Hydrochloric Acid 31.45% (muriatic acid)	<p>20 Baume, 31.45% active ingredients 68.55% inert</p>	55 gallon drums, Flat-bed Truck (20 drums)	Yes <input type="checkbox"/> No <input type="checkbox"/>	WTP
5	Sodium Hexametphosphate	<p>Contain not less than 60% phosphorus pentoxide, 26.2 phosphorus, or 80.4% phosphate on an as-is basis, pH of 1% solution 5.7 - 7.3</p> <p>The typical order size will be one (1) pallet of 50 bags (50 lbs each).</p>	50 pound multi-walled, moisture proof bags, Enclosed Truck with lift-gate	Yes <input type="checkbox"/> No <input type="checkbox"/>	WTP
6	Anionic Dry Polymer with a 30 positive charge	<p>FBS 730: Anionic polymer is used in the Water Treatment Plant to settle out suspended matter in the raw water.</p> <p>Polymer concentration must be <math>\geq 80\%</math> - <math>\leq 90\%</math></p>	50 pound multi-walled, moisture proof bags, Enclosed Truck with lift-gate 500 lbs per order	Yes <input type="checkbox"/> No <input type="checkbox"/>	WTP
7	Cationic Liquid Polymer	<p>FBS 7602: The cationic liquid polymer at the Water Reclamation Facility is used for sludge dewatering with a belt press, price per gallon sold in 55 gallon containers @ 42% active content</p>	55 gallon drums, Flat-bed Truck with lift-gate	Yes <input type="checkbox"/> No <input type="checkbox"/>	WWTP

Company Name: Odyssey Manufacturing Company

Date: 8/1/18

ITB No. 2019-100: Chemicals-WTP/WRF



All Prices will remain firm for a period of forty-five (45) days from the date of Bid opening.

The undersigned bidder has not divulged to, discussed with, or compared this bid with the other bidders, and has not colluded with any other bidder or parties to a bid whatsoever. Further, the undersigned guarantees the truth and accuracy of all statements and answers contained in this invitation.

The undersigned bidder hereby certifies that the invitation to bid has not been altered in any manner; and that bidder has received all the Addenda listed below and has incorporated them into his Bid listed herein. Failure to acknowledge the above requirements will render the bid non-responsive and no further evaluation of the bid will occur.

ACKNOWLEDGEMENT IS HEREBY MADE OF RECEIPT OF ADDENDA ISSUED DURING THE SOLICITATION PERIOD;

ADDENDUM # 1 THROUGH ADDENDA # \_\_\_\_\_

Company Name: Odyssey Manufacturing Company Date: 8/1/18

Name of individual submitting Bid: Patrick Allman

Email address: pallman@odysseymanufacturing.com Ph: 813/635-0339

AUTHORIZED SIGNATURE: 



# City of Stuart

121 SW Flagler Avenue • Stuart • Florida 34994  
Department of Financial Services  
Procurement and Contracting Services Division

Lenora Darden, CPPB  
Procurement Manager  
[purchasing@ci.stuart.fl.us](mailto:purchasing@ci.stuart.fl.us)

Telephone (772) 288-5308  
Fax: (772) 600-0134  
[www.cityofstuart.us](http://www.cityofstuart.us)

Date: July 25, 2018  
To: Prospective Bidders  
Subject: **Addendum #1 to ITB# 2019-100, Chemicals for WTP/WRF**

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## ADDENDUM #1

The purpose of this addendum is to revise Item #2 Anhydrous Ammonia, unit of measure, from gallons to pounds. The revised bid schedule is attached.

**All other terms and conditions of this ITB remain unchanged.**

This Addendum shall be considered an integral part of the ITB and Contract Documents and must be acknowledged, signed and returned with your submittal **by 2:30 p.m. on August 8, 2018**. Failure to comply will result in disqualification of your bid.

Lenora Darden, CPPB  
Procurement Manager  
City of Stuart, Florida

Acknowledgement is hereby made of Addendum #1 to ITB# 2019-100, Chemicals for WTP/WRF

  
\_\_\_\_\_  
Signature

Odyssey Manufacturing Company  
\_\_\_\_\_  
Firm

[pallman@odysseymanufacturing.com](mailto:pallman@odysseymanufacturing.com)  
\_\_\_\_\_  
Email Address

8/1/18  
\_\_\_\_\_  
Date

ATTACHMENT B  
QUALIFICATION OF BIDDERS INFORMATION/QUESTIONNAIRE  
THIS IS A FILLABLE FORM

Part A - Qualifications Questionnaire

Information provided shall fully explain the firm's qualifications and experience of their Organization to provide chemicals for the City as stated below: **(Bidders may attach additional sheets, if necessary).**

Provide supporting documentation that Bidder is an authorized agent, dealer, seller, or distributor for the sale and distribution of product. Is supporting documentation included?  
Yes  No  *We are the product manufacturer and distributor.*

Part B - Other Information

1. Contractor to provide details of delivery of chemical, Tanker
2. Provide office hours and contact information of staff responsible for coordination of services. Monday through Friday basis from (7:00 a.m. through 3:00 p.m.)  
365 days per year, 24/7, whoever answers phone will take orders
3. Please provide 24-hour Emergency Contact Information if different than above:  
800-ODYSSEY or 813-635-0339
4. Number of year's organization has been in business. 20
5. Have you any similar work in progress at this time? Yes  No
6. Submission of quality control program: Yes  No
7. Submission of Safety program: Yes  No

Company Name Odyssey Manufacturing Company

## ATTACHMENT C

### REFERENCES

Provide three (3) satisfactory references within the past five (5) years of similar complexity, nature, and size of this project.

#### #1 REFERENCE

Company/Entity Name: City of Boca Raton	
Address 1301 Glades Rd.	
City Boca Raton	, State FL. Zip Code 33431
Contact Name: Rick Chamness	Title: Chief Operator
Phone No:( 561 ) 289-5998	Fax:( 561 ) 447 - 7408
Email: rchamness@ci.boca-raton.fl.us	
Delivery Date: 2014-Present Location Boca Raton Water Plant 1301 Glades Rd., Boca Raton, FL. 33431	
Type of Product Supplied Sodium Hypochlorite	
<u>Governmental</u> or Private	Dollar Value of Contract \$ 300,000

#### #2 REFERENCES

Company/Entity Name: City of Pompano Beach	
Address 301 N.E. 12th St.	
City Pompano Beach	, State Fl. Zip Code 33060
Contact Name: Phil Hyer	Title: WTP Superintendent
Phone No:(954 ) 809 - 5600	Fax:( 954 ) 545 - 7046
Email: phil.hyer@copbfl.com	
Delivery Date: 2012-Present Location Pompano Beach Water & Wastewater Plants.	
Type of Product Supplied Sodium Hypochlorite	
<u>Governmental</u> or Private	Dollar Value of Contract \$ 200,000

#### #3 REFERENCES

Company/Entity Name: Tampa Bay Water	
Address 2575 Enterprise Rd.	
City Clearwater	, State Fl. Zip Code 33763
Contact Name: Andrew Greenbaum	Title: North Area Ops. Manager
Phone No:(813 ) 957-6170	Fax:( 727 ) 791 - 2388 Email:agreenbaum@tampabaywater.org
Delivery Date: 2000-Present Location Various Water and WWT Plants.	
Type of Product Supplied Sodium Hypochlorite	
<u>Governmental</u> or Private	Dollar Value of Contract \$ 1,200,000.00

Company Name Odyssey Manufacturing Company

ATTACHMENT E

STATEMENT OF "NO BID"

If you do not intend to bid on this requirement, please complete and return this form prior to date shown for receipt of bids to: The City of Stuart Procurement & Contracting Services Office, 121 S.W. Flagler Avenue, Stuart, Florida 34994.

We have declined to bid on this solicitation for the following reasons.

- Specifications too "restrictive", i.e., geared toward one brand or manufacturer (please explain below)
- Insufficient time to respond to Invitation to Bid.
- We do not offer this product or equivalent.
- Our project schedule would not permit us to perform.
- Unable to meet specifications.
- Unable to meet bond requirements, if required.
- Specifications unclear (please explain below).
- Other (please specify below).

n/a

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE UNDERSTAND THAT IF THE "NO BID" LETTER IS NOT EXECUTED AND RETURNED, OUR NAME MAY BE DELETED FROM THE LIST OF QUALIFIED BIDDERS FOR THE CITY OF STUART FOR FUTURE PROJECTS.

Typed Name and Title \_\_\_\_\_ n/a

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_



**ATTACHMENT F**  
**REQUEST FOR INFORMATION**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER**  
**SUBMIT WITH IRS FORM W-9**

Dear Vendor:

Federal Income Tax Law requires a Form 1099 with a valid taxpayer identification number to be filed for payments made in the course of conducting a trade or business. Further, these payments may be subject to Backup Federal Income Tax Withholding for all payees who have not submitted a correct Federal Tax Identification Number at the time of payment.

Please read this form and complete the information thereon before signing and **returning with a copy of your IRS W9 Form**. If you are a corporation, we will not issue you a Form 1099 (Reference: 1.6401-3(c)). However, kindly return this form to document your corporate status.

In order to avoid the possibility of future payments being held subject to Backup Withholding at a rate of 31%, please complete the form printed below and return this letter to the above address or E-mail request to: CityAccountsPayable@ci.stuart.fl.us

VENDOR NAME Odyssey Manufacturing Company

DBA: SAME

CORPORATE ADDRESS: 1484 Massaro Blvd.

CITY: Tampa STATE: Fl. ZIP: 33619

TELEPHONE: (813) 635-0339 FAX: (813) 630-2589 ALTERNATE PHONE: (813) 335-3444

COMPANY CONTACT NAME: Patrick Allman EMAIL ADDRESS: pallman@odysseymanufacturing.com

**TYPE OF CERTIFICATION**

- 1.  MBE
- 2.  MWBE
- 3.  SBA
- 4.  SDB
- 5.  DVBE
- 6.  Other: \_\_\_\_\_

**"THE ABOVE INFORMATION WILL BE USED FOR PURCHASE ORDERS"**

REMIT TO ADDRESS: 1484 Massaro Blvd.

CITY: Tampa STATE: Fl. ZIP: 33619

TELEPHONE: (813) 635-0339 FAX: (813) 630-2589 ALTERNATE PHONE: ( )

COMPANY CONTACT NAME: Patrick Allman EMAIL ADDRESS: pallman@odysseymanufacturing.com

**TYPE OF ORGANIZATION**

- 1.  Corporation
- 2.  Partnership
- 3.  Sole Proprietor
- 4.  Individual
- 5.  Government Agency
- 6.  Other: \_\_\_\_\_

1099 REPORTING STATUS (Check One):  Yes  No

**TAXPAYER IDENTIFICATION NUMBER:**

Employer Identification Number: 65 - 0846345

Print name of Taxpayer if using SS#: \_\_\_\_\_

**Under penalties of perjury, I certify that this statement is accurate and complete.**

Signature:  Title: General Manager

Date: 8/1/18 Phone: (813) 635-0339



**ODYSSEY**  
MANUFACTURING CO.

**ODYSSEY MANUFACTURING CO.  
QUALITY CONTROL PROGRAM**  
(Revised 7/1/18)

Odyssey Manufacturing Co.'s Quality Program consists of testing our raw materials, our intermediate materials and our finished products. As part of our QA Manual, we have use standardized testing procedures and have procedures for logs we have and maintain. Our raw material is salt. We get a third party analysis of the salt from the supplier before it is delivered and confirm it meets our specification (we get 1 – 2 barges of salt into our warehouse each year). Once the salt arrives, we send out a sample to our own third party laboratory and perform the same analyses. As part of the process to make bleach, we add water to the salt to make brine before it undergoes electrolysis. As such, we check the concentration, purity and hardness of the brine every two hours 24/7 at our manufacturing facility. We also send out the brine to a third party laboratory once per week for the same tests. We check the purity and hardness of the demineralized water used to make the brine every two hours as well. Lastly, our QA Program consists of testing every load of sodium hypochlorite we deliver and retaining a sample for 30 days. Once per quarter we do a complete test of our sodium hypochlorite with a third party laboratory. Once per year we do a comprehensive test of our sodium hypochlorite with NSF. We provide a Certificate of Analysis (COA) to our customers with each delivery. Odyssey's sodium hypochlorite is also certified to meet ANSI/NSF Standard 60 for both its manufacturing facilities and its terminals. We also warrant our product meets the guidelines in ANSI/AWWA Standard B300-10.

In addition to providing a high quality sodium hypochlorite, our Quality Program extends to our product shipping and customer service as well. We inspect all of our tankers and tractors each day that are used to make the deliveries and immediately repair any discrepancies. Additionally, we do a third party inspection of the tankers each year. Should a tanker fail an inspection, it is immediately sent in to be repaired and/or relined. We use surveys and other informal tools to monitor and check our customer service performance. Any discrepancies or improvements are immediately dealt with in a positive manner.

MANUFACTURERS OF **ULTRA CHLOR**  
THE CLEAR SOLUTION

(800) ODYSSEY

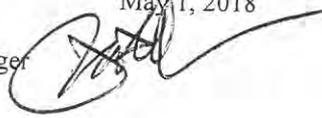
[www.odysseymanufacturing.com](http://www.odysseymanufacturing.com)

1484 MASSARO BLVD • TAMPA, FL 33619 • (813) 635-0339 • FAX (813) 630-2589

**ODYSSEY**  
MANUFACTURING CO.

May 1, 2018

From: Patrick H. Allman, General Manager  
To: All Employees



Subj: COMPANY SAFETY PROGRAM

1. The purpose of this memorandum is to formally document the Odyssey Manufacturing Co. Safety Program. The Safety Program consists of the following elements:
  - Safety Manual with includes policies, procedures and required employee initial and annual training.
  - Additional employee training that is conducted from time to time based on management direction.
  - Employee Handbook outlining Odyssey's safety policies and commitment to a safe workplace along with a description of Odyssey's Drug and Alcohol Policies.
  - Employees' Personnel Files documenting safety training, safety incidents and receipt and understanding of the Employee Handbook
  - Odyssey Safety Committee comprised of the Plant Manager, Office Manager and General Manager. Members review incident reports and actual field or operational practices and are responsible for correcting unsafe work practices through formal employee memorandums, individual counseling and implementation of changes to company policies and procedures.
  - Operations Manual outlining safe work practices for various functions performed by both plant and delivery personnel.
  - Employees' Medical Files documenting the random drug testing done under the Formal Drug Policy
  - Incident Report File documenting any employee or customer incidents and the corrective action taken (most of which are workplace safety issues)
  - Employee Memorandum File documenting information put out to the Employees much of which is safety related.
  - Ongoing Employee Awareness Initiatives including mentoring by management personnel, requirement to discuss safety before any major work or project is commenced, bulletin board posters and information put out by other means by supervisors and management.
2. Odyssey Manufacturing Company is sincerely interested in the health, safety, and welfare of each employee. Odyssey Manufacturing Co. considers safety just as important as production and is proud of its low accident rate. While the Company does all it can to ensure a safe working environment, employees must do their part by following all safety and health rules. Failure to do so could result in serious injury to you, your co-workers or customers. We sincerely appreciate everyone's efforts to date in the area of safety. Keep up the good job!
3. As many of you know, we switched to a new Worker's Compensation Company, The Zenith Insurance Company, several years ago. One of the major reasons for this switch from Associated Industries Insurance Services, Inc. was to go from an insurance carrier that was no longer financially rated (i.e., high risk of going out of business and not covering a worker's compensation claim) to one that has an "A-rating" by the various insurance rating agencies. This demonstrates Odyssey's commitment to providing you high quality benefits as well. The Control Room maintains a current list of providers *all over Florida* in the event you have an on the job incident that requires medical attention. Zenith's website contains a whole host of training classes as well ([www.thezenith.com](http://www.thezenith.com)). Thank you for your continued support!

MANUFACTURERS OF **ULTRA CHLOR** (800) ODYSSEY  
THE CLEAR SOLUTION [www.odysseymanufacturing.com](http://www.odysseymanufacturing.com)

484 MASSARO BLVD • TAMPA, FL 33619 • (813) 635-0339 • FAX (813) 630-2589

**ODYSSEY**  
MANUFACTURING CO.

May 1, 2018

From: Patrick H. Allman, General Manager  
To: All Employees

Subj: COMPANY SAFETY MANUAL

1. The purpose of this memorandum is to promulgate the Odyssey Manufacturing Co. Safety Manual. The Safety Manual is comprised of twenty sections and four appendices and is maintained by the General Manager. A copy is kept in the administrative offices and also in the Control Room.
2. The Safety Manual contains all of the required employee training of which all this training is provided in-house with the exception of the last two items:
  - Hazard Communication
  - Emergency Action Plan
  - Personal Protective Equipment
  - Lockout Tagout
  - Forklift Training
  - Bloodborne Pathogens
  - Fire Prevention
  - Confined Space Entry
  - Respiratory Protection
  - Stairway, Scaffolding and Ladder
  - Pandemic Flu
  - First Aid/CPR (Employees will be sent out to classes provided by third party provider)
  - Contractor Safety Orientation/OSHA OUTREACH (Select employees will be sent out to classes provided by third party provider)
3. The Safety Manual incorporates the additional Training for employees ordering railcars or that are exposed to railroad operations which is provided in-house and shall consist of the following:
  - Hazardous Material Transportation: Railcar Operations
  - Hazardous Material Transportation: General Awareness
  - Hazardous Material Transportation: Hazmat Table and Appendices
  - Hazardous Material Transportation: Shipping Papers
  - Hazardous Material Transportation: Shipper Responsibility
  - Hazardous Material Transportation: Emergency Response
  - Hazardous Material Transportation: Safety and Self-Protection
  - Hazardous Material Transportation: Security Awareness
4. Each employee shall familiarize themselves with each training section including viewing the available video training for each section and take a written test on an annual basis. New employees must complete the in-house training within fourteen (14) days of their first day of employment. All Odyssey subcontractors are required complete this training within thirty (30) days or provide evidence that they have completed similar training. All contractors in Odyssey's plant are required to provide evidence that they have completed similar training which might include a copy of Contractor's safety program. Additionally, all subcontractors and contractors shall provide Odyssey a copy of their OSHA

MANUFACTURERS OF **ULTRA CHLOR** (800) ODYSSEY  
THE CLEAR SOLUTION [www.odysseymanufacturing.com](http://www.odysseymanufacturing.com)

484 MASSARD BLVD • TAMPA, FL 33619 • (813) 635-0339 • FAX (813) 630-2589

Form 300A/300 logs for the past three years prior to performing any work unless this requirement is waived by the General Manager of Odyssey Manufacturing Co. (e.g., such as for an engineer working as a subcontractor on a project). Additionally, all subcontractors and contractors shall provide Odyssey a certificate of insurance with minimum limits subject to approval by Odyssey's General Manager naming Odyssey as an additional insured and waiving subrogation rights.

5. All employees are reminded prior to each shift, maintenance project or work on customer's site to hold a short safety meeting to review the hazards of the job. In addition to the safety rules, regulations and guidance in this Safety Manual, all employees shall follow the operational procedures and safety rules as specified in Odyssey Manufacturing Co.'s Operational Procedures Manual. Nothing in the Operating Procedures shall be deemed to take precedence over worker safety. If at any time an employee feels that an evolution or work in process is unsafe, they shall immediately inform their supervisor and cease all work except as required to place the evolution or work in a safe condition.
6. Odyssey Manufacturing Co.'s management has an open door policy with respect to safety concerns or issues. All employees are encourage to communicate to their supervisor any concerns or issues or directly with the management of Odyssey Manufacturing Co. to include the Plant Manager, General Manager or President.

# **Odyssey Manufacturing Safety Manual**

## **Table of Contents**

- I. Introduction**
- II. Organization Chart**
- III. Hazard Communication Plan**
- IV. Emergency Action Plan**
- V. Fire Prevention Plan**
- VI. Personal Protective Equipment Plan**
- VII. Lockout Tagout Plan**
- VIII. Forklift Training Plan**
- IX. Respiratory Protection Plan**
- X. Bloodborne Pathogen Plan**
- XI. Confined Space Entry Plan**
- XII. Stairway, Ladder and Scaffold Safety Plan**
- XIII. Hot Work Plan**
- XIV. DOT Drug and Alcohol Program**
- XV. Pandemic Flu Plan**
- XVI. Laboratory Hygiene Plan**
- XVII. Contractor Safety Plan**
- XVIII. Excavation and Trenching**
- XIX. Accident Reporting Plan**
  
- XX. Appendices**
  - a. Security Plan – Sensitive Information**
  - b. Driver Manual**
  - c. Employee Manual**
  - d. Air Quality Testing**
  - e. Hazard Assessment**

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER	
CGC1516698	

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018

COGDILL, MICHAEL J  
ODYSSEY MANUFACTURING CO  
1484 MASSARO BLVD  
TAMPA FL 33619



ISSUED: 06/22/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606220000900

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CFC057182	

The PLUMBING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018



WING, DAVID ALBERT  
ODYSSEY MANUFACTURING CO  
9500 134TH WAY NORTH  
SEMINOLE FL 33771



ISSUED: 08/22/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608220001823

2017 - 2018 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

EXPIRES SEPTEMBER 30, 2018

OCC. CODE

190.000038 CLEANING PRODUCTS MANUFACTURER

40 Employees

ACCOUNT NO.	215900
RENEWAL	

Receipt Fee	120.00
Hazardous Waste Surcharge	40.00
Law Library Fee	0.00

BUSINESS ODYSSEY MANUFACTURING CO  
1484 MASSARO BLVD  
TAMPA, FL 33619

2017 - 2018

NAME ODYSSEY MANUFACTURING CO  
MAILING 1484 MASSARO BOULEVARD  
ADDRESS TAMPA, FL 336190000

Paid 16-0-318710  
09/28/2017 160.00

**BUSINESS TAX RECEIPT**

DOUG BELDEN, TAX COLLECTOR  
813-636-5200

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE  
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Odyssey Manufacturing Company</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input checked="" type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>1484 Massaro Blvd.</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code <b>Tampa, Fl. 33619</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
6	5	-	0	8	4	6	3	4	5

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>8/1/18</b>
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**General Instructions**

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

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

**Purpose of Form**

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

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

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

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



# *State of Florida*

## *Department of State*

I certify from the records of this office that ODYSSEY MANUFACTURING CO. is a Delaware corporation authorized to transact business in the State of Florida, qualified on June 30, 1998.

The document number of this corporation is F98000003732.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on March 1, 2018, 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 First day of March, 2018*



*Ken Deitzner*  
*Secretary of State*

Tracking Number: CC6227615671

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

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



**ODYSSEY**  
MANUFACTURING CO.

January 17, 2018

Re: **CORPORATE RESOLUTION FOR AUTHORITY TO SIGN BIDS, BID FORMS,  
CONTRACTS & PERMITS ON BEHALF OF ODYSSEY MANUFACTURING CO.**

To Whom It May Concern,

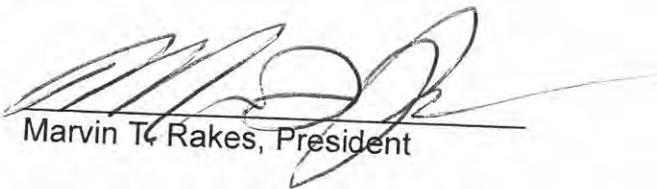
WHEREAS, the Board of Directors of Odyssey Manufacturing Co. has determined it to be in the best interest of the Corporation to establish a Corporate Resolution. Be it: **RESOLVED**, The undersigned hereby certifies that Patrick H. Allman, its General Manager, is authorized to sign bids and all bid forms; to execute agreements and any documents associated with these agreements; and to sign any permit documents on behalf of Odyssey Manufacturing Co. Additionally, the undersigned is the duly elected and qualified Secretary and the custodian of the books and records and seal of Odyssey Manufacturing Co., a corporation duly formed pursuant to the laws of the state of Delaware and that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors and that said meeting was held in accordance with state law and the Bylaws of the above-named Corporation on January 17, 2018, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 17<sup>th</sup> day of January, 2018.



Stephen Sidelko, Secretary

CORPORATE SEAL



Marvin T. Rakes, President

MANUFACTURERS OF **ULTRA CHLOR** (800) ODYSSEY  
THE CLEAR SOLUTION [www.odysseymanufacturing.com](http://www.odysseymanufacturing.com)

484 MASSARO BLVD • TAMPA, FL 33619 • (813) 635-0339 • FAX (813) 630-2589



**ODYSSEY**  
MANUFACTURING CO.

**AFFIDAVIT OF COMPLIANCE FOR**

The City of Stuart

Chemicals for the Water Treatment Plant/  
Water Reclamation Facility

This is to certify that as required, all sodium hypochlorite to be furnished under this Bid/Proposal will comply with AWWA Standard B300-10 (the most recent standard available at the time of this Bid/Proposal) as such may be amended and also the Specification for this bid. Further, this is to certify that all sodium hypochlorite to be furnished under this Bid/Proposal will comply with NSF Standard 60 and is certified by NSF as such. Further, the sodium hypochlorite supplied under this bid/proposal is in compliance with Water Chemicals Codex directives, latest revision, for impurity limits.



Patrick H. Allman

General Manager

Attest



Secretary

MANUFACTURERS OF **ULTRA CHLOR** (800) ODYSSEY  
THE CLEAR SOLUTION [www.odysseymanufacturing.com](http://www.odysseymanufacturing.com)

1484 MASSARO BLVD • TAMPA, FL 33619 • (813) 635-0339 • FAX (813) 630-2589



**ODYSSEY**  
MANUFACTURING CO.

## ODYSSEY MANUFACTURING CO.

08/20/17

### 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
Delivered Trade Percent/Percent by Volume	>12.0	12.2 - 12.5
Specific Gravity Range:	1.159 - 1.169	1.163 - 1.165
% by Weight Excess Sodium Hydroxide:	0.2 - 0.4	0.25 - 0.35
pH:	12.5 - 13.0	12.6 - 12.9
Weight % Available Chlorine:	≥10.4	10.55 - 10.8
Weight % Sodium Hypochlorite:	≥10.8	11.0 - 11.3
lb/gallon Available Chlorine:	≥1 lb/gallon	1.03 - 1.04 lb/gallon
Gallons required to Obtain 1lb of Chlorine:	.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	0 - 5 mg/L
Perchlorate (At time of manufacture):	<10 mg/L	Not Detectable
Chlorate (At time of manufacture):	<2,000 mg/L	500-1,000 mg/L
Viscosity (Varies with temperature):	1.75 - 2.50 centipois	1.75 - 2.50 centipois
Specific Heat:	.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
Appearance:	Greenish-yellow liquid	Greenish-yellow liquid

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

# NSF International

789 N. Dixboro Road, Ann Arbor, MI 48105 USA

RECOGNIZES

## Odyssey Manufacturing Company

Facility: Tampa, FL

AS COMPLYING WITH NSF/ANSI 60 AND ALL APPLICABLE REQUIREMENTS.  
PRODUCTS APPEARING IN THE NSF OFFICIAL LISTING ARE  
AUTHORIZED TO BEAR THE NSF MARK.



Product Certification Body  
Certification Program  
Accredited by the  
American National  
Standards Institute



Certification Program  
Accredited by the  
Standards Council  
of Canada

This certificate is the property of NSF International and must be returned upon request. This certificate remains valid as long as this client has products in NSF's Official Listings for the referenced standards. For the most current and complete Listing information, please access NSF's website ([www.nsf.org](http://www.nsf.org)).

*Theresa Bellish*

October 4, 2017  
Certificate# C0354268 - 01

Theresa Bellish  
General Manager, Water Systems



**ODYSSEY**  
MANUFACTURING CO.

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## SAFETY DATA SHEET

REVISED 1/01/18

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### SECTION I - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

#### 1.1 Product identifier

**Product name:** Ultra-CHLOR

**Product code(s):** 8 (As classified by 49 CFR 173 due to destruction over time of steel and aluminum)

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

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

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

Uses: Cleaner, Disinfectant, Biocide and Sanitizer

Uses Advised Against: None

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

Odyssey Manufacturing Co.

1484 Massaro Boulevard

Tampa, Florida 33619

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

#### 1.4 Emergency telephone number:

1-800-ODYSSEY (Florida)

1-813-635-0339 (Outside Florida)

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

### SECTION II - HAZARDS IDENTIFICATION

#### 2.1 Classification of substance or mixture

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

Skin Corrosiveness: 1B; Skin Irritant: 2

Eye Irritant: 2

Aquatic Acute: 1

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

#### 2.2 Label elements

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

Hazard pictograms



Signal word:

**DANGER**

Hazard statements:

H314 – Causes severe skin burns and eye damage

H319 – Causes serious eye irritation

H400 – Very toxic to aquatic life

[Prevention]

P260 – Do not breathe dusts or mists.

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

P273 – Avoid release to the environment.

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

[Response]

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

[Storage]

[Disposal]

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



Risk phrases:

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

Safety phrases:

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

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

### SECTION III - COMPOSITION, INFORMATION ON INGREDIENTS

#### 3.1 Substances

Chemical nature: Sodium hypochlorite, aqueous solution

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

3.2 Mixtures - Not applicable

### SECTION IV - FIRST AID MEASURES

#### 4.1 Description of first aid measures

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

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

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

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

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

##### Potential health symptoms and effects

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

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

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

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

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

### SECTION V - FIRE FIGHTING MEASURES

#### 5.1 Extinguishable media

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

**Unsuitable methods of extinction:** None listed

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

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

#### 5.3 Advice for firefighters

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

### SECTION VI - ACCIDENTAL RELEASE MEASURES

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

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

#### 6.2 Environmental precautions

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

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

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

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

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

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

In the event of a spill, contact either hazardous chemical response company or Odyssey Manufacturing for assistance. Odyssey Manufacturing Co. has a contract with American Compliance Technology, Inc. (ACT) out of Bartow, Florida to perform emergency response and hazardous material and environmental services cleanup for its facilities, its transportation vehicles and its customer's facilities and transportation vehicles. They can be reached at 800-226-0911.

#### 6.4 Reference to other sections

For indications about waste treatment, see section 13.

### SECTION VII - HANDLING AND STORAGE

#### 7.1 Precautions for safe handling

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

#### Advice on protection against fire and explosion

Material is non-flammable and non-combustible.

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

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

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

#### 7.3 Specific end uses

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

### SECTION VIII - EXPOSURE CONTROLS AND PERSONNEL PROTECTION

#### 8.1 Control parameters

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

#### 8.2 Exposure controls

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

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

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

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

**Hand Protection:** Wear gloves recommended by glove supplier for protection against materials in section 3. Gloves must be inspected prior to use. Gloves should be impermeable to chemicals and oil. Breakthrough time of selected gloves must be

greater than the intended use period. Use proper glove removal technique (without touching glove's outer surface) to avoid skin contact with this product.

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

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

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

## SECTION IX - PHYSICAL AND CHEMICAL PROPERTIES

### 9.1 Information on basic physical and chemical properties

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

9.2 Other data - No data available

## SECTION X - STABILITY AND REACTIVITY

### 10.1 Reactivity

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

### 10.2 Chemical stability

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

### 10.3 Possibility of hazardous reactions

Avoid excessive heat and sources of ignition. Flammable hydrogen may be generated from contact with metals such as: aluminum, brass, tin, zinc and alloys of these metals. Avoid contact with acids, halogenated organics, organic nitro compounds and glycols. Hazardous gases may be generated from contact with acids, ammonium hydroxide (aqua ammonia) or cleaners containing ammonia compounds. Violent reactions may occur with some organic compounds. Sodium hypochlorite reacts

readily with various reducing sugars (e.g. fructose, galactose, maltose, dry whey solids) to produce carbon monoxide. Precautions should be taken including atmospheric monitoring of the tank to ensure safety of personnel. Hazardous polymerization will not occur.

#### 10.4 Conditions to avoid

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

#### 10.5 Incompatible materials

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

#### 10.6 Hazardous decomposition products

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

### SECTION XI - TOXICOLOGICAL INFORMATION

#### 11.1 Information on toxicological effects

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

TDLo - 1gm/ kg oral (woman)

TDLo - 45mg/kg intravenous (man)

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

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

##### Acute inhalation toxicity

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

##### Acute dermal toxicity

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

##### Skin irritation

Skin irritation - 24 h (Rabbit)

##### Eye irritation

Rabbit, Adult – 10 mg, moderate irritation

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

##### Sensitization

May cause allergic skin reaction

##### Genotoxicity in vitro

No data available

##### Mutagenicity

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

DNA repair – Escherichiacoli 20 µg/ disc;

DNA damage – Escherichiacoli 420 µmol/L;

Phage inhibition capacity – Escherichiacoli 103 µg/ well

Micronucleus test - non-mammalian species multiple 200 ppb  
Cytogenetic analysis - non-mammalian species multiple 120 µg/ L  
Cytogenetic analysis – human lymphocyte 100 ppm 24hour(s)  
Sister chromatid exchange – human embryo 149 mg/ L  
Cytogenetic analysis – hamster lung 100 mg/ L

**Aspiration hazard**

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

**Specific organ toxicity - single exposure**

No data available

**Specific organ toxicity - repeated exposure**

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

**Additional information**

RTECS: Not available

**11.2 Further information**

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

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

**Chronic Effects**

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

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

**SECTION XII - ECOLOGICAL INFORMATION**

**12.1 Toxicity Aquatic Ecotoxicity:**

This product is very toxic to aquatic organisms.

**Aquatic Ecotoxicity:**

<b>Acute and prolonged toxicity to fish:</b>	LC <sub>50</sub> – Pimephales promelas (Fathead minnow) 96 h: 0.22 – 0.62 mg/L LC <sub>50</sub> – Oncorhynchus clarki (Cutthroat trout) 96 h: 0.94 µg/L (mortality)
<b>Acute toxicity to aquatic invertebrates:</b>	EC <sub>50</sub> – Daphnia magna (Water flea), 96 h: 2.1 mg/L LC <sub>50</sub> – Protozoan phylum (Protozoa), 7 h: 31.6 µg/L
<b>Acute toxicity to aquatic plants:</b>	LC <sub>50</sub> – Algae, phytoplankton, algal mat (Algae), 96 h: 90 µg/L (mortality) EC <sub>50</sub> – Desmodium subspicatus (Green algae), 24 h: 28 mg/L
<b>Acute phytotoxicity, aquatic plants:</b>	Biomass reduction – Potamogeton crispus (Curled pond weed), 35h: 23 µg/L
<b>Acute toxicity, miscellaneous aquatic:</b>	Chlorophyll Threshold, Aquatic community, 28 d: 2.1 µg/L

**12.2 Persistence and degradability**

**Biodegradability**

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

**12.3 Bioaccumulation potential**

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

Bioaccumulation is not expected

#### 12.4 Mobility in soil

Product is mobile in water.

#### 12.5 Results of PBT and vPvB assessment

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

#### 12.6 Other adverse effects

##### Additional ecological information

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

### SECTION XIII - DISPOSAL CONSIDERATIONS

#### 13.1 Waste treatment methods

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

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

### SECTION XIV - TRANSPORT INFORMATION

#### US DOT (Domestic Ground Transportation)

**Proper Shipping Name:** Hypochlorite Solutions  
**Hazard Class:** 8 (As classified by 49 CFR 173 due to destruction over time of steel and aluminum)  
**Packing Group:** III  
**NAERG:** Guide #157  
**Packaging Authorizations:** Non-Bulk: 49 CFR 173.203; Bulk: 49 CFR 173.241  
**Packaging Exceptions:** 49 CFR 173.154

#### IMO/IMDG (Water Transportation)

**Proper Shipping Name:** Hypochlorite Solutions  
**Hazard Class:** 8 (As classified by 49 CFR 173 due to destruction over time of steel and aluminum)  
**UN/NA#:** UN1791  
**Packing Group:** III  
**Marine Pollutant:** NO  
**EMS Number:** F-A, S-B

#### ICAO/IATA (Air Transportation)

**Proper Shipping Name:** Hypochlorite Solutions  
**Hazard Class:** 8 (As classified by 49 CFR 173 due to destruction over time of steel and aluminum)  
**UN/NA#:** UN1791  
**Packing Group:** III  
**Quantity Limitations:** 49 CFR 175.75 - Cargo Aircraft Only: 60L Passenger Aircraft: 5L

#### RID/ADR (Rail Transportation)

**Proper Shipping Name:** Hypochlorite Solutions  
**Hazard Class:** 8 (As classified by 49 CFR 173 due to destruction over time of steel and aluminum)  
**UN/NA#:** UN1791  
**Packing Group:** III

**Marine Pollutant:** Yes (Refer to Refer to 171.4 and 172.322 for further guidance)

**Signal Word:** DANGER

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



## SECTION XV - REGULATORY INFORMATION

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

#### U. S. Federal Regulations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This product does not contain any Class 1 Ozone depletors.

This product does not contain any Class 2 Ozone depletors.

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

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

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

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

#### U.S. State Regulations

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

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

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

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

#### Canada

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



Class E – Corrosive material – Corrosive to skin

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

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

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

**European Economic Community**

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

**Chemical Inventory Lists**

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

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

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

**SECTION XVI - OTHER INFORMATION**

**Hazardous Material Information System (HMIS)**

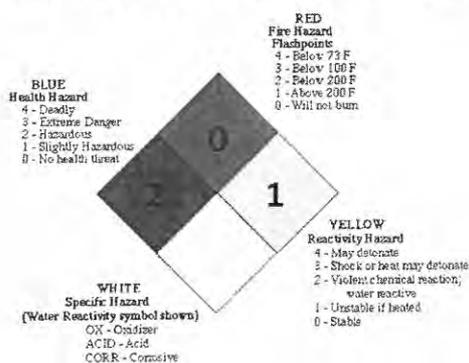
<b>HEALTH</b>	<b>2</b>
<b>FLAMMABILITY</b>	<b>0</b>
<b>REACTIVITY</b>	<b>1</b>
<b>PERSONAL PROTECTION</b>	<b>H</b>

**HMIS / NFPA Hazard Rating Legend**

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



**National Fire Protection Association (NFPA)**



For additional information, contact our technical service department.

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

# NSF International

789 N. Dixboro Road, Ann Arbor, MI 48105 USA

RECOGNIZES

## Odyssey Manufacturing Company

Facility: Tampa, FL

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A handwritten signature in black ink, appearing to read "Theresa Bellish".

October 4, 2017

Certificate# C0354268 - 01

Theresa Bellish

General Manager, Water Systems