

EXHIBIT A

LOCALIQ

The Gainesville Sun | The Ledger
Daily Commercial | Ocala StarBanner
News Chief | Herald-Tribune

PO Box 631244 Cincinnati, OH 45263-1244

PROOF OF PUBLICATION

City Of Lake Wales
City Of Lake Wales
PO BOX 1320 CITY CLERK
LAKE WALES FL 33859

STATE OF WISCONSIN, COUNTY OF BROWN

Before the undersigned authority personally appeared, who on oath says that he or she is the Legal Coordinator of The Ledger-News Chief, published in Polk County, Florida; that the attached copy of advertisement, being a Bids & Proposals, was published on the publicly accessible website of Polk County, Florida, or in a newspaper by print in the issues of, on:

08/15/2023

Affiant further says that the website or newspaper complies with all legal requirements for publication in chapter 50, Florida Statutes.

Subscribed and sworn to before me, by the legal clerk, who is personally known to me, on 08/15/2023

Legal Clerk

Notary, State of WI, County of Brown

My commission expires

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1

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Please do not use this form for payment remittance.

KAITLYN FELTY
Notary Public
State of Wisconsin

INVITATION TO BID Bid #23-540

Monday, September 11, 2023
NOTICE IS HEREBY GIVEN that the City of Lake Wales is accepting sealed bids for:

Procurement of
Sodium Hypochlorite
At 10:00 A.M., EST on Monday, September 11, 2023 in the City Commission Chambers at the Municipal Administration Building, 201 Central Ave. W., Lake Wales, Florida, bids will be opened and read aloud.

An original and two (2) copies of all bids, including all executed documents and needed attachments, shall be placed in a sealed envelope, marked "23-540: SEALED BID FOR Procurement of Sodium Hypochlorite", and delivered prior to the opening deadline, 10:00 A.M., EST on September 11, 2023.

Intent
Under this schedule, the Contractor shall furnish liquid sodium hypochlorite (12.5 Trade Percent Available Chlorine) FOB destination in accordance with the American Water Works Association's (AWWA's) Standard B-300-99 for hypochlorite, except as modified or supplemented herein, to the City of Lake Wales' (4) Water Treatment (WTP) and (1) Wastewater Treatment (WWTP) plants.

Staff will be available to answer any questions and will conduct site visits to the facilities upon request.

A non-mandatory pre-bid conference will be held at the City of Lake Wales, City Commission Chambers located at 201 Central Avenue West, Lake Wales, Florida, on Wednesday, August 30, 2023 at 9:00 A.M.

Responding to the Invitation to Bid
All persons and firms wishing to submit bids must obtain a complete copy of the Invitation to Bid and submit all required forms as outlined in the bid document with their response. Bids and related forms can be accessed on the City's website, www.lakewalesfl.gov; Government: Purchasing, or by contacting Cynthia Monk, Purchasing Agent at (863) 678-4182, ext. 1187, or by email at cmonk@lakewalesfl.gov
8/15/23 9160388

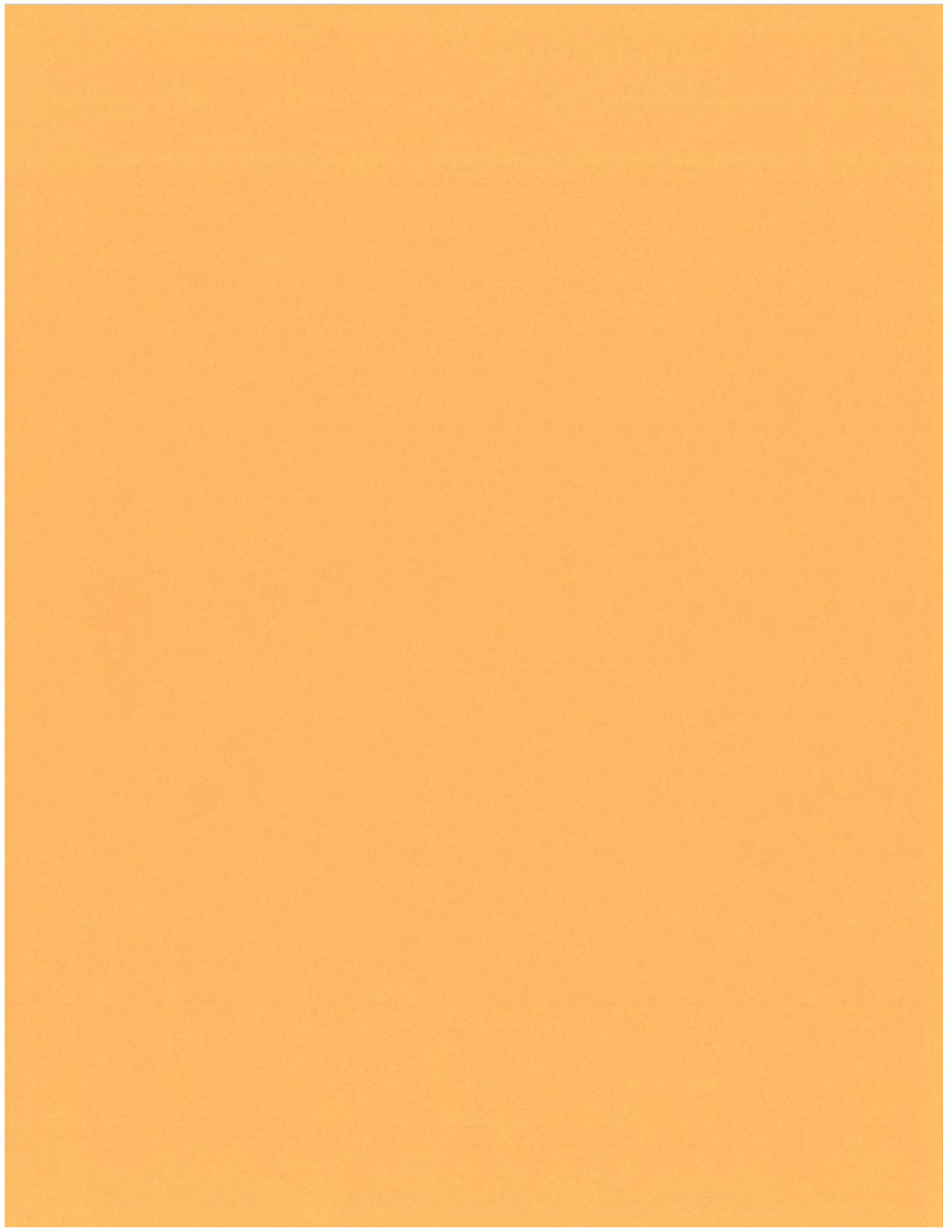


EXHIBIT B

9/7/23
Fedex



City of Lake Wales

BID PACKAGE

Procurement of Sodium Hypochlorite

BID NO. 23-540

INVITATION TO BID

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Faxed or e-mailed responses will not be accepted. Responses may be hand delivered, mailed, or delivered via courier service to the following address:

City of Lake Wales
City Manager's Office
Attention: Cynthia Monk, Purchasing Agent
201 West Central Avenue
Lake Wales, FL 33853

General Information and Requirements

1. In accordance with Chapter 119, Florida Statutes, all bids received, and all materials contained therein, once opened are **public record**, and subject to disclosure to any person, organization, or firm, including other firms responding to this invitation to bid.
2. In accordance with section 287.133, Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or proposal on a contract to provide any goods or services to a public entity and may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017-for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
3. The City reserves the right to accept or reject any or all bids, or part thereof, to waive any informalities or technicalities, or to award contracts in the best interest of the City. In all instances, the City's decision shall be final.
4. The City of Lake Wales is exempt from taxes imposed by the State and Federal Government. Bids shall not include any taxes or fees.
5. Prospective firms must submit proposals strictly in accordance with the specifications outlined in the Invitation to Bid. Each variance, if any, to the specifications shall be specifically stated in the bid.
6. Prospective firms warrant by virtue of submission of bids that all prices, terms, and conditions stated shall be honored for a period of ninety (90) days after the opening of bids. **Any** changes at the time an order is placed shall result in automatic disqualification of the vendor.
7. The original bid shall be signed, in blue ink, by a corporate officer, partner, or proprietor.
8. The City reserves the right to reject any or all items if in its judgment the item does not meet the needs of the City, or for any reason it deems suitable.
9. Prospective firms are hereby warned not to contact any City employee or official on matters relating to this Invitation to Bid, except as indicated herein. Any attempt to do so, or engaging in lobbying or any other activity interfering with the evaluation process may result in immediate disqualification of the vendor from **any** City business.
10. Per City ordinance, agreements and contracts with a term in excess of one year shall include the following language: "The performance of the City of Lake Wales and its obligation to pay under this contract is contingent upon annual appropriation by the City Commission of Lake Wales." Vendors are warned that this requirement is written into the Code of Ordinances of the City, a public document, and is binding upon all vendors whether or not referenced in any agreement.
11. Prospective firms quoting State of Florida contract pricing must provide the state contract number and date of expiration in their bids or proposals. Firms will be required to provide a copy of the entire contract prior to the placing of orders by the City.
12. Prospective firms hereby warrant by virtue of submission of bids that any and all terms, conditions, and requirements as stated in this document are valid, enforceable, and binding upon the selected vendor.

Specific Information and Requirements

1. Answers to questions submitted about this Invitation to Bid or the Project will be provided to all known prospective bidders.
2. The selected firm may not discriminate against any employee employed in the performance of services, or against any applicant for employment because of race, religion, color, handicap, national origin, age, gender, or marital status.
3. Bids shall include all information required in the Invitation to Bid. Bidders shall use City standard forms as included in the Invitation to Bid to submit all information, or shall follow the format dictated or include the information required herein where no form is provided. Bid documents shall be arranged in order as indicated on the Bid Contents Form.
4. The City will allow the use of **approved** subcontractors or third parties in performing work outlined in this Invitation to Bid.

Evaluation of Bids

The City of Lake Wales shall be the sole judge of the bid and the resulting agreement that is in its best interest and its decision shall be final. All bidding and award procedures undertaken by the City in regard to this project shall be consistent with the City's adopted procurement procedures. The City reserves the right to seek clarification from prospective firms on any issue in a bid, or take any other action it feels necessary to properly evaluate the bids and construct a solution in the City's best interest.

Scope of Work, Specifications and Other Requirements

1. Award of bids will be based on an individual low or overall low bid meeting specifications, whichever would be in the best interest of the City. The City reserves the right to reject any or all bids and/or waive any minor irregularities in the bids received, whichever would be in the best interest of the City.
2. The period of performance for this bid is from date of award through September 30, 2024. It may be extended for two (2) one (1) year periods at the same terms and conditions, with the mutual agreement of all parties.
3. If it becomes necessary to revise or amend any part of this bid, an addendum will be issued and will be posted on the City's website at www.lakewalesfl.gov, Purchasing & Bids, Notice of Bids. It is the sole responsibility of the bidders to check the website to ensure that all available information has been received prior to submitting a bid.

Bidder Qualification/Submittals

For purposes of this Bid, the term "Bidder" shall be defined as the company submitting the proposal and shall include all subsidiaries, affiliates, and subcontractors. As such, any requested documentation shall apply to all subsidiaries and affiliated companies as well as any subcontractors. In the event that a company is using a subcontractor to either manufacture or deliver the product, the requested items (e.g., references, terminations, and safety incidents) shall apply to the subcontractor as well.

The awarded Bidder shall submit a 1500 ml "chilled" sample of their product representative of their manufacturing process from Bidder's manufacturing facility which would serve the customer to one of the approved testing laboratories listed in this Specification for analysis within the past ninety (90) days. The laboratory shall ascertain whether the Bidder's product is in compliance with this Specification for available chlorine, % sodium hypochlorite, excess caustic, iron, copper, nickel, chlorate, bromate and suspended solids (based on Filter Test time). The cost of the analysis shall be borne by Bidder. The results of the analysis shall be submitted with the Bidder's proposal. Failure to submit a sample or meet the requirements of the Specification shall result in Bidder being disqualified from bidding on this product.

Further, Purchaser reserves the right to take samples from Bidder's other customers to ensure that the Bidder's sample and delivery equipment is in compliance with all the requirements of this Specification and such a sample shall be judged representative of the Bidder's quality. The Bidder shall provide a customer contact and phone number in the same county as the Purchaser whereby the Purchaser may obtain sample of Bidder's product to check it for compliance with the Specification. It is the Purchaser's intention to deal directly with this customer. Purchaser may choose to obtain a sample from any of Bidder's customers, however, to ensure compliance with the Specification. In such event, Purchaser shall bear the cost of any analysis. Based on this compliance check, failure to meet the requirements of this Specification shall result in Bidder being disqualified from bidding on this Product.

Each prospective Bidder shall submit a list of at least three (3) references to include phone numbers that use or have used its sodium hypochlorite at both water and wastewater treatment plants (at least five of each type) in the past two years. The Reference List shall list actual users at the water and wastewater plants and not purchasing agents. Additionally, each Bidder shall provide the names of any customers where its contract was terminated early (e.g., debarred) for safety, quality, or service issues for any product it supplies over the past five years. The Bidder shall also provide a detailed listing of all accidents, incidents, releases, spills, vehicle accidents involving death or injury and National Response Center Notifications ("safety incidents") for all chemicals it delivers or manufacturers for the past five (5) years. Failure to disclose references, terminations, or safety incidents will result in Bidder being disqualified from bidding on this product.

As part of its Emergency Preparedness Planning and Spill Response Plan, each prospective Bidder shall submit a list with 24-hour access phone numbers of at least two degreed engineers (preferably Chemical Engineers) listing their degree, college or university and year of graduation, experienced in sodium hypochlorite operations to provide emergency support services on a 24/7 basis in the event of a spill, equipment failure or other emergency. Failure to submit this list including all the requirements of the list or to adhere to these requirements will result in Bidder being disqualified from bidding on this product.

As part of assessing the Bidder's reliability and safety record, the prospective Bidder shall include all regulatory actions including but not limited to, copies of any fines, correspondence and consent orders relating to the operation of ALL of its manufacturing and distribution facilities. Additionally, the Bidder shall submit a copy of its OSHA Form 300A/300 logs for the past three years (if the Bidder utilizes a third party driving company or affiliated company, then they shall submit the OSHA 300 logs for that company as well). The Purchaser may require a site visit to the Bidder's manufacturing and distribution facilities to assess their safety and reliability as part of the Bid Evaluation process.

Bid Evaluation

The Proposal Evaluation shall consider many factors including price, product quality, previous performance, safety, reliability, sample results and reference checks. Because of the hazardous nature of the product and the relatively short shelf-life of the product, strong consideration shall be given to the Bidder's quality, safety record, reliability, and previous performance in awarding the contract for the product.

Commercial Conditions (Pricing, Term and Payments)

The price of the sodium hypochlorite shall be fixed for the term of this Purchase Order and shall not be subject to any price escalation or fuel surcharges during the term of the Purchase Order. Suggested term is from one to three (3) years. All payments shall be NET 30 days.

Delivery Requirements

Contractor shall make "normal" deliveries within three (3) calendar (i.e., not "working" days) days after receipt of order and must make "emergency" deliveries within 24 hours. An emergency delivery is defined as a delivery which is necessary in order to prevent the Purchaser from running out of sodium hypochlorite in less than 36 hours. Purchaser shall endeavor to minimize the number of "emergency" deliveries.

The Contractor shall be responsible for any spills resulting from the failure of its or its subcontractor's delivery equipment or from failure of attendant delivery personnel in the proper performance of their duties. Proper performance shall require attendant delivery personnel's constant inspection and observation of unloading operations and knowledgeable response to problems or emergencies, which would most commonly be expected to occur. The Purchaser reserves the right to refuse any and all deliveries made with equipment that is poorly maintained and/or leaking sodium hypochlorite.

The tanks or trailers shall be clean and free of residue that may contaminate the Contractor's product or impede the unloading process. It is the Contractor's responsibility to verify the cleanliness of the transporting equipment before loading. All appurtenant valves, pumps, and discharge hoses used for the delivery of sodium hypochlorite shall be supplied by the Contractor and shall be clean and free from contaminating material. The Purchaser may reject a load if the equipment is not properly cleaned. The Contractor shall furnish a Purchaser approved, leak-free connection device between the trailer and the Purchaser's intake receptacle. The Contractor shall observe the entire filling operation at each delivery site and shall immediately report any spills caused during the filling operations. The Contractor shall take immediate and appropriate actions to clean up any spilled liquid sodium hypochlorite. If the spill is not cleaned up, the Purchaser will hire a certified hazardous material handling company to clean up the spill, and the cost of such service will be charge to the Contractor and deducted from the amount due to the Contractor. If the Purchaser's unloading equipment such as pipe, valves or level indication and alarms should fail and the spillage is not the fault of the Contractor or its subcontractor, the Contractor shall be relieved of cleanup of the spill.

Delivery Locations

Delivery shall be made to:

- A. **Water Treatment Plant #1**-138 Sessoms Ave, Lake Wales, Florida 33853; **Water Treatment Plant #3**-1050 N 5th Street, Lake Wales, Florida 33853; **Water Treatment Plant #2**-1039 Grove Ave, Lake Wales, Florida 33853, **Park Water Treatment Plant** 25 1st Avenue, Lake Wales, Florida 33859

- B. **Sam P Robinson Waste Water Treatment Plant**, 840 Henry Street, Lake Wales, Florida 33853

Sampling and Testing

Sampling and testing shall be in accordance with EPA and AWWA B300-99 standards and in accordance with the documents titled: "*The Weight Percent Determination of Sodium Hypochlorite, Sodium Hydroxide, And Sodium Chlorate in Liquid Bleach*" and "*Suspended Solids Quality Test for Bleach Using Vacuum Filtration*", distributed by Powell Fabrication and Manufacturing, Inc. and available at <http://www.powellfab.com>. The approved laboratories are listed below. Should Bidder request to use another laboratory, that laboratory must be certified by the National Environmental Laboratory Accreditation Conference (NELAC) and must be able to

meet the following Minimum Detection Limits (MDL): (1) Metals .02 mg/L; (2) Bromate .1 mg/L; (3) Chlorate 20 mg/L; and (4) Chlorine/Excess Caustic 0.1%. Bidder shall provide proof of current NELAC certification and laboratory analysis shall specify the MDL if a non-approved laboratory is used.

Approved Testing Agency

Thornton Laboratories
1145 East Cass Street
Tampa, Florida 33602
Ph: 813-223-9702
Fax: 813-223-9332

Special Note: Concentration testing for iron and transition metal ions for nickel and copper in sodium hypochlorite is a difficult test and requires high levels of knowledge and experience for accurate and repetitive test results.

Sampling and Testing Prior To Unloading

The Contractor's delivery trailer shall have a sample port to provide a sample for analysis prior to hooking up and unloading the trailer. The Contractor's delivery personnel (driver) shall be provide a sample of hypochlorite before the shipment is hooked up and unloaded in the presence of the Purchaser. The Purchaser will supply the sample container and the driver shall collect the sample from the tank truck and turn it over to the Purchaser. The sample shall be considered representative of the lot.

The Purchaser reserves the right to subject samples of the hypochlorite to quick analyses to ensure that it meets basic conditions of the specification with respect to specific gravity, weight percent of sodium hypochlorite, sodium hydroxide, and suspended solids. Any lot tested by the Purchaser that fails to comply with the specifications shall constitute grounds for rejection of that lot. No payment shall be made for hypochlorite that is rejected. The Contractor or its subcontractors shall allow 45 minutes for this testing to be completed. If testing cannot be completed within the 45-minute period, the Purchaser shall allow the Contractor to unload the shipment. In the event that the load is rejected, the Contractor shall have four (4) hours to supply another shipment. In the event that the Contractor is unable or unwilling to supply another shipment within this time period, Purchaser has the right to procure a shipment from another source. Two rejections of a lot or shipment in any twelve (12) month period shall constitute automatic termination of the Contractor's supply contract with the Purchaser.

Sampling and Test of Shipment after Unloading

The Purchaser reserves the right to subject samples of the hypochlorite to complete analyses to ensure that it meets EPA specifications, AWWA B300-99 specifications, and the supplemental specifications included with this document. A combination of two failures to comply with these specifications from either rejections of a shipment or from a subsequent complete laboratory analysis shall result in automatic termination of the Contractor's supply contract of the hypochlorite.

Specifications of Material

Hypochlorite supplied under this contract shall be tested and certified as meeting these specifications and those of the American National Standards Institute/National Sanitation Foundation Standard 60 (ANSI/NSF Standard 60), Drinking Water Treatment Chemicals Health Effects. It is the responsibility of the supplier to inform the Purchaser that NSF or UL certification has been revoked or lapsed within 24 hours of the time the supplier receives verbal or written notification. Loss of certification shall constitute sufficient grounds for immediate termination of the contract between Purchaser and Contractor.

Hypochlorite delivered under this contract shall have a minimum of 120 Grams per Liter (GPL) available chlorine equivalent to 10.85 percent sodium hypochlorite by weight). Product shall be a clear straw colored liquid with no visible cloudiness, impurities, or sediment.

Hypochlorite delivered under this contract shall have a minimum of 0.15 percent by weight sodium hydroxide and a maximum of 0.45 weight percent sodium hydroxide.

Hypochlorite delivered under this contract shall meet the following containment concentration limits:

Iron	< 0.3 mg/L
Copper	< 0.03 mg/L
Nickel	< 0.03 mg/L
Chlorate	< 2,000 mg/L
Bromate	< 20 mg/L
Filter Test Time	< 3 minutes

The delivery time of the shipment shall not exceed 72 hours from the time of manufacture of the product. 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 1000 ml when applying the "*Suspended Solids Quality Test for Bleach Using the Vacuum Filtration*" Method developed by Novatek and previously referenced in this Specification.

Manufacturer's Laboratory Reports

Delivery Reports:

A certified report from the manufacturer shall be submitted for each sodium hypochlorite delivery to the Purchaser.

The report shall contain the following data:

- Date and Time of Manufacture
- Percent by Weight
 - Sodium Hypochlorite
 - Excess Sodium Hydroxide
- Specific Gravity (Referenced to a temperature)
- Suspended Solids Test Time

No deliveries will be accepted by the Purchaser unless accompanied by said certified laboratory report for the specific batch of sodium hypochlorite delivered showing the above data and that it conforms to the required specifications.

Quarterly Reports:

At the start of the contract and every 90 days, the Contractor shall utilize an outside testing agency acceptable to both the Purchaser and the Contractor (e.g., one of the approved laboratories referenced in this Specification) to analyze a sample of the sodium hypochlorite delivered to the Purchaser. The Contractor shall supply the sample container and the driver shall collect the sample from the tank truck. This sample will be given to the Purchaser at the time of the sample and the Purchaser forward the sample to the approved authorized testing agency. Any failure to comply with the specifications shall constitute grounds for cancellation of the contract between Purchaser and Contractor. Charges for the manufacturer's certified report and all quarterly reports by outside testing agencies should be included in the bid price.

Termination

In addition to the various statements in this Specification stating the grounds for automatic termination of the Contractor's contract to supply sodium hypochlorite to Purchaser, the contract will be voided or terminated for any three failures by Contractor to meet any requirement of this Specification in the preceding twelve month period. These failures include, but are not limited to, failure to deliver in a timely manner, failure to deliver with proper equipment, failure of the product to meet the specification either prior to unloading, after unloading or as a result of a quarterly analysis, failure to provide a certificate of analysis and failure to respond in a timely manner to any Purchaser emergency.

Bidder's Checklist

The Bidder shall ensure the following information is included in their proposals:

- Pricing for the Sodium Hypochlorite
- Third Party Laboratory Analysis of Sodium Hypochlorite Sample
- List of References (Three)
- List of Degreed Engineers
- List of Subcontractors or Affiliates
- List of Safety Incidents (Last Five Years)
- List of Terminations/Debarments (Last Five Years)
- Copy of OSHA Form 300A/300 logs (Last Three Years)
- Other Information on Company
- Contact Information to Obtain Product Sample in the Same County
- Copies of any fines, correspondence and consent orders relating to the operation of ALL of its manufacturing and distribution facilities.

BIDDER INSTRUCTIONS AND GENERAL INFORMATION

BIDDER INSTRUCTIONS: To ensure acceptance of this bid, follow these instructions.

BID DOCUMENTS MUST BE DELIVERED TO THE PURCHASING DIVISION PRIOR TO THE TIME AND DATE SPECIFIED. THERE WILL BE NO EXCEPTIONS.

1. **EXECUTION OF BID:** Bid must contain an original signature of an authorized representative in the space provided on the signature page. Bid must be typed or printed in blue ink. Erasable ink is not permitted. Corrections made by bidder to any bid entry must be initialed by the person who signs the bid.
2. **NO BID:** Bidder not interested in submitting a bid should return a "no bid," with an indication of the reason for no bid and the interest in future bid solicitations.
3. **BID OPENING:** It is the responsibility of the bidder to assure that their bid is delivered at the proper time and place prior to the bid opening. All bid openings shall be public, at 2:00 p.m., on the date specified in the Notice to Bidders. Bids, which for any reason are not so delivered, will not be considered. **BID SUBMITTAL FORMS USING FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED.**

NOTE: Bidders may call the Purchasing Agent only for bid results. The telephone number is (863) 678-4182 extension 1336. The bid recap will be posted to the City of Lake Wales website at www.lakewalesfl.gov within ten (10) working days after the bid opening date. The bid analysis will also be posted to the City's website as soon as possible after the bid opening date. Bid files may be examined during normal working hours by appointment.

4. **CITY AS GATEKEEPER OF DOCUMENTS:** This document is issued by City of Lake Wales and as such shall be the sole distributor of all addenda's and/or changes to these documents. It is the responsibility of the bidder to determine issuance of documents directly with the Purchasing Division. The City is not responsible for any solicitations issued through subscriber, publications, or other sources not connected with the City and the Bidder should not rely on such sources for information regarding the solicitation.
5. **TAXES:** Bidders are responsible for the payment of any applicable taxes that are connected to the purchase of any materials or subcontractors used in the execution of this bid.
6. **DISCOUNTS:** Bidders may offer a cash discount for prompt payment; however, such discounts shall NOT be considered in determining the lowest net cost for bid evaluation purposes. Bidders are encouraged to reflect cash discounts in the unit price quoted.
7. **MISTAKES:** Bidders are required to examine the specifications, delivery schedule, bid prices and all instructions pertaining to the requirements of this bid. Failure to do so will be at bidder's risk. In case of a mistake in extension of a unit price, the unit price will govern. Corrections made by bidder to any bid entry must be initialed by the person who signs the bid.
8. **INVOICING AND PAYMENT:** The successful bidder shall submit a properly certified invoice to the City at the prices bid. **An original invoice shall be submitted to the appropriate Division at their drawer number, P.O. Box 1320, Lake Wales, Florida 33859.** The vendor shall include the bid number and/or the purchase order number on all invoices. Invoices will be processed for payment when approved by the user division.
9. **CONFLICT OF INTEREST:** All bidders must disclose, with their bid, the name of any officer, Director or agent who is also an employee of the City or any of their agencies. Furthermore, all

Bidders must disclose the name of any City employee who owns, directly or indirectly, any interest of any amount in the bidder's firm or any of their branches. Award of this bid shall be subject to the provisions of Chapter 112, Florida Statutes.

10. **WARRANTY:** Unless otherwise specified, the bidder agrees that the services furnished under this bid shall be covered by the most favorable commercial warranty the bidder gives to any customer for comparable services, and that the rights and remedies provided herein are in addition to and do not limit any rights afforded to the City by any provision of this bid.
11. **ADDENDUM:** Any changes in the bid shall be made in the form of a written addendum by the Purchasing Agent or her representative. No other person shall be authorized to make changes verbally or in writing.
12. **LIABILITY:** The vendor shall hold and save the City, Its Officers, agents and employees harmless from liability of any kind in the performance of this bid and against claims by third parties resulting from the supplier's breach of contract or the supplier's negligence.
13. **PATENTS AND ROYALTIES:** The bidder, without exception, shall indemnify and save Harmless the City and its employees from liability of any nature or kind, including cost and Expenses for, or on account of, any copyrighted, patented or non-patented invention, process, or article manufactured and used in the performance of this bid. If the bidder uses any design, device or material covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device or material in any way involved in the work.
14. **BID PROTEST:** Any bidder desiring to file a bid protest, with respect to a recommended award of any bid, shall do so by filing a written protest. The written protest must be in the possession of the Purchasing Division within 72 working hours of electronic posting of the bid award, unless only one bid was received.
FAILURE TO FOLLOW BID PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIME FRAMES PRESCRIBED HEREIN AS ESTABLISHED BY THE CITY OF LAKEWALES, FLORIDA, SHALL CONSTITUTE A WAIVER OF THE BIDDER'S RIGHT TO PROTECT AND ANY RESULTING CLAIM.
15. **SUMMARY OF TOTAL SALES:** At the end of each quarter, the successful vendor is required to furnish the Purchasing Division with a summary of sales, in total dollars, for the work performed as a result of this bid.
16. **INDEMNIFICATION:** In consideration of Ten Dollars (\$10.00) and other valuable Considerations, Seller shall defend (by counsel reasonably acceptable to City), indemnify and hold Harmless the City, its employees and agents from and against, including, but not limited to, all liability, claims, suits, demands, damages, losses and costs, including attorney fees, arising out of or resulting from the performance of its services, provided that any such liability, claims, suit, demand, damage, loss or expense is (a) attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property (other than the service itself), including the loss of use resulting there from; and (b) caused in whole in part by an act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, whether or not it is caused in whole or in part by the negligence or other fault of a part indemnified hereunder. The contractor shall indemnify and hold harmless the City and anyone directly or indirectly employed by it from and against all claims, suits, demands, damages, losses and expenses (including attorney fees) arising out of any infringement or patent rights or copyrights held by others and shall defend all such claims in connection with any alleged infringement of such rights.

17. **PUBLIC ENTITY:** A person or affiliate who has been placed on the convicted vendor list Following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list. When submitting this bid, the bidder hereby certifies that they complied with said statute.
18. **PREFERENCE FOR DRUG FREE WORKPLACE:** Whenever two or more bids, which are equal with respect to price, quality and service, are received, preference shall be given to a bid received from a business that certifies that it has implemented a drug free workplace program in accordance with Section 287.087, Florida Statutes. In order to receive preference, a signed certification of compliance must be submitted with the bid response.
19. **PRICES, TERMS AND PAYMENT:** Firm prices shall be bid and include all packing, handling, shipping charges and delivery to any point within the City. Discount time will be computed from the date of satisfactory delivery at place of acceptance. Prices bid shall be firm for forty-five (45) days.
20. **SAFETY STANDARDS:** Unless otherwise stipulated in the bid, all manufactured items and fabricated assemblies shall comply with applicable requirements of Occupational Safety and Health Act (OSHA) and carry evidence of Underwriters Laboratories' Listings (UL).
21. **PACKAGING:** All containers shall be suitable for storage or shipment, and all prices should include standard commercial packaging.
22. **MEETS SPECIFICATIONS:** It is understood and agreed that any item offered or shipped as a result of this bid shall be new (current model at the time of this bid) unless otherwise specified in the specifications. The bidder represents that all equipment offered under this specification should meet or exceed the minimum requirements specified. Bidder shall strictly adhere to delivery specifications.
23. **SILENCE OF SPECIFICATIONS:** The apparent silence of this specification and any Supplemental specifications to any details or the omission from same of any detailed description concerning any point shall be regarded as meaning that only the best commercial practices are to prevail and those only materials of first quality and correct type, size and design are to be used. All Workmanship is to be first quality. All interpretations of these specifications shall be made upon the basis of this statement.
24. **GOVERNMENTAL RESTRICTIONS:** In the event that any governmental restrictions may be imposed which would necessitate alteration of the material, quality, workmanship or performance of the items offered on this bid/proposal prior to delivery, it shall be the responsibility of the supplier to notify the Purchasing Division at once. Their letter shall indicate the specific regulation, which required an alteration. The City reserves the right to accept any such alteration, including any price adjustments, or to cancel the contract at no expense to the City.
25. **TOXIC SUBSTANCE:** Notice of successful vendor (s) to provide to City toxic substances (As listed in Chapter 442, Appendix "G" of the FS) if applicable.
 - a. Chapter 442 of the FS states that manufacturers, importers or distributors of any toxic Substance shall prepare and provide each direct purchaser of such toxic substance with Material Safety Data Sheet (s), herein referred to as MSDS, which to the best of manufacturer's, importer's or distributor's knowledge, is current, accurate and complete based on information then reasonably available to the manufacturer, importer or distributor. Upon notification of a new or revised MSDS the manufacturer, importer or distributor, on a

timely basis not to exceed three (3) months after notification, shall provide the City with the revised information as it becomes available to the manufacturer, importer or distributor.

- b. Failure to provide the MSDS, when applicable, shall be cause of rejection of bid.
26. **INSPECTION, ACCEPTANCE AND TITLE:** Inspection and acceptance will be at the designated facility unless otherwise indicated. Title and risk of loss or damage to all items shall be the responsibility of the contract supplier until accepted by the City, unless loss or damage results from negligence by the City.
 27. **SAMPLES:** Samples of items, when called for, must be furnished free of expense and may, upon request be returned at the bidder's expense. Each individual sample must be labeled with bidder's name, manufacturer's brand name and number, bid number and item reference. Sample of successful bidder's items may remain on file with Purchasing for the term of the contract. Request for return of samples shall be accompanied by instructions, which include shipping authorization and name of carrier, and must be received within ninety (90) days after bid opening date. If instructions are not received within this time, the Purchasing Division shall dispose of the samples.
 29. **PUBLIC RECORDS:** Contractor acknowledges that it is acting on behalf of a Public agency and that this Agreement is subject to the provisions of §119.0701, Florida Statutes, and that Contractor must comply with the public records laws of the State of Florida. Contractor shall:
 - (a) Keep and maintain public records that ordinarily and necessarily would be required by the public agency in order to perform the service.
 - (b) Provide the public with access to public records on the same terms and conditions that the public agency would provide the records and at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.
 - (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements and not.
 - (d) Meet all requirements for retaining public records and transfer, at no cost, to the public agency all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the public agency in a format that is compatible with the information technology systems of the public agency.
 30. **MANUFACTURER'S NAMES AND APPROVED EQUIVALENTS:** Any manufacturer's names, trade names or brand names are for information only and are not intended to limit competition. The bidder may offer any brand for which they are an authorized representative that meets or exceeds the specification for any item(s). If bids/proposals are based on equivalent products, indication should be made on the bid/proposal, cuts, sketches, descriptive literature and/or complete specifications. Reference to literature submitted with a previous bid will not satisfy this provision. If the substituted material or device has repeated failures the vendor shall replace with a superior product at no cost of material or labor to the City. The bidder shall also explain in detail the reason(s) why the proposed equivalent will meet the specification(s) and not be considered an exception thereto. Bids/proposals, which do not comply with these requirements, are subject to rejection. Bids/proposals lacking any written indication of intent to bid an alternate brand will be received and considered in complete compliance with the specifications as listed on the bid form. The Purchasing Division shall be notified of any proposed changes in the following.
 - a. Materials used;
 - b. Manufacturing process; and
 - c. Construction.

Changes shall not be binding upon the City unless evidenced by a Change Notice issued and signed by the Purchasing Agent.

GENERAL INFORMATION

1. **DEFINITIONS:** The term "City" means the City of Lake Wales, a political subdivision of the State of Florida, and its authorized designees, agents or employees.
2. **AWARD (S):** The award of this bid shall be based on **total low bid meeting specifications** and other criteria as specifically called out in this document. As the best interest of the City may require, the right be reserved to make award(s) by individual item, group of items or as indicated in the bid form; to reject all bids or waive any minor irregularities or technicalities in bids received. In determining the lowest responsive and responsible bidder, in addition to price, the following may be considered:
 - Vendor's evaluation – quality of performance on previous projects.
 - The ability, capacity, equipment and skill of the bidder to fulfill the contract.
 - Whether or not the bidder can fulfill the contract within the time specified, without delay or interference.
 - The character, integrity, reputation, judgment, experience and efficiency of the bidder.
 - The previous and existing compliance by the bidder with laws and ordinances relating to the contract.
 - The sufficiency of the financial resources to fulfill the contract to provide the goods and/or services.
 - The quality, availability and adaptability of the suppliers or contractual services to the particular use required.
 - The ability of the bidder to provide future maintenance and service, as required or needed.
 - The number and scope of conditions attached to the bid.
3. **LOCAL PREFERENCE:** It is policy of the Board of Commissioners to afford local preference to City entities in the award of bids. Preference shall be administered in accordance with the following:
 - **.Ordinance 2013-17, Sec 2.418. Commodities or contractual services in excess of the threshold amount for Category Two – Thirty-five thousand dollars (\$35,000.00).**
 - The contract shall be awarded with reasonable promptness by written notice to the qualified and responsive bidder who submits the lowest responsive bid after the city manager obtains the formal approval of the city commission for the bid award. This bid must be determined in writing to meet the requirements and criteria set forth in the invitation to bid. Preference shall be given to a local vendor when the bid is not more than five percent (5%) higher than the low bid.
 - Local Vendor: Any person who, or place of business which, provides or proposes to provide a commodity or contractual service when such person or business has a principal place of business located within the City of Lake Wales.
 - If a contract is being funded in whole or in part by assistance of any federal, state or local agency, which disallows local preference, the City will adhere to those requirements by not applying this section.
4. **NON-CONFORMANCE TO BID CONDITIONS:** Services not delivered as per delivery date in bid and purchase order may result in bidder being found in default, in which event any and all re-procurement costs may be charged against the defaulting vendor. This non-conformance to bid conditions may result in immediate cancellation of the purchase order.

- **ASSIGNMENT:** Any purchase order issued pursuant to this bid and the monies, which may become due herein, are not assignable, except with the prior written approval of the Purchase Director.
- 5. **DISPUTES:** In the event of any doubt or difference of opinion as to the methods provided herein, or the level of performance rendered, the decision of the user department/division director shall be final and binding on both parties.
- 6. **FACILITIES:** The City reserves the right to inspect the bidder's facilities at any time, with prior notice.
- 7. **PLACING OF ORDERS:** The award of this bid does not constitute an order. Before any services can be performed, the successful bidder must receive written or oral notification in accordance with the practices of the User Division.
- 8. **PRECEDENCE:** Any requirement set forth in any section of the bid documents shall be binding as if called for by all sections. If there is a difference in the terms anywhere in this document, the most restrictive shall prevail.
- 10. **ADDITIONS/REVISIONS/DELETIONS:** Additions, revisions or deletions to the general conditions, specifications or bid price sheets that change the intent of the bid will cause the bid to be non-responsive and the bid will not be considered. The Purchasing Agent shall be the sole Judge as to whether or not any addition, revision or deletion changes the intent of the bid.
- 11. The Purchasing Agent reserves the right to terminate or suspend the award of this bid, in whole or in part, when it is in the best interest of the City to do so. The Purchasing Agent will notify the Vendor, in writing, of any such action with notice of the effective date of termination or suspension. This notice shall also specify the state of the work at the time of termination or suspension.

If the User Division determines that the performance of the Vendor does not comply with the bid Requirements, the division may:

 - a. Immediately suspend the work; and
 - b. Notify the vendor of the non-performance with a requirement that the deficiency be corrected within ten (10) days of notification.
- 11. **PRICE ADJUSTMENTS:** Any price decrease executed during the contract period, either by reason of market change or on the part of the contractor to other customers, shall be passed on to the City.
- 12. **CANCELLATION:** All annual bid obligations shall prevail for at least one hundred eighty (180) Days after effective date of the bid, unless bid conditions are breached as specified herein, after that period, for the protection of both parties, either party may cancel this bid in whole or part by giving thirty (30) days prior notice in writing to the other party. The City reserves the right to cancel any bid after reasonable written notice to the successful bidder should the service not be in the best interest of the City. Should the service rendered for any bid cause or threaten endangerment to public safety or welfare, the Purchasing Director may cancel the bid immediately.
- 13. **PLANS AND SPECIFICATIONS:** The specifications and other bid documents upon which the prices in the Vendor's bid proposal are based on, are hereby made a part of the purchase order by reference hereto.

14. **ANNUAL APPROPRIATIONS:** The vendor acknowledges that the City, during any fiscal year, shall not expend money, incur any liability, or enter into any agreement which, by its terms, involves the expenditure of money in excess of the amounts budgeted or the reduction of revenues for those budgeted agreements that may be available for expenditure during such fiscal year. Any agreement, verbal or written, made in violation of this subsection is null and void, and no money may be paid on such agreement. Nothing herein contained shall prevent the making of agreement for a period exceeding one year, but any agreement so made shall be executor only for the value of the services to be rendered or agreed to be paid for in succeeding fiscal years. Accordingly, the City's performance and obligation to pay under this agreement is contingent upon annual appropriation.
16. **PRICE INCREASES:** The Purchasing Agent reserves the right to increase/decrease prices after the bid has been in place for a minimum of 12-months, when it is in the best interest of the City. Increase/decrease will be determined by the appropriate price index.
17. **INSURANCE REQUIREMENTS:**

Unless otherwise stated in the specifications, the following insurance requirements must be met before delivery of goods or services.

Worker's Compensation Coverage is to apply for all employees for statutory limits in compliance with the applicable state and federal laws. The policy must include Employer's Liability with a limit of \$500,000 each accident, \$500,000 each employee, \$500,000 policy limit for disease.

Commercial General Liability – Occurrence form required (Contractor/Vendor) shall maintain commercial general liability (CGL) insurance with a limit of not less than \$500,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to this location/project in the amount of \$1,000,000. Products and completed operations aggregate shall be \$1,000,000. CGL insurance shall be written on an occurrence form and shall include bodily injury and property damage liability for premises, operations, independent contractors, products and completed operations, contractual liability, broad form property damage and property damage resulting from explosion, collapse or underground (x,c,u) exposures, personal injury and advertising injury. Fire damage liability shall be included at \$100,000.

Commercial Automobile Liability Insurance (Contractor/Vendor) shall maintain automobile liability insurance with a limit of not less than \$1,000,000 each accident for bodily injury and property damage liability. Such insurance shall cover liability arising out of any auto (including owned, hired and non-owned autos). The policy shall be endorsed to provide contractual liability coverage.

Evidence of Insurance The Contractor/Vendor shall furnish the City of Lake Wales with Certificates of Insurance. The Certificates are to be signed by a person authorized by that insurer to bind coverage on its behalf. The City of Lake Wales is to be specifically included as an additional insured on all policies except Workers' Compensation. In the event the insurance coverage expires prior to the completion of the contract, a renewal certificate shall be issued 30-days prior to said expiration date. The policy shall provide a 30-day notification clause in the event of cancellation or modification to the policy. All certificates of insurance must be on file with and approved by the City of Lake Wales before the commencement of any work activities.

SPECIAL CONDITIONS

1. Award of bids will be based on an overall low average of markups meeting specifications. The City reserves the right to reject any or all bids and/or waive any minor irregularities in the bids received, whichever would be in the best interest of the City.
2. **ANNUAL APPROPRIATIONS:** The vendor acknowledges that the City, during any fiscal year, shall not expend money, incur any liability, or enter into any agreement which, by its terms, involves the expenditure of money in excess of the amounts budgeted or the reduction of revenues for those budgeted agreements that may be available for expenditure during such fiscal year. Any agreement, verbal or written, made in violation of this subsection is null and void, and no money may be paid on such agreement. Nothing herein contained shall prevent the making of agreement for a period exceeding one year, but any agreement so made shall be executory only for the value of the services to be rendered or agreed to be paid for in succeeding fiscal years. Accordingly, the City's performance and obligation to pay under this agreement is contingent upon annual appropriation.
2. All prices bid shall remain unchanged during the period of performance, as specified herein, and as may be adjusted in accordance with General information, Item #16.
4. **PERFORMANCE OF WORK:** The work required under this bid shall be performed by the entity submitting the bid.
5. Any contract may be cancelled by either party without cause by giving sixty (60) days notice in writing. This contract is subject to immediate cancellation by the City for poor service and delivery.
6. **SEALED BIDS:** All bid submittals must be completed and submitted in a sealed parcel. **BID SUBMITTAL SHALL INCLUDE ONE (1) ORIGINAL AND TWO (2) COPIES.** The **Original** bid submittal(s) shall be submitted on the forms provided by the City. All bids are subject to the conditions herein; failure to comply will subject bid to rejection.
7. If it becomes necessary to revise or amend any part of this bid, an addendum will be issued and will be posted on the City's website at www.lakewalesfl.gov "Purchasing & Bids". **It is the sole responsibility of the bidders to check the website to ensure that all available information has been received prior to submitting a bid.**
8. Bidders are advised that in the interests of waste reduction and maximizing the potential for recycling, they are asked to abide by the following in preparing their bids:
 - Return only the required bid submittal pages
 - Avoid comb, velo binding, and plastic binders
 - Avoid plastic dividers and/or plastic tabs
 - Print and/or copy double-sided to the extent feasible
 - Use at least 30% post-consumer recycled content paper to the extent practicable
9. Vendors must possess either a City Local Business Tax Receipt (f/k/a Business License) or an Occupational License from any other government entity located within the state of Florida in order to do business with the City of Lake Wales. **A copy of such license must be submitted with your bid submittal.**

ALL RESPONDERS SHALL INCLUDE IN THEIR SUBMITTALS:

1. Official Bid Sheet
2. Copy of business license or tax receipt
3. Vendor Registration Form, W-9 and Public Entity Crime Statement
4. Insurance Submittal Page, Signature Submittal Page
5. Non-Collusion Affidavit of Prime Bidder, Drug-free Workplace Form, Indemnification
6. City of Lake Wales Bid Proposal Sheet
7. A list of at least 5 references the City may contact in order to assist in the evaluation of past performance.
8. The firm name and contact person, address, telephone number, fax number and email address of the office from which the services are being provided.

Submittal shall include items from Bidders Checklist on page 8. For questions regarding this Invitation to Bid please contact: Cynthia Monk, Purchasing Agent.

NOT APPLICABLE

DBE CONTRACTOR/SUBCONTRACTOR IDENTIFICATION AFFIDAVIT

State of _____

County of _____

I hereby declare and affirm that I am the _____ (Title) and duly authorized representative of _____ (Name of Firm) whose address is _____

*I hereby declare and affirm that, as defined by Sec. 288.073, Florida Statutes, I am a: _____ Minority Business Enterprise (MBE) _____ Female Business Enterprise (WBE) and that I will provide information to document this fact upon request. This firm is interested in quoting/bidding on the following categories of work being procured for the:

This firm has DBE/MBE/WBE certification from the following agencies:

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT AND THAT I AM AUTHORIZED ON BEHALF OF THE FIRM TO MAKE THIS AFFIDAVIT.

Date Affiant

State of _____

County of _____

On this _____ day of _____, 20____, before me, _____, the above signed officer, personally appeared _____, known to me to be the person described in the foregoing affidavit and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In witness thereof I hereunto set my hand and Official Seal.

(SEAL)

My commission expires _____

*Collectively called DBEs

NAME OF BIDDER _____ *⊗

Bid Submittal-submit original and 2 copies)

BP-3/6

City of Lake Wales
Purchasing Department
201 W. Central Ave.
Lake Wales, FL. 33853



August 22, 2023

ADDENDUM NUMBER: 1

TITLE: Procurement of Sodium Hypochlorite

BID NUMBER: ITB 23-540

BID DUE DATE: September 11, 2021

TIME OF OPENING: 10:00 a.m.

THIS ADDENDUM IS FOR THE PURPOSE OF MAKING THE FOLLOWING
CHANGES & CLARIFICATION:

QUESTION 1:

Please provide the estimated annual quantity required for the Sodium Hypochlorite Bid ITB-23-540-0-2023/CM.

ANSWER 1:

Water: 31,000 gallons

Wastewater: 78,000 gallons

QUESTION 2:

*ITB 23-540 Procurement of Sodium Hypochlorite
Can we please get the estimated volume of the bid listed above?*

ANSWER 2: Annual totals are provided in question one.

QUESTION 3:

What is the estimated quantity per delivery?

ANSWER 3: Water: 2,500 Wastewater: 2,500-3,000 gallons

QUESTION 4:

What are the tank sizes at each location?

ANSWER 4:

Water: 1,000 and 500

Wastewater: (2) 2,000 gallon tanks

ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE BID FORM.

City of Lake Wales
Purchasing Department
201 W. Central Ave.
Lake Wales, FL. 33853



September 5, 2023

ADDENDUM NUMBER: 2

TITLE: Procurement of Sodium Hypochlorite

BID NUMBER: ITB 23-540

BID DUE DATE: September 11, 2021

TIME OF OPENING: 10:00 a.m.

THIS ADDENDUM IS FOR THE PURPOSE OF MAKING THE FOLLOWING
CHANGES & CLARIFICATION:

QUESTION 1:

*Could you please provide the previous bid tabs for this chemical or at least
the current supplier and price?*

ANSWER 1:

Current Supplier: Odyssey Manufacturing Co.

Price: \$1.08

ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE BID FORM.

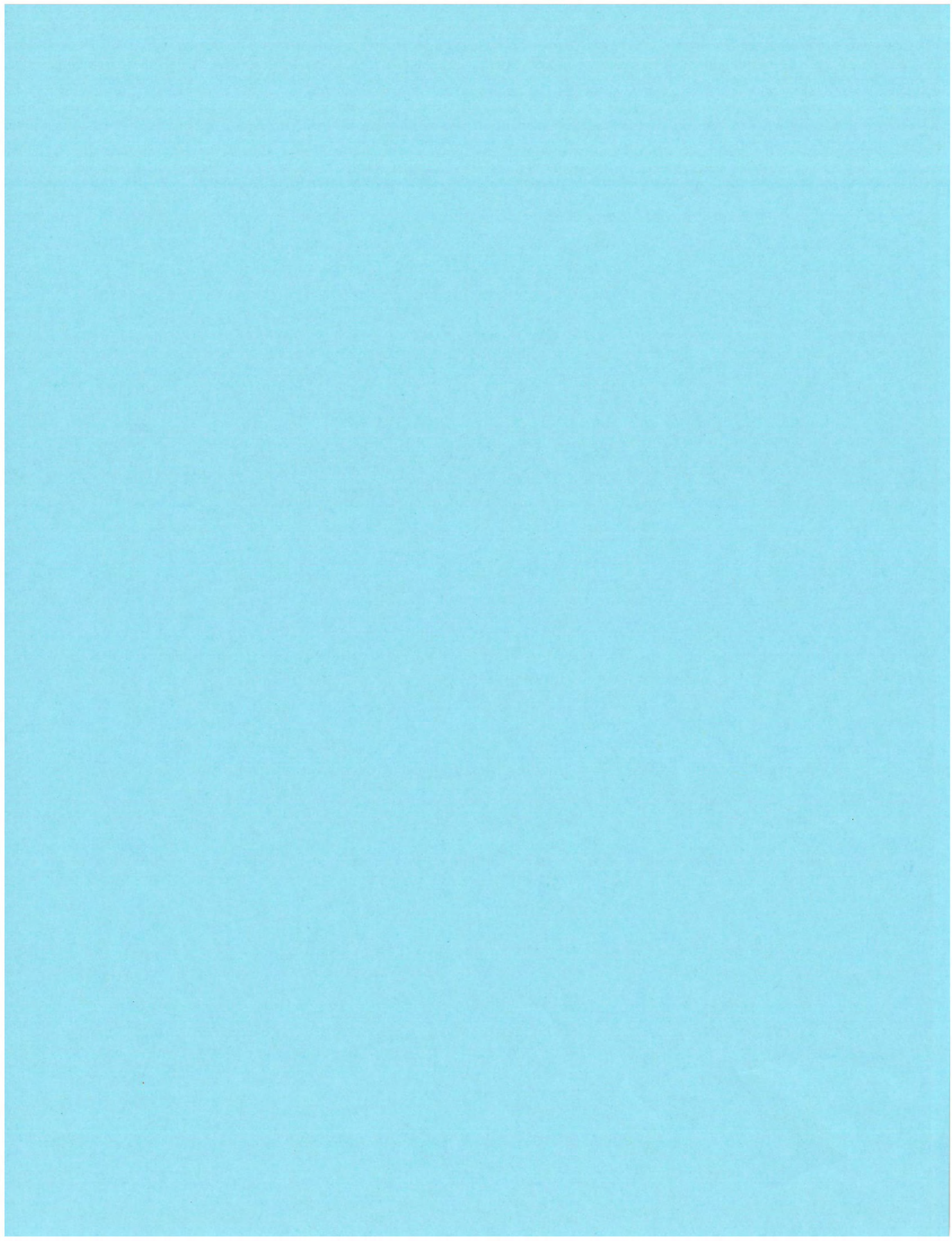


EXHIBIT C



ODYSSEY

MANUFACTURING CO.

August 29, 2023

Ms. Cynthia Monk
Purchasing Agent
City of Lake Wales
City Manager's Office
201 Central Avenue West
Lake Wales, Florida 33853

Re: **CITY OF LAKE WALES BID NO. 23-540**
PROCUREMENT OF SODIUM HYPOCHLORITE

- Encl:
- (1) Bid Proposal Form (Page 9)
 - (2) Bid Sheet Form (Page 10)
 - (3) Signature Acknowledgement Forms (Page 20)
 - (4) Non-Collusion Affidavit (Page 21)
 - (5) Drug Free Workplace Form (Page 22)
 - (6) Insurance Form (Page 23)
 - (7) Indemnification Form (Page 24 and 25)
 - (8) Public Entity Crimes Form (Page 26 and 27)
 - (9) Addendum Receipt (Page 29)
 - (10) Authority to Sign Bid Letter
 - (11) Professional Licenses
 - (12) Hillsborough County Occupational Licenses
 - (13) Product Specification
 - (14) NSF-60 Certification
 - (15) Product Affidavit
 - (16) Third-Party Laboratory Analysis of Sodium Hypochlorite
 - (17) List of References
 - (18) Safety Data Sheet
 - (19) W-9 Form
 - (20) OSHA 300 Logs

Dear Ms. Monk,

Odyssey Manufacturing Company is pleased to submit our proposal for the above referenced Invitation to Bid (ITB) for the supply of sodium hypochlorite to the City of Lake Wales. In accordance with your instructions, we have enclosed one original and one copy of the "Bid Forms" and all other requested documentation. Odyssey takes no exceptions to the Specification or any of the bid documents. Odyssey will be serving this contract out of our Tampa headquarters and manufacturing facility located at 1484 Massaro Blvd., Tampa, Florida 33619. Your Account Manager will be as follows:

Patrick H. Allman, General Manager
Office: (813) 635-0339
Facsimile: (813) 630-2589
Cell: (813) 335-3444
Emergency Cell Phone: (813) 340-9093
E-Mail: pallman@odysseymanufacturing.com or orders@odysseymanufacturing.com

MANUFACTURERS OF **ULTRA** Ag **CHLOR** (800) ODYSSEY
www.odysseymanufacturing.com

Odyssey Manufacturing is pleased to offer the City of Lake Wales a delivered price of \$1.70 per gallon for its Ultrachlor 12.5 Trade Percent sodium hypochlorite for the entire initial term of the contract for the "tanker" deliveries. Enclosures (1) through (20) are provided to assist in the City of Lake Wales's Bid Evaluation. Additionally, Odyssey makes the following claims or warrants:

- Enclosures (1) through (9) are required submittals as outlined in the Request for Bids.
- Enclosure (10) is an Authority to Sign Letter
- Enclosure (11) is a copy of Odyssey's professional licenses including its General Contractor and Plumbing contractor licenses
- Enclosure (12) is Odyssey's Hillsborough County Occupational Licenses.
- Enclosure (13) is the Product Specification for Odyssey Ultrachlor sodium hypochlorite.
- Enclosure (14) is the NSF-60 certification for Odyssey Ultrachlor sodium hypochlorite.
- Enclosure (15) is a product Affidavit of Compliance.
- Enclosure (16) is the Third-party laboratory results for Odyssey Ultrachlor sodium hypochlorite as manufactured by Odyssey Manufacturing at its Tampa facility.
- The City of Lake Wales and the Town of Lake Hamilton both currently use Odyssey Manufacturing Co. and can pull samples at any of its water treatment or wastewater treatment plants to ascertain the quality of its sodium hypochlorite.
- Enclosure (17) is a list of References is Attached to aid in the Proposal Evaluation. Almost all of these references have used not only Odyssey Manufacturing Co. but other suppliers and we would urge you to call them and compare the safety, reliability, quality and service of Odyssey to its competitors.
- Safety is extremely important and should be a major consideration in the Utility's "informed decision process". Odyssey Manufacturing has zero "Safety Incidents" in the past five years for any chemical that it sells (defined as all chemical accidents, incidents, releases, spills, and National Response Center Notifications ("safety incidents")).
- Emergency Preparedness Planning, Spill Response, Technical and Engineering Support and also emergency points of contact would be our Patrick H. Allman, General Manager (cellular 813-335-3444) who has a B.S. in Nuclear Engineering 1983 from the University of Virginia, Marvin Rakes, President (813-340-3675) who has a B.S. in Chemical Engineering 1985 from the University of North Carolina State or the on-duty Plant Supervisor (800-ODYSSEY). All technical and engineering assistance would be provided at no charge. As you know, Odyssey Manufacturing Co. has provided the City of Lake Wales numerous amounts of emergency and technical support along with technical assistance over the past twenty-two years much of it at no charge. This information can be attested to by the current group of managers and supervisors. For example, we designed, permitted and installed the sodium hypochlorite systems at each of the Lake Wales facilities including your latest facility the Park Water Treatment Plant (WTP) which was recently acquired. We have also done most of the service work including numerous emergency visits and technical responses.
- In addition to being the largest sodium hypochlorite supplier to the water and wastewater industry in Florida, Odyssey Manufacturing Co. is a licensed plumbing and general contractor who specializes in chemical system design, installation and repairs. Enclosure (11) is a copy of our plumbing and general contractor's licenses. We have installed over 3,000 chemical systems in Florida (including five for the City of Lake Wales) and have done service work for most of the utilities in Florida to whom we sell sodium hypochlorite (including the City of Lake Wales).
- Odyssey Manufacturing has no "Terminations" or "Debarments" as defined in your Solicitation in the past twenty-five years of its existence for any chemical that it sells.

- We will use no subcontractors or affiliates in the performance of any work under this proposal. This is in sharp contrast to other suppliers in the marketplace, all of whom use third party driving companies and who must subcontract out any service work since they are not licensed contractors.
- Enclosure (18) is a Safety Data Sheet (SDS).
- Enclosure (19) is a completed W-9 form.
- Enclosure (20) are OSHA 300 Logs for Odyssey Manufacturing Co.
- Odyssey Manufacturing Co. is a Drug Free Workplace and has an active program in-place to randomly test its employees.

Over the past twenty-five years since it was founded in 1998, Odyssey Manufacturing Co. has provided superior service to the water and wastewater industry including the City of Lake Wales including never missing a delivery, providing emergency support on numerous occasions and providing a significant amount of technical assistance. As you know, we are the only chemical manufacturer/distributor that is accessible and open for manufacturing and deliveries 24 hours per day and 7 days per week (including holidays) and can be reached @800-ODYSSEY or facsimile (813) 630-2589. Additionally, Odyssey Manufacturing also agrees to continue to provide unlimited technical assistance to the City of Lake Wales to assist it with its operations at no charge as part of the sodium hypochlorite supply. Such assistance includes, but is not limited to, operator training sessions, startup services, site inspections on behalf of the owner, drawing review, engineering and design. As a licensed contractor, Odyssey has performed over three thousand chemical system installations in the State of Florida and assisted with numerous others in addition to providing service work, spill response and temporary systems as required.

Odyssey sets the standard for reliability in the marketplace. We have never missed a delivery in over twenty-three years of service to the water and wastewater treatment industry. This should be the litmus test for reliability and should be factor in any Bid Evaluation particularly when considering a company with the same ownership and management in place for the past twenty-five years. In addition to never missing a delivery, we have consistently demonstrated the ability to respond to emergency requests for chemical deliveries or service work.

Please call our customers to compare Odyssey Ultrachlor with other suppliers! Because of its short shelf life, buying a superior quality sodium hypochlorite will result in significant savings. We have examined your specifications and can comply with all the requirements. Additionally, we hereby provide written assurance of compliance with OSHA, EPA, NSF, and AWWA regulations and consent to provide samples to the City of Lake Wales for testing if requested. We also agree to provide a safe handling training course and "refresher courses" for **all** of your chemicals for the duration of the contract. We take no exceptions to the bid documents. You may take a sample of our sodium hypochlorite at any time from any one of your facilities or off of a truck at time of delivery. Please call me if you have any questions at 1-800-ODYSSEY or cellular (813) 335-3444 or at e-mail pallman@odysseymanufacturing.com. Thank you for your consideration.

Sincerely,



Patrick H. Allman
General Manager

BID PROPOSAL (CONTINUED)

Submitted On: 9/8/23

To the City of Lake Wales (hereafter "City"):

The undersigned, as Bidder hereby declares that the only person or persons interested in the Proposal as principal or principals, is or are, named herein and that no other person that herein is mentioned has any interest in this Proposal or in the Contract to be entered into; that this Proposal is made without any connection with any other person, company or parties making a Bid or Proposal; and that it is, in all respects, fair and in good faith, without collusion or fraud.

The Bidder further declares that he has examined the site or work and informed himself fully in regard to all conditions pertaining to the place where work is to be done; that he has examined the Plans and Specifications for work and Contractual Documents relative thereto; and has read all special provisions furnished prior to the opening of Bids; that he has satisfied himself relative to the work to be performed.

The Bidder proposes and agrees, if this Proposal is accepted, to contract with the City in the form of Contract specified, to furnish all necessary materials, equipment, machinery, tools, apparatus, means of transportation and labor necessary to complete the work known particularly as:

Name of Project: **PROCUREMENT OF SODIUM HYPOCHLORITE 23-540**

In full and complete accordance with the shown, noted, described and reasonably intended requirements of the Plans and Specifications and Contract Documents to the full and entire satisfaction of the City with a definite understanding that no money will be allowed for extra work except as set forth in the attached General Conditions and Contract Documents, for the sum of (type or print amount, in words, in space below):

Respectfully submitted,

Odyssey Manufacturing Company
Name of Firm

1484 Massaro Blvd., Tampa, FL. 33619
Address (Post Office Box, Street, City, State and Zip Code)

Delaware
State of Incorporation

 Patrick Allman
Signature of Authorized Corporate Officer, Partner, or Proprietor

General Manager
Title

Name of Bidder: Odyssey Manufacturing Company

BID SHEET

PROCUREMENT OF SODIUM HYPOCHLORITE
BID NO. 23-540

THIS BID SHALL BE VALID FOR SIXTY (60) DAYS FROM DATE OF OPENING

Company Name: Odyssey Manufacturing Company

Company Address: 1484 Massaro Blvd.

City: Tampa State Fl. Zip 33619

Telephone: (813) 635-0339 Fax: (813) 630-2589

E-Mail Address: pallman@odysseymanufacturing.com

The following Bid is in strict accordance with the City of Lake Wales Invitation to Bid No. 23-540 dated September 11, 2023, and all attachments as referenced herein.

Bid will include providing and installing all materials, labor, supervision and equipment needed to complete the project.

\$ 1.70 /gallon

Signature



Patrick Allman


SIGNATURE ACKNOWLEDGEMENT
(SUBMITTAL PAGE)

To The City of Lake Wales, a Florida municipal corporation:

Date: 9/8/23

I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same construction, service or material and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this proposal and certify that I have read and understand the proposal documents. I have completed and submitted all proposal submittal forms, and I am authorized to sign this proposal for the proposer. In submitting a proposal to the City, the proposer offers and agrees that if the proposal is accepted, the proposer will convey, sell, assign or transfer to the City all rights, titles and interests in and to all causes of action it may now or hereafter acquire under the Anti-Trust Laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by the City. At the City's discretion, such assignment shall be made and become effective at the time the City tenders final payment to the proposer.

Odyssey Manufacturing Company
VENDOR NAME


AUTHORIZED SIGNATURE (MANUAL)

1484 Massaro Blvd.
MAILING ADDRESS

Patrick Allman
NAME (TYPED OR PRINTED)

Apollo Beach, Fl. 33619
CITY, STATE AND ZIP CODE

General Manager
TITLE (TYPED OR PRINTED)

813/635-0339
(AREA CODE) TELEPHONE NUMBER

800-639-7739
TOLL FREE NUMBER

813/630-2589
(AREA CODE) FAX NUMBER

palman@odysseymanufacturing.com
E-MAIL ADDRESS

Any other Government Agency may use this proposal. YES [] NO [] N/A

A City check will be accepted as method of payment. YES [] NO

NOTE: If Proposer checks "yes" above, Proposer agrees that the City will use a City check for the payment of any and all invoices submitted as a result of the performance of this proposal.

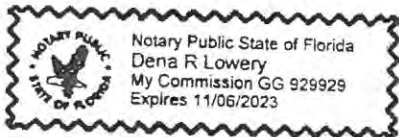
**NON-COLLUSION AFFIDAVIT OF PRIME PROPOSER
(SUBMITTAL PAGE)**

State of Florida

County of Hillsborough

Patrick Allman, Being first
Duly sworn, deposes and says that:

1. he/she is General Mgr. of Odyssey Manufacturing Co., the Proposer that has submitted the attached Proposal;
2. he/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
3. Such Proposal is genuine and is not a collusive or sham Proposal;
4. Neither the said Proposers nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiliate has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion of communication or conference with any other Proposer, firm or person to fix the price or prices in the attached proposal of any other Proposer, or to fix any overhead, profit or cost element of the Proposal Price or the Proposal Price of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Proposals are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees or parties in interest, including this affiliate.



Signed: [Signature]

Title: General Manager

Subscribed and sworn to before me this 1st day of Sept., 20 23

[Signature]
(Title)

My Commission Expires: 11/06/23


DRUG-FREE WORKPLACE FORM
(SUBMITTAL PAGE)

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies

That Odyssey Manufacturing Co. does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employee for violations of such prohibition
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation programs, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the Terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of United States any state, for a violation occurring in the workplace no later than five (5) days after such Conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or Rehabilitation program, if such is available in the employee's community, by any employee Who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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


Proposer's Signature

9/6/23

Date

INSURANCE
(SUBMITTAL PAGE)

By signing below the Proposer is stating that they fully understand the insurance requirements for the project and if awarded the proposal will provide all insurance coverage as required in Bid #23-540.

The requirements are as follows:

- Proposer is insured with a company licensed to do business in the State of Florida
- The insurance company is rated A VIII or better by A.M. Best Rating Company (Workers Compensation, General and Automobile policies)
- The City will be named as an additional insured for general and automobile liability
- The certificate will contain a 30-day written notice of cancellation and a 10-day written notice of non-payment
- The General Liability and Worker's Compensation policies will contain waiver of subrogation in favor of The City

Odyssey Manufacturing Company
Company Name



Proposer (signature)

INDEMNIFICATION

To the fullest extent permitted by laws and regulations, and in consideration of the amount stated on any Purchase Order, the Contractor shall defend, indemnify, and hold harmless the City, its officers, directors, agents, guests, invitees, and employees from and against all liabilities, damages, losses, and costs, direct, indirect, or consequential (including but not limited to reasonable fees and charges of engineers, architects, attorneys, and other professionals and court and arbitration costs) arising out of or resulting from any acts of negligence, recklessness or intentional wrongful misconduct in the performance of the work by the Contractor, any Subcontractor, or any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable.

In any and all claims against the City, or any of its officers, directors, agents, or employees by any employee of the Contractor, any Subcontractor, any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable, this indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the Contractor or any Subcontractor or other person or organization under workers' or workmen's compensation acts, disability benefit acts, or other employee benefit acts, nor shall this indemnification obligation be limited in any way by any limitation on the amount or type of insurance coverage provided by the City, the Contractor, or any of his Subcontractors. To the extent this Indemnification conflicts with any provision of Florida Law or Statute, this indemnification shall be deemed to be amended in such manner as to be consistent with such Law or Statute.

Subrogation: The Contractor and his Subcontractors agree by entering into this contract to a Waiver of Subrogation for each required policy herein. When required by the insurer, or should a policy condition not permit Contractor or Subcontractor to enter into a pre-loss agreement to waive subrogation without an endorsement, then Contractor or Subcontractor agrees to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which includes a condition specifically prohibiting such an endorsement, or voids coverage should Contractor or Subcontractor enter into such an agreement on a pre-loss basis.

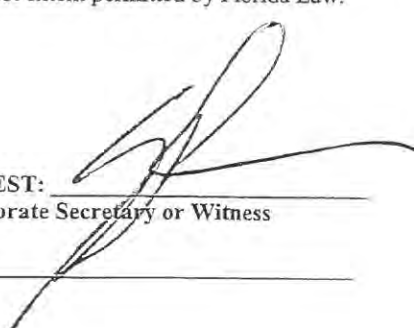
Release of Liability: Acceptance of the Contractor of the last payment shall be a release to the City and every officer and agent thereof, from all claims and liability hereunder for anything done or furnished for, or relating to the work, or for any act or neglect of the City or of any person relating to or affecting the work.

Savings Clause: The parties agree that to the extent the written terms of this Indemnification conflict with any provisions of Florida laws or statutes, in particular Sections 725.06 and 725.08 of the Florida Statutes, the written terms of this indemnification shall be deemed by any court of competent jurisdiction to be modified in such a manner as to be in full and complete compliance with all such laws or statutes and to contain such limiting conditions, or limitations of liability, or to not contain any unenforceable, or prohibited term or terms, such that this Indemnification shall be enforceable in accordance with and to the greatest extent permitted by Florida Law.

BY: 
Signature of Owner or Officer

DATE: 9/6/23

STATE OF: Florida

ATTEST: 
Corporate Secretary or Witness

COUNTY OF: Hillsborough

Organization Phone Number

The foregoing instrument was acknowledged before me this 6th day of Sept. 2023 by
PATRICK ALLMAN, of Odyssey Manufacturing Co.
Printed Name Company Name

He is personally known to me or has produced _____ as
State Drivers License Number

Identification, and did /did not _____ take an oath.

Dena R Lowery
Signature of Person Taking Acknowledgment

Dena R Lowery
Printed Name of Person Taking Acknowledgment



Notary Seal

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a), FLORIDA STATUTES,
ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of Lake Wales
[print name of the public entity]

by Patrick Allman, General Manager
[print individual's name and title]

for Odyssey Manufacturing Company
[print name of entity submitting sworn statement]

whose business address is 1484 Massaro Blvd., Tampa, FL. 33619

and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0846345

(if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision or any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime; or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" included those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate.

The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

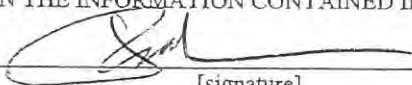
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [indicate which statement applies]

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

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

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

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


[signature]

STATE OF FLORIDA
COUNTY OF POLK

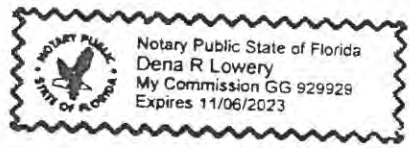
The foregoing instrument was acknowledged before me this Sept 6, 2023

by Patrick Allman who is personally known to me and who did did not

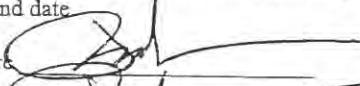

take an oath.


Notary Public, Commission No.:
My Commission Expires: 11/6/23

Dena R Lowery
(printed name)



ADDENDUM RECEIPT: Bidder shall acknowledge below the receipt of any and all Addenda, if any, to the Plans and Specifications, listing the Addenda by number and date

Addendum No. <u>1</u>	Date <u>8/22/23</u>	Signature 
Addendum No. <u>2</u>	Date <u>9/5/23</u>	Signature 
Addendum No. _____	Date _____	Signature _____
Addendum No. _____	Date _____	Signature _____

Bidders shall include a copy of the Qualifying Individual Contractor's License for this bid:

The Qualifying Individual's License shall be registered to do Construction for the firm submitting the bid.

CGC1516698 Odyssey Manufacturing Company
State Certification Number Registered for Doing Construction for Name of Firm

Michael Cogdill Odyssey Manufacturing Company
Individual's Name Registered for Doing Construction for Name of Firm

171306
Polk County Registration Number

Odyssey Manufacturing Co.
Individual's Name

NOTE: Failure to submit copy of the Qualifying Individual Contractor's License doing construction for the firm submitting this bid may result in rejection of this bid.



November 14, 2022

Re: **CORPORATE RESOLUTION FOR AUTHORITY TO SIGN BIDS, BID FORMS, CONTRACTS, BONDS & 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; to sign bonds of any type; 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 November 14, 2022, 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 14th day of November, 2022.

Stephen Sidelko, Secretary

CORPORATE SEAL

Marvin T. Rakes, President



Ron DeSantis, Governor

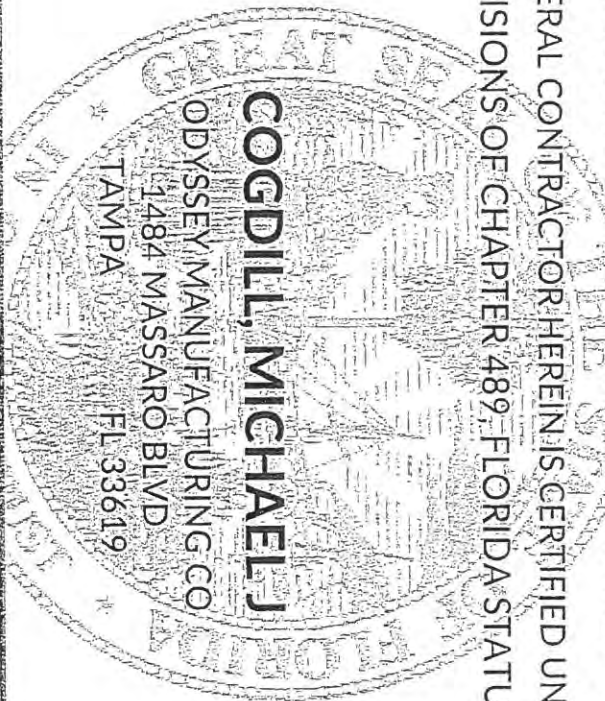
Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



LICENSE NUMBER: CGC1516698

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





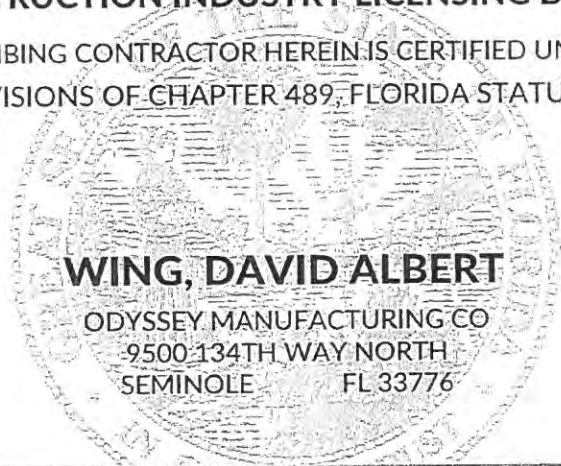
Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD
THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



WING, DAVID ALBERT

ODYSSEY MANUFACTURING CO
9500 134TH WAY NORTH
SEMINOLE FL 33776

LICENSE NUMBER: CFC057182

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

2022 - 2023 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT
OCC. CODE
190.000038 CLEANING PRODUCTS MANUFACTURER

EXPIRES SEPTEMBER 30, 2023

ACCOUNT NO.
215900
RENEWAL

40 Employees Receipt Fee 120.00
Hazardous Waste Surcharge 40.00
Law Library Fee 0.00

BUSINESS ODYSSEY MANUFACTURING CO
1484 MASSARO BLVD
TAMPA, FL 33619

2022 - 2023

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

Paid 21-0-494501
07/10/2022 160.00

BUSINESS TAX RECEIPT

NANCY C MILLAN, TAX COLLECTOR

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

813-635-5200

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

2022 - 2023 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT
OCC. CODE
090.000004 CONTRACTOR

EXPIRES SEPTEMBER 30, 2023

ACCOUNT NO.
66971
RENEWAL

1 Employees Receipt Fee 18.00
Hazardous Waste Surcharge 40.00
Law Library Fee 0.00
CGC1516698

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

2022 - 2023

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

Paid 21-0-494501
07/10/2022 58.00

BUSINESS TAX RECEIPT

NANCY C MILLAN, TAX COLLECTOR

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

813-635-5200

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

2022 - 2023 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT
OCC. CODE
090.020001 PLUMBING CONTRACTOR

EXPIRES SEPTEMBER 30, 2023

ACCOUNT NO.
66972
RENEWAL

1 Employees Receipt Fee 18.00
Hazardous Waste Surcharge 40.00
Law Library Fee 0.00
CFC057182

BUSINESS WING DAVID ALBERT
ODYSSEY MANUFACTURING CO
1484 MASSARO BLVD
TAMPA, FL 33619

2022 - 2023

NAME WING DAVID ALBERT
ODYSSEY MANUFACTURING CO
MAILING 1484 MASSARO BLVD
ADDRESS TAMPA, FL 33619

Paid 21-0-494501
07/10/2022 58.00

BUSINESS TAX RECEIPT

NANCY C MILLAN, TAX COLLECTOR

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

813-635-5200

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.



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.



OFFICIAL LISTING

NSF certifies that the products appearing on this Listing conform to the requirements of NSF/ANSI/CAN 60 - Drinking Water Treatment Chemicals - Health Effects

This is the Official Listing recorded on May 6, 2022.

Odyssey Manufacturing Company
1484 Massaro Boulevard
Tampa, FL 33619
813-635-0339

Facility: Tampa, FL (T1)

Chemical/ Trade Designation	Function	Max Use
Sodium Hypochlorite [HY]		
Sodium Hypochlorite 12.5 Trade Percent	Disinfection & Oxidation	94 mg/L
Sodium Hypochlorite 12.5 Weight Percent	Disinfection & Oxidation	84 mg/L
Ultrachlor	Disinfection & Oxidation	94 mg/L

[HY] The residual levels of chlorine (hypochlorite ion and hypochlorous acid), chlorine dioxide, chlorate ion, chloramine and disinfection by-products shall be monitored in the finished drinking water to ensure compliance to all applicable regulations. Also, reference the AWWA E300 (Hypochlorites) standard's Recommendations for the Handling and Storage of Hypochlorite Solutions appendix for information on preservation techniques for hypochlorite bleach in transit and storage.

Facility: Tampa, FL (T2)

Chemical/ Trade Designation	Function	Max Use
Hydrochloric Acid		
Hydrochloric Acid - 18 Baume	Corrosion & Scale Control	40 mg/L
Hydrochloric Acid - 20 Baume	Corrosion & Scale Control	40 mg/L
Hydrochloric Acid - 22 Baume	Corrosion & Scale Control	40 mg/L
Sodium Bisulfite [1]		
38% - 40% Sodium Bisulfite Solution	Dechlorination	50 mg/L
Sodium Chloride [2]		
Sodium Chloride	Electrolytic Chlorination Softener	NA
Sodium Hydroxide		
25% Sodium Hydroxide	Corrosion & Scale Control pH Adjustment	200 mg/L
50% Sodium Hydroxide	Corrosion & Scale Control pH Adjustment	100 mg/L
Sodium Hypochlorite [HY]		
Ultrachlor 12.5 Trade Percent Sodium Hypochlorite	Disinfection & Oxidation	70 mg/L

Note: Additions shall not be made to this document without prior evaluation and acceptance by NSF.

1 of 2



- [1] This product contains sulfite. Sulfites have been known to cause potentially lethal allergic reactions in sulfite-sensitive individuals. The maximum recommended allowable residual sulfite level in the finished drinking water is 100 ppb (0.1 mg/L).
- [2] For electrolytic sodium hypochlorite generator use of this product, the maximum disinfectant feed concentration shall not exceed 10 mg Cl₂/L. This requirement limits bromate production in the effluent sodium hypochlorite and is based on the bromide concentration in the salt.
- [HY] The residual levels of chlorine (hypochlorite ion and hypochlorous acid), chlorine dioxide, chlorate ion, chloramine and disinfection by-products shall be monitored in the finished drinking water to ensure compliance to all applicable regulations. Also, reference the AWWA E300 (Hypochlorites) standard's Recommendations for the Handling and Storage of Hypochlorite Solutions appendix for information on preservation techniques for hypochlorite bleach in transit and storage.

Facility: Lantana, FL

Chemical/ Trade Designation	Function	Max Use
Sodium Hydroxide		
25% Sodium Hydroxide	Corrosion & Scale Control pH Adjustment	200 mg/L
50% Sodium Hydroxide	Corrosion & Scale Control pH Adjustment	100 mg/L
Sodium Hypochlorite [HY]		
Ultrachlor 12.5 Trade Percent Sodium Hypochlorite	Disinfection & Oxidation	70 mg/L

- [HY] The residual levels of chlorine (hypochlorite ion and hypochlorous acid), chlorine dioxide, chlorate ion, chloramine and disinfection by-products shall be monitored in the finished drinking water to ensure compliance to all applicable regulations. Also, reference the AWWA E300 (Hypochlorites) standard's Recommendations for the Handling and Storage of Hypochlorite Solutions appendix for information on preservation techniques for hypochlorite bleach in transit and storage.

Note: Additions shall not be made to this document without prior evaluation and acceptance by NSF.

2 of 2



ODYSSEY
MANUFACTURING CO.

AFFIDAVIT OF COMPLIANCE FOR

CITY OF LAKE WALES

BID NO. 23-540

This is to certify that as required, all sodium hypochlorite to be furnished under this Bid/Proposal will comply with AWWA Standard B300-18 (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

Date: 7 June 2021

Call for results over the phone
513-523-3605

Odyssey Bleach Analysis Results Received 27 May 2021

Parameter		
Wt% NaOCl	11.24	
GPL Available Chlorine	124	
Trade %	12.4	
Wt% NaOH	0.381	
Calculated pH	13.0	
Wt% Na ₂ CO ₃	0.160	
Density, g/mL	1.1598	
Bromate ion, mg/L	<5	DL = 5 mg/L
Chlorate ion, mg/L	468	DL = 100 mg/L
Perchlorate ion, mg/L	<5	
Iron, mg/L	0.07	DL = 0.02 mg/L
Copper, mg/L	0.02	DL = 0.02 mg/L
Nickel, mg/L	<0.02	DL = 0.02 mg/L
Chloride ion, g/L	75	
Sodium, g/L (estimate)	53	
Wt% Suspended Solids	0.003	
Total Dissolved Solids, g/mL	0.80	
Filter Test (1,000 mL)	1 min 03 sec (Millipore 0.8 uM, type AWWP)	

B.P. Bubnis

B.P. Bubnis

7 June 2021

Powell Solutions
 740 East Monroe Rd.
 St. Louis, MI 48880

Phone: (989) 681-2158
 Toll Free: (888)-800-2310

Customer:	Odyssey/ Pat Allman	Test Verification By:	A. Bach
Date Sample Received:	11/11/2022	Verification Date:	12/29/2022
Customer ID:		(Purchase Order, RMA#, Etc)	
Powell ID:	3231	(Sales Order, RMA#, Etc)	

Powell Titration procedure/ AWWA-ANSI B300 Sec. 5 based

Parameter	Mol. Form.	11/11/2022		11/11/2022	
		Bleach Sample 1		Bleach Sample 2	
		Wt%	GPL	Wt%	GPL
Wt% NaOCl:	NaOCl	11.21 %wt	130.0 gpl	11.08 %wt	128.5 gpl
Wt% NaCl:	NaCl	8.87 %wt	102.8 gpl	8.76 %wt	101.6 gpl
Wt% NaOH:	NaOH	0.20 %wt	2.3 gpl	0.21 %wt	2.5 gpl
Wt% Na2CO3:	Na2CO3	0.15 %wt	1.7 gpl	0.14 %wt	1.6 gpl
Density:		1.1598	1,159.8 gpl	1.1600	1,160.0 gpl
pH:		12.44		12.42	
GPL Available Cl2:			123.8 gpl		122.4 gpl
Trade %:		12.4 %		12.2 %	

Notes: Approximate Solids: 0.010 mass%

Approximate 1,000 mL Filter time: 75 seconds

		ND: Not Detectable				Detection Limit (DL) mg/L
Date Test:		11/23*, 12/20- 12/22 (2022)		11/23*, 12/20- 12/22 (2022)		
EPA 300.1 Ions	Mol. Form	wt%	mg/L	wt%	mg/L	
Fluoride	F ⁻	0.011	132.62	0.002	26.00	0.02
Chlorite	ClO ₂ ⁻	ND	ND	ND	ND	0.02
Bromate	BrO ₃ ⁻	0.001	15.00	ND	ND	0.02
Chloride	Cl ⁻	5.378	62,375.09	5.315	70,244.24	0.02
Nitrite	NO ₂ ⁻	ND	ND	ND	ND	0.02
Bromide	Br ⁻	0.005	61.04	0.006	74.09	0.02
Chlorate*	ClO ₃ ⁻	0.048	553.00	0.047	544.00	0.02
Nitrate	NO ₃ ⁻	ND	ND	ND	ND	0.02
Phosphate	PO ₄ ³⁻	ND	ND	ND	ND	0.02
Sulfate	SO ₄ ²⁻	0.007	84.33	0.071	826.00	0.02

Notes: Chlorate testing conducted 11/23/2022, other tests were conducted when all other anion standards available.

		ND: Not Detectable				Reporting Limit (RL) mg/L
Date Test:		12/19/2022		12/19/2022		
EPA 200.7 Metals	Mol. Form	wt%	mg/L	wt%	mg/L	
Antimony	Sb	ND	ND	ND	ND	0.75
Arsenic	As	ND	ND	ND	ND	0.75
Barium	Ba	0.00003	0.34	ND	ND	0.15
Beryllium	Be	ND	ND	ND	ND	0.15
Cadmium	Cd	ND	ND	ND	ND	0.15
Calcium	Ca	0.00002	0.27	0.00006	0.69	0.15
Chromium	Cr	ND	ND	ND	ND	0.15
Copper	Cu	ND	ND	ND	ND	0.15
Iron	Fe	ND	ND	ND	ND	0.15
Lead	Pb	ND	ND	ND	ND	0.15
Magnesium	Mg	ND	ND	ND	ND	0.15
Manganese	Mn	ND	ND	ND	ND	0.15
Nickel	Ni	ND	ND	ND	ND	0.15
Strontium	Sr	ND	ND	ND	ND	0.15
Silicon	Si	ND	ND	ND	ND	1.50
Zinc	Zn	ND	ND	ND	ND	0.15



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

EVALUATION REPORT

Send To: 25070

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

Facility: 25071

Odyssey Manufacturing Company
1484 Massaro Boulevard
Tampa FL 33619
United States

Result	PASS	Report Date	03-APR-2023
Customer Name	Odyssey Manufacturing Company		
Tested To	NSF/ANSI/CAN 60		
Description	Sodium Hypochlorite Liquid		
Trade Designation	Sodium Hypochlorite		
Test Type	Annual Collection		
Job Number	A-00444175		
Project Number	W0805362		
Project Manager	Lena Hope		

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

Thank you for having your product tested by NSF.

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

Report Authorization 
Scott E. Randall - Senior Manager Commercial Water

Date 03-APR-2023



General Information

Standard: NSF/ANSI/CAN 60
 Chemical Name: Sodium Hypochlorite 11.1-12.5% w/w
 Maximum Use Level: 94 mg/L
 Monitor Code: A
 Physical Description of Sample: Liquid
 Tested DCC Number: DA02366
 Trade Designation/Model Number: Sodium Hypochlorite

Sample Id: **S-0001992317**
 Description: Sodium Hypochlorite | Liquid
 Sampled Date: 13-Mar-2023
 Received Date: 07-Mar-2023

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0949	Date exposure completed	13-MAR-2023
Preparation method used	B	Final volume of solution	0.5 L
MUL	94 mg/L	Mass of material used	495 mg
Compound Reference Key:	SPAC		

Normalization Calculation:

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

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

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab							
Metals II in water by ICPMS (Ref: EPA 200.8)							
Arsenic	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	1	Pass
Barium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	200	Pass
Beryllium	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	0.4	Pass
Cadmium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.5	Pass
Chromium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)		
Copper	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	130	Pass
Mercury	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pass
Lead	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	0.5	Pass
Antimony	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	0.6	Pass
Selenium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.09)	5	Pass
Thallium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pass
Volatile Organic Compounds (Ref: EPA 524.2)							
Dichlorodifluoromethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.3	Pass
Chloromethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	3	Pass
Vinyl Chloride	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.2	Pass
Bromomethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	1	Pass
Chloroethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	40	Pass



Sample Id: S-0001992317

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
Trichlorofluoromethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	50	Pass
Trichlorotrifluoroethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.3	Pass
Methylene Chloride	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.5	Pass
1,1-Dichloroethylene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.7	Pass
trans-1,2-Dichloroethylene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	10	Pass
1,1-Dichloroethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.3	Pass
2,2-Dichloropropane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
cis-1,2-Dichloroethylene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	7	Pass
Chloroform	ug/L	ND(2)	0.9	ND(2)	ND(0.2)	[TTHM]	
Bromochloromethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	9	Pass
1,1,1-Trichloroethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	20	Pass
1,1-Dichloropropene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
Carbon Tetrachloride	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.5	Pass
1,2-Dichloroethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.5	Pass
Trichloroethylene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.5	Pass
1,2-Dichloropropane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.5	Pass
Bromodichloromethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	[TTHM]	
Dibromomethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
cis-1,3-Dichloropropene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.2	Pass
trans-1,3-Dichloropropene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.2	Pass
1,1,2-Trichloroethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
1,3-Dichloropropane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	10	Pass
Tetrachloroethylene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.5	Pass
Chlorodibromomethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	[TTHM]	
Chlorobenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	10	Pass
1,1,1,2-Tetrachloroethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	1	Pass
Bromoform	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	[TTHM]	
1,1,2,2-Tetrachloroethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.2	Pass
1,2,3-Trichloropropane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	4	Pass
1,3-Dichlorobenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	60	Pass
1,4-Dichlorobenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	7.5	Pass
1,2-Dichlorobenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	60	Pass
Carbon Disulfide	ug/L	ND(4)	ND(1)	ND(4)	ND(0.4)	70	Pass
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	8000	Pass
tert-Butyl ethyl ether	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
Methyl Ethyl Ketone	ug/L	ND(20)	ND(5)	ND(20)	ND(1.9)	400	Pass
Methyl Isobutyl Ketone	ug/L	ND(20)	ND(5)	ND(20)	ND(1.9)	700	Pass
Toluene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	6	Pass



Sample Id: S-0001992317

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
Ethyl Benzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	14	Pass
m+p-Xylenes	ug/L	ND(4)	ND(1)	ND(4)	ND(0.4)	[Xylenes]	
o-Xylene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	[Xylenes]	
Styrene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	10	Pass
Isopropylbenzene (Cumene)	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	70	Pass
n-Propylbenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
Bromobenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
2-Chlorotoluene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
4-Chlorotoluene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
1,3,5-Trimethylbenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
tert-Butylbenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
1,2,4-Trimethylbenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
sec-Butylbenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
p-Isopropyltoluene (Cymene)	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
1,2,3-Trimethylbenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
n-Butylbenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)		
1,2,4-Trichlorobenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	7	Pass
Hexachlorobutadiene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.4	Pass
1,2,3-Trichlorobenzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.3	Pass
Naphthalene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	10	Pass
Benzene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.5	Pass
Total Trihalomethanes	ug/L	ND(0.5)	0.9	ND(0.5)	ND(0.05)	8	Pass
Total Xylenes	ug/L	ND(0.5)	ND(0.5)	ND(0.5)	ND(0.05)	9	Pass
1 - If the acceptance criteria is blank and the evaluation status is "Fail", then the criteria used will be noted on the letter accompanying these results.							
[TTHM] - Acceptance based on Total Trihalomethanes							
[Xylenes] - Acceptance based on Total Xylenes							

Sample Id: S-0001992319

Description: Sodium Hypochlorite | Liquid

Sampled Date: 06-Mar-2023

Received Date: 07-Mar-2023

Quenched Date: 6-MAR-2023 11:00

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0000890	Date exposure completed	07-MAR-2023
MUL	94 mg/L		
Density Value Applied	1.17 g/mL		
Compound Reference Key:	SPAC		



Sample Id: S-0001992319

Normalization Calculation:

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

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

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

Testing Parameter	Units	Sample	Result	Norm. Units	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab							
Oxyhalides in Bleach by LCMS							
Perchlorate	mg/L	ND(1)	ND(1)	ug/L	ND(0.09)	5	Pass
Chlorate	mg/L	880	880	ug/L	78	300	Pass
Bromate	mg/L	ND(1)	ND(1)	ug/L	ND(0.09)	3.3	Pass
1 - If the acceptance criteria is blank and the evaluation status is "Fail", then the criteria used will be noted on the letter accompanying these results.							

↑

Not Detectable



Common Terms and Acronyms Used:

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

References to Testing Procedures:

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

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

Unless otherwise indicated, method uncertainties are not applied in any determinations of conformity. Testing utilizes the requested sections of any referenced standards, which may not be the entire standard.

Dates of Laboratory Activity: 07-MAR-2023 to 30-MAR-2023

Testing Laboratories:

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



About the Standard:

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

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

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



Odyssey Manufacturing Co. Sodium Hypochlorite Reference List

- David Rodriguez, Bonita Springs Utilities, RO Chief Operator, 239-390-4823
- Jeff Poteet, City of Marco Island, Utilities Director, 239-389-5189
- Gary Loggins, Citrus County, WTP Superintendent, 352-527-7650
- Gary Baker, City of Lake Worth, WTP Manager, 561-586-1713
- Fred Hemerick, City of Clearwater, WTP Manager, 727-462-6326
- Jack Sadowski, City of Clearwater, East WWTP Superintendent, 727-462-6667(*)
- Bob Woods, City of Cape Coral, South RO Plant, Chief Operator, 239-242-3410
- David Hawkins, Sarasota County, Bee Ridge WRF Supt., 941-316-1288
- Isiah Moss, Operations Supervisor, Tampa Bay Water, 813-731-5582
- Craven Askew, City of St. Petersburg, NE WWTP Supt., 727-893-7779
- Sean McFarland, City of Cocoa, WT Plant Manager, 321-794-6425
- Phil Hyer, City of Pompano Beach, WTP Superintendent, 954-545-7030
- Barry Stewart, St. Johns County, WTP Superintendent, 904-209-2645
- Gary Framo, Orange County, Western Region WTP Manager, 407-884-5131
- Paul Brown, Orange County, South Region WTP Superintendent, 407-254-9355
- Al Purvis, City of Leesburg, WTP Superintendent, 352-728-9843
- Chris West, Manatee County, NW WWTP Superintendent, 941-795-3424
- Tom Birk, Manatee County, SW WWTP Superintendent, 941-792-8788
- Paul Kavanagh, Hillsborough County, Lake Park WTP Manager, 813-264-3836
- Norrise Shellman, Hillsborough County, Central WTP Manager, 813-626-0342
- Verne Hall, City of Sarasota, Operations Manager, 941-365-2200, Ext. 6230
- Peter Perez, City of Sarasota, WTP Superintendent, 941-955-2325
- Paul Noeske, City of Tampa, WTP Manager, 813-344-9224(*)
- David Winkler, City of Largo, WWTP Superintendent, 727-424-7432(*)

(*) Sodium Bisulfite Customer as well as Sodium Hypochlorite Customer



ODYSSEY
MANUFACTURING CO.

SAFETY DATA SHEET

REVISED 4/21/23

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.
- [Storage] P405 – Store locked up.
- [Disposal] P501 – Dispose of container in accordance with local/regional/national/international regulations.

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



- 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 – 16.0	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
83.6 - 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 listing and transporting all containers.

Advice on protection against fire and explosion

Material is non-flammable and non-combustible.

7.2 Conditions for safe storage, including any incompatibilities

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

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

7.3 Specific end uses

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

SECTION VIII - EXPOSURE CONTROLS AND PERSONNEL PROTECTION

8.1 Control parameters

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

TDL₀ - 1gm/ kg oral (woman)

TDL₀ - 45mg/kg intravenous (man)

LD₅₀ - 5,800 mg/kg (mouse)

LD₅₀ - 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/m³ causes burning of the nose and throat. 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:

Acute and prolonged toxicity to fish: LC₅₀ – Pimephales promelas (Fathead minnow) 96 h: 0.22 – 0.62 mg/L

LC₅₀ – Oncorhynchus clarki (Cutthroat trout) 96 h: 0.94 µg/L (mortality)

Acute toxicity to aquatic invertebrates: EC₅₀ – Daphnia magna (Water flea), 96 h: 2.1 mg/L

LC₅₀ – Protozoan phylum (Protozoa), 7 h: 31.6 µg/L

Acute toxicity to aquatic plants: LC₅₀ – Algae, phytoplankton, algal mat (Algae), 96 h: 90 µg/L (mortality)

EC₅₀ – Desmodesmus subspicatus (Green algae), 24 h: 28 mg/L

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

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

12.2 Persistence and degradability

Biodegradability

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

12.3 Bioaccumulation potential

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

Bioaccumulation is not expected

12.4 Mobility in soil

Product is mobile in water.

12.5 Results of PBT and vPvB assessment

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

12.6 Other adverse effects

Additional ecological information

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

SECTION XIII - DISPOSAL CONSIDERATIONS

13.1 Waste treatment methods

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

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

SECTION XIV - TRANSPORT INFORMATION

US DOT (Domestic Ground Transportation)

Proper Shipping Name: Hypochlorite Solutions
Hazard Class: 8 (As classified by 49 CFR 173 due to destruction over time of steel and aluminum)
Packing Group: III
NAERG: Guide #154
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 depleters.

This product does not contain any Class 2 Ozone depleters.

Clean Water Act (CWA)

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

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

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

U.S. State Regulations

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

Other U.S. State Inventories:

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

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

Canada

WHMIS Hazard Symbol and Classification:



Class E – Skin Irritant

Canadian Controlled Products Regulations (CPR): This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations, and the SDS 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*
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United States	Toxic Substance Control Act (TSCA)	Yes
Canada	Domestic Substance List (DSL)	Yes
Canada	Non-Domestic Substance List (NDSL)	Yes
Europe	Inventory of New and Existing Chemicals (EINECS)	Yes
Australia	Australian Inventory of Chemical Substances (AICS)	Yes
New Zealand	New Zealand Inventory of Chemicals (NZIoC)	Yes
China	Inventory of Existing Chemical Substances in China (IECSC)	Yes
Japan	Inventory of Existing and New Chemical Substances (ENCS)	Yes
Korea	Existing Chemicals List (ECL)	Yes
Philippines	Philippines Inventory of Chemicals and Chemical Substances (PICCS)	Yes

** "Yes" indicates that all components of this product are in compliance with the inventory requirements administered by the governing country.
 ** "No" indicates that one or more components of this product are not on the inventory and are not exempt from listing.

SECTION XVI - OTHER INFORMATION

Hazardous Material Information System (HMIS)

HEALTH	2
FLAMMABILITY	0
REACTIVITY	1
PERSONAL PROTECTION	H

HMIS / NFPA Hazard Rating Legend

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



Splash Goggles



Gloves

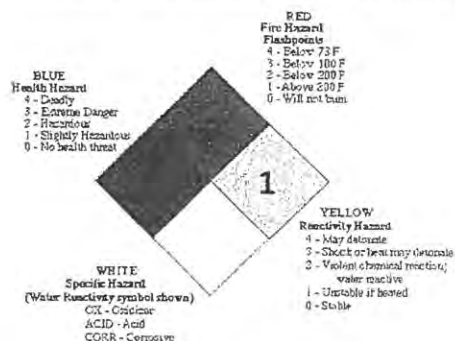


Protective Apron



Vapor Respirator

National Fire Protection Association (NFPA)



For additional information, contact our technical service department.

Information contained in this SDS 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.

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

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

Part I Taxpayer Identification Number (TIN)

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

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

Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>										
or										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">6</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">5</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">0</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">4</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">6</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">3</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">4</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">5</td> </tr> </table>	6	5	-	0	8	4	6	3	4	5
6	5	-	0	8	4	6	3	4	5	

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ▶

Date ▶ **8-29-2023**

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.

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 (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22

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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.36. In OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimator or any other aspect of this data collection, contact: US Department of Labor, OSHA, Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name: Odyssey Manufacturing Company

Street 250 Central Florida Parkway

City Orlando State FL Zip 32824

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

Chemical Manufacturer

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

2819

Employment information (if you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 1

Total hours worked by all employees last year 2,737.25

Sign here

Knowingly falsifying this document may result in a fine.

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

[Signature] Title General Manager

Company executive

Phone 813-635-0339

Date 2/1/2023



Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.



Year 20 22

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB No. 1218-0176

Establishment name

Odyssey Mfg. Company

City

State

Orlando, FL

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or illness (e.g., 7/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly caused injury or illness. Second degree burns on right forearm from acetylene torch
Reset	none		/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		

Step 2. Describe the case

(G) Death	(H) Days away from work or restrictions from work or restrictions on job	(I) Job loss for other reasons	(J) Other recordable illness

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

(K) Away from work	(L) On job transfer or restriction	(M) Injury	(N) All other illnesses

Step 4.

Enter the number of days the injured or ill worker was:

(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other

Step 5.

Page totals

0	0	0	0	0	0
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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.



Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22

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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3344, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Odyssey Manufacturing Company
 Street 1484 Massaro Blvd.
 City Tampa State FL Zip 33619
 Industry description (e.g., *Manufacture of motor truck trailers*)
Chemical Manufacture
 North American Industrial Classification (NAICS), if known (e.g., 336212)
2819

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 78
 Total hours worked by all employees last year 208,667.05

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive [Signature] Title General Manager
 Phone 813-635-0339 Date 2/1/2023



OSHA's Form 300 (Rev. 04/2004)
**Log of Work-Related
 Injuries and Illnesses**



Year 20 22

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

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Step 1. Identify the person

Please Record:
 - Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
 - Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
 - Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Step 2. Describe the case

(A) Case no. **1**
 (B) Employee's name
 (C) Job title (e.g., Welder) **Driver**
 (D) Date of injury or onset of illness (e.g., 2/10) **9 / 22**
 (E) Where the event occurred (e.g., Loading dock north end)
 (F) Describe the injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., second degree burns on right forearm from acetylene torch) **injured nose, head, shoulder**

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Death (G)
 Days away from work or restriction from work or medical treatment (H)
 Job transfer or restriction (I)
 On the job injury or illness (J)
 Other (K)
 On job transfer or restriction (L)
 Illness (M)

Step 4.

Enter the number of days the injured or ill worker was:

Away from work (K) **25** days
 On job transfer or restriction (L) **0** days
 On the job injury or illness (J) **0** days
 Job transfer or restriction (I) **0** days
 Days away from work or restriction from work or medical treatment (H) **0** days
 Other (K) **0** days
 On job transfer or restriction (L) **0** days
 On the job injury or illness (J) **0** days
 Job transfer or restriction (I) **0** days
 Days away from work or restriction from work or medical treatment (H) **0** days
 Other (K) **0** days
 On job transfer or restriction (L) **0** days
 On the job injury or illness (J) **0** days
 Job transfer or restriction (I) **0** days
 Days away from work or restriction from work or medical treatment (H) **0** days
 Other (K) **0** days
 On job transfer or restriction (L) **0** days
 On the job injury or illness (J) **0** days
 Job transfer or restriction (I) **0** days
 Days away from work or restriction from work or medical treatment (H) **0** days
 Other (K) **0** days

Step 5.

Select one column:

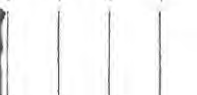
Illness (1) (2) (3) (4) (5) (6)
 Respiratory condition (1) (2) (3) (4) (5) (6)
 Skin disorder (1) (2) (3) (4) (5) (6)
 Hearing loss (1) (2) (3) (4) (5) (6)
 All other (1) (2) (3) (4) (5) (6)

From approved OMB No. 1218-0016

Establishment name **Odyssey Mfg. Company** city **Tampa** state **Fl.**

Page totals **0 1 0 0 25 0**

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.



Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Send comments to Washington, DC 20503.

If you wish to comment on this collection of information, write to the Office of Management and Budget, Paperwork Project Director, Washington, DC 20503. Do not send the completed form to this office.

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22

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

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment Information

Your establishment name Odyssey Manufacturing Company
 Street 330 Hillbrath Drive
 City Lantana State FL Zip 33462
 Industry description (e.g., *Manufacture of motor truck trailers*)
Chemical Manufacturer
 North American Industrial Classification (NAICS), if known (e.g., 336212)
2819

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 5
 Total hours worked by all employees last year 10,433.25

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive [Signature] Title General Manager
 Date 2/1/2023
 Phone 813-635-0339



Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 22

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

Form approved OMB no. 1218-0176

Establishment name: **Odyssey Mfg. Company**
City: **Lantana** State: **Fl.**

Reminders:
• Complete on injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
• Feel free to use two lines for a single case if you need to.
• Complete the 5 steps for each case.

Please Record:
• Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
• Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
• Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
<input type="button" value="Reset"/>	none		month / day		
<input type="button" value="Reset"/>			month / day		
<input type="button" value="Reset"/>			month / day		
<input type="button" value="Reset"/>			month / day		
<input type="button" value="Reset"/>			month / day		
<input type="button" value="Reset"/>			month / day		
<input type="button" value="Reset"/>			month / day		
<input type="button" value="Reset"/>			month / day		
<input type="button" value="Reset"/>			month / day		
<input type="button" value="Reset"/>			month / day		

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

(G) Death	(H) Days away from work, job transfer, or restriction	(I) Job transfer or restriction	(J) Other recordable cases
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 4.

Enter the number of days injured or ill worker was:

(K) Away from work	(L) On job restriction
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days
days	days

Step 5.

Select one column:

(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(g)	(h)	(i)	(j)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	0
(k)	(l)

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 21

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

Form approved OMB No. 1218-0176

Establishment Information

Your establishment name Odyssey Mfg. Company
 Street 1484 Massaro Blvd.
 City Tampa State FL zip 32824
 Industry description (e.g., *Manufacture of motor truck trailers*)
Manufacture of Sodium Hypochlorite
 North American Industrial Classification (NAICS), if known (e.g., 336212)
325180

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 72
 Total hours worked by all employees last year 173,684.76

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive [Signature] Title President
 Phone 8136350339 Date 1/31/2022



OSHA's Form 300 (Rev. 04/2004) Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.

Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 21

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

Form approved OMB no. 1218-0176

Establishment name **Odyssey Mfg. Company**

City **Tampa** State **Fl.**

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burn on right forearm from acetone torch)
1	[REDACTED]	Driver	8 / 21 month / day	bahled Co. Tanker truck ill line	bleach in eyes
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

Step 2. Describe the case

Step 3. Classify the case

Step 4.

Step 5.

Enter the number of days the injured or ill worker was:

Away from work (K) **7** days

On job transfer or restriction (L) _____ days

Select ONLY ONE circle based on the most serious outcome:

Death (G) _____

Days away from work or job transfer/restriction (H) _____

Days on job transfer or restriction (I) _____

Days of lost work (J) _____

Days of restricted activity (K) _____

Days of lost work days (L) _____

Category	(1)	(2)	(3)	(4)	(5)	(6)
Job transfer or restriction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days away from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days of lost work days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Days of restricted activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals **0 0 1 0 0 0**

Be sure to transfer these totals to the Summary page (Form 300A) before you post it!



Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20543-0188. Do not send this information to a field office.

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before compiling this summary.

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3604, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 21

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

Establishment information

Your establishment name Odyssey Mfg. Company

Street 330 Hillbrath Dr.

City Lantana State FL Zip 33462

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

Manufacture of Sodium Hypochlorite

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

325180

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 8

Total hours worked by all employees last year 13,803.00

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive [Signature] Title PRESIDENT
Phone 8136350339 Date 1/31/2022



OSHA's Form 300 (Rev. 04/2004) Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 21
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

Please Record:
 • Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
 • Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
 • Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:
 • Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
 • Feel free to use two lines for a single case if you need to.
 • Complete the 5 steps for each case.

Establishment name
 Odysseus Mfg. Company
 city Lantana State FL

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north and)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
Reset	none		month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		

Step 2. Describe the case

(G) Days away from work (Form 300A)	(H) Days away from work (Form 300A)	(I) Days away from work (Form 300A)	(J) Days away from work (Form 300A)	(K) Days away from work (Form 300A)	(L) Days away from work (Form 300A)	(M) Days away from work (Form 300A)	(N) Days away from work (Form 300A)	(O) Days away from work (Form 300A)	(P) Days away from work (Form 300A)	(Q) Days away from work (Form 300A)	(R) Days away from work (Form 300A)	(S) Days away from work (Form 300A)	(T) Days away from work (Form 300A)	(U) Days away from work (Form 300A)	(V) Days away from work (Form 300A)	(W) Days away from work (Form 300A)	(X) Days away from work (Form 300A)	(Y) Days away from work (Form 300A)	(Z) Days away from work (Form 300A)	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Step 3. Classify the case

Enter the number of days the injured or ill worker was:

(K) Away from work	(L) On job transfer or restriction	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Fracture loss	(6) All other
0	0	0	0	0	0	0	0

Step 4.

Enter the number of days the injured or ill worker was:

(K) Away from work	(L) On job transfer or restriction	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Fracture loss	(6) All other
0	0	0	0	0	0	0	0

Step 5.

Enter the number of days the injured or ill worker was:

(K) Away from work	(L) On job transfer or restriction	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Fracture loss	(6) All other
0	0	0	0	0	0	0	0

Add a Form Page

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room 31-3644, 300 Constitution Avenue, NW, Washington, DC 20216. Do not send the completed form to this address.

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 38 minutes per response, including time to review the instructions, search existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20202. Do not send the completed forms to this office.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.



Year 20 21

U.S. Department of Labor
Occupational Safety and Health Administration
Form Approved OMB no. 1218-0116

Establishment Information

Your establishment name Odyssey Mfg. Company
 Street 250 Central Florida Parkway
 City Orlando State FL Zip 32824
 Industry description (e.g., *Manufacture of motor truck trailers*)
Manufacture of Sodium Hypochlorite
 North American Industrial Classification (NAICS), if known (e.g., 336212)
3251180

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 1
 Total hours worked by all employees last year 2,761.75

Sign Here

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

[Signature]
 Company executive Title
 Phone 8136350339 Date 1/31/2022



OSHA's Form 300 (Rev. 04/2004) Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

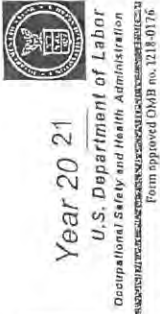
Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.



Establishment name
Odyssey Mfg. Company
City, State
Orlando, Fla.

Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/1/0)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
Reset	none		/ / month / day		
Reset			/ / month / day		
Reset			/ / month / day		
Reset			/ / month / day		
Reset			/ / month / day		
Reset			/ / month / day		
Reset			/ / month / day		
Reset			/ / month / day		
Reset			/ / month / day		
Reset			/ / month / day		

Step 2. Describe the case

(G) Days lost from work (including injury or illness days)	(H) Days lost from work (including injury or illness days)	(I) Days lost from work (including injury or illness days)	(J) Days lost from work (including injury or illness days)	(K) Days lost from work (including injury or illness days)	(L) Days lost from work (including injury or illness days)	(M) Days lost from work (including injury or illness days)	(N) Days lost from work (including injury or illness days)	(O) Days lost from work (including injury or illness days)	(P) Days lost from work (including injury or illness days)	(Q) Days lost from work (including injury or illness days)

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

(1) Death	(2) Permanent and total disability	(3) Permanent partial disability	(4) Lost workdays	(5) Medical treatment beyond first aid	(6) Job transfer or restriction	(7) Days lost from work (including injury or illness days)	(8) Other loss of consciousness

Step 4.

Enter the number of days the injured or ill worker was:

(K) Away from work	(L) On job transfer or restriction
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days

Step 5.

Select one outcome:

(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3641, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



Page totals 0 0 0 0 0 0 0 0 0 0 0
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

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

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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


Post this Summary page from February 1 to April 30 of the year following the year covered by the form. Public reporting burden for this collection of information is estimated to average 56 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review this collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: U.S. Department of Labor, OSHA, Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name Odyssey Manufacturing Company
 Street 1464 Massaro Blvd City Tampa State Florida Zip 33619
 Industry description (e.g., Manufacture of motor truck trailers)
Manufacture of Sodium Hypochlorite
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
Z B 1 B
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 72
 Total hours worked by all employees last year 178,137.50

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

 Title Company Executive
 Date 1/24/21
 Phone 813-635-0939



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

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2020
 U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0175

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name

Odyssey Mfg. Company

City Tampa

State Florida

Classify the case

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of Injury or Illness onset (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Check the "injury" column or choose one type of illness:									
-----------------	------------------------	---------------------------------	--	---	---	--	--	--	--	--	--	--	--	--	--

						Enter the number of days the injured or ill worker was:		(M)																								
						Away From Work (days)	On Job Transfer or restriction (days)																									
						(G) (H) (I) (J) (K) (L)	(M) (N)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses																			
1		Driver/Operator	05/20/2020	Tank Area	Fractured Vertebrae	x	5	0	x																							
Page totals										0	1	0	0	0	0	0	0	1														

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA, Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send this completed forms to this office.



Year 2020

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

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

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

Number of Cases

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

Number of Days

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

Injury and illness types

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

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

Public reporting burden for this collection of information is estimated to average 66 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed form to this office.

Establishment information

Your establishment name Odyssey Manufacturing Company
 Street 260 Central Florida Parkway
 City Orlando State Florida Zip 32824
 Industry description (e.g., Manufacture of motor truck trailers)
Manufacture of Sodium Hypochlorite
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
2 8 1 9
 OR: North American Industrial Classification (NAICS), if known (e.g., 338242)

Employment information

Annual average number of employees 2
 Total hours worked by all employees last year 3,138.25

Sign here

Knowingly falsifying this document may result in a fine.

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

[Signature]
 Company executive
General Manager
 Title

813-635-0339 Phone
 1/26/2021 Date

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

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 2020

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

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related lacerations and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name

Odyssey Mfg. Company

City Orlando

State Florida

Identify the person

Classify the case

Check the "injury" column or choose one type of illness:

Table with 7 main columns: (A) Case No., (B) Employee's Name, (C) Job Title, (D) Date of Injury or onset of illness, (E) Where the event occurred, (F) Describe injury or illness, (G) Days away from work, (H) Job transfer or restriction, (I) Other recordable cases, (J) On job transfer or restriction, (K) Away from work, (L) Injury, (M) Illness type (Skin Disorder, Respiratory Condition, Poisoning, Hearing Loss, All other illnesses).

Page totals

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2020

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0178

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

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

Number of Cases		
Total number of deaths	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (I)	0 (J)

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

Injury and Illness Types					
Total number of...	(1) Injury	(4) Poisoning			
0 (M)	0	0	(5) Hearing Loss	0	
	(2) Skin Disorder	0	(6) All Other Illnesses	0	
	(3) Respiratory Condition	0			

Post this Summary page from February 1 to April 30 of the year following the year covered by the form
Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review this collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-5164, 200 Constitution Ave., NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name Odyssey Manufacturing Company
 Street 330 Hillbath Dr. City Lantana State Florida Zip 33482
 Industry description (e.g., Manufacture of motor truck trailers)
Manufacture of Sodium Hypochlorite
 Standard Industrial Classification (SIC), if known (e.g., 3715)
2 8 1 9
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 4
 Total hours worked by all employees last year 11,979.50

Sign here _____
 Knowingly falsifying this document may result in a fine.

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

 Company executive

 Title
General Manager

 Date
1/28/2021

813-655-0339 _____
 Phone



Year 2019

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

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

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

Number of Cases

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

Number of Days

Total number of days away from work	73	(K)	Total number of days of job transfer or restriction	0	(L)

Injury and Illness Types

Total number of...					
(M) Injury	2	(4) Poisoning	0		
(N) Skin Disorder	0	(5) Hearing Loss	0		
(O) Respiratory Condition	0	(6) All Other Illnesses	0		

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

The reporting burden for this collection of information is estimated to average 68 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates of time or any aspect of this data collection, contact the US Department of Labor, OSHA Office of Statistics, Room H-3144, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name Odyssey Manufacturing Company
 Street 1484 Massaro Blvd.
 City Tampa State Florida Zip 33619
 Industry description (e.g., Manufacture of motor truck trailers)
Manufacture of Sodium Hypochlorite
 Standard Industrial Classification (SIC), if known (e.g., SIC 3716)
2 1 9
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 87
 Total hours worked by all employees last year 170,007.50

Sign here 

Knowingly falsifying this document may result in a fine.

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

General Manager
Title

813-635-0339 Phone 212020 Date

Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 2019

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

Form approved OMB no. 1218-0176

Establishment name
Odyssey Mfg. Company

City Tampa State Florida

Classify the case

Check the "injury" column or choose one type of illness:

Describe the case

Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)

Identify the person

Where the event occurred (e.g. Loading dock north end)

Date of injury or onset of illness (mo./day)

Job Title (e.g., Welder)

Employee's Name

Case No.

Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Classify the case			Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:															
						Death from work (G)	Days away from work (H)	Job transfer or restriction (I)	Remained at work (J)	Away From Work (days) (K)	On job transfer or restriction (days) (L)	Injury (M)	(1)	(2)	(3)	(4)	(5)	(6)								
1	[REDACTED]	Driver	8/14	Walkway between Odyssey Plant	Right Hamstring due to slip	X			51			X														
2	[REDACTED]	Installer	12/2	At customer site on ground/asphalt	Broken ankle due to jump and twist	X			22			X														
Page totals						0	2	0	0	73	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA, Office of Statistics, Room H-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

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

Summary of Work-Related Injuries and Illnesses

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

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

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

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

Number of Days	Total number of days of job transfer or restriction
(K)	0 (L)

Injury and Illness Types	Total number of...
Injury	0 (4) Poisoning 0
Skin Disorder	0 (5) Hearing Loss 0
Respiratory Condition	0 (6) All Other Illnesses 0

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

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



Year 2019

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

Establishment information

Your establishment name Odyssey Manufacturing Company
 Street 330 Hillbraith Dr. State Florida Zip 33462
 City Lantana
 Industry description (e.g., Manufacture of motor truck trailers)
Manufacture of Sodium Hypochlorite
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
2 8 1 9
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 4
 Total hours worked by all employees last year 13,072.75

Sign here [Signature]

Knowingly falsifying this document may result in a fine.

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

[Signature]
 Title General Manager

Company executive

813-635-0339

Phone

2/1/2020

Date



Year 2019

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

Form approved OMB no. 1218-0176

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.

You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Establishment name Odyssey Mfg. Company

City Lantana

State Florida

Classify the case

Describe the case

Identify the person

Table with columns: Case No., Employee's Name, Job Title, Date of injury or onset of illness, Where the event occurred, Describe injury or illness, Death from work, Days away from work, Job transfer or restriction, Other recordable cases, Remained at work, Away from work, On job transfer or restriction, Injury, Skin Disorder, Respiratory Condition, Poisoning, Hearing Loss, All other illnesses.

Page totals

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information.



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

Summary of Work-Related Injuries and Illnesses

If establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."
 employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 304.35. In OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

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

Number of Days

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

Injury and Illness Types

Total number of... (M)
 Injury _____ (4) Poisoning _____
 Skin Disorder _____ (5) Hearing Loss _____
 Respiratory _____
 Condition _____ (6) All Other Illnesses _____


Submit this Summary page from February 1 to April 30 of the year following the year covered by the form.
 The reporting burden for this collection of information is estimated to average 46 minutes per response, including time to review the instruction, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate of burden, including suggestions for reducing the burden, write to the Office of Management and Budget, Paperwork Project Director, Washington, DC 20503. Do not send the information to this office.

Establishment information

Your establishment name Odyssey Manufacturing Company
 Street 250 Central Florida Parkway City Orlando State Florida Zip 32824
 Industry description (e.g., Manufacture of motor truck trailers)
Manufacture of Sodium Hypochlorite
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
2 8 1 9
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees _____ 2 _____
 Total hours worked by all employees last year _____ 5,636.00 _____

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

Company executive _____
 Phone _____ Date 7/12/20

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

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Year 2019
U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

Establishment name Odyssey Mfg. Company State Florida
 City Orlando

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:			Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Job transfer or restriction	Remained at work	Away From Work (days)	On job transfer or restriction (days)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All other illnesses	
(G)	(H)	(I)	(J)	(K)	(L)	(M)												
1	[REDACTED]	Driver	5/1/13	Rear ended at S. Orange & Trade Port Dr.	Lower Back Pain				x	0	0	x						
Page totals						0	0	0	1	0	0	1	0	0	0	0	0	

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Summary of Work-Related Injuries and Illnesses



Year 20 18

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

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA, Office of Statistical Analysis, Room N-5044, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name: ODYSSEY Mfg. Company
 Street: 1484 MASSARD BLVD.
 City: TAMPA State: FL. ZIP: 33619

Industry description (e.g., *Manufacture of motor vehicle trailers*):
MANUFACTURE OF SODIUM HYPOCHLORITE
 Standard Industrial Classification (SIC), if known (e.g., 3715):
2819

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

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)
 Annual average number of employees: 606
 Total hours worked by all employees last year: 165,216.25

Sign here

Knowingly falsifying this document may result in a fine.

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

Signature: [Signature] Title: President
 Company executive: [Signature] Telephone: 813 635-0339
 Date: 4/2/19



Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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

Establishment name: Odyssey Mfg Company
City: Tempe State: FL

Identify the person

(A) Case no. _____
(B) Employee's name _____
(C) Job title (e.g., Welder) _____

Describe the case

(D) Date of injury or onset of illness _____
(E) Where the event occurred (e.g., Loading dock north end) _____
(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) _____

Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Remained at Work
Days away from work (H) Job transfer or restriction (I) Other recordable cases (J)

Enter the number of days the injured or ill worker was:

Away from work (K) _____ days
On job transfer or restriction (L) _____ days

Check the "injury" column or choose one type of illness:

(M) Injury (1) Skin disorder (2) Loss of consciousness (3) Poisoning (4) Hearing loss (5) All other (6)

NONE

Page totals

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

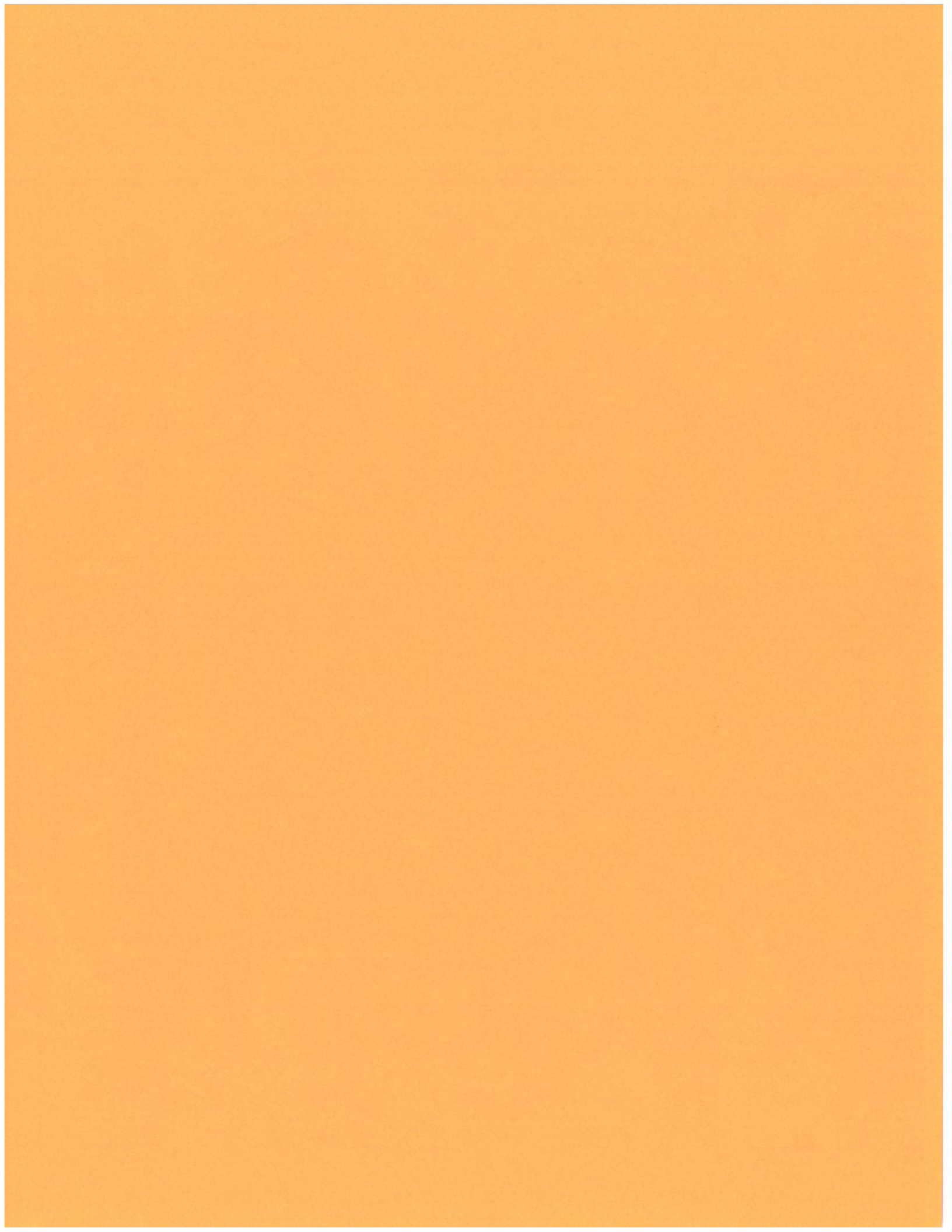


EXHIBIT D

MEMORANDUM

September 12, 2023

TO: Honorable Mayor and City Commission

VIA: James Slaton, City Manager
Sarah B. Kirkland, Public Works Director

FROM: Nancy Hernandez, Utilities Support Manager

SUBJECT: Award of Bid to Odyssey Manufacturing Company for the Purchase of Sodium Hypochlorite

SYNOPSIS: The City's Utilities Department made a request for bid for the purchase of sodium hypochlorite, which is a necessary chemical to aid in the water and wastewater treatment process.

STAFF RECOMMENDATION

It is recommended that the City Commission:

1. Award the bid to Odyssey Manufacturing Company for the purchase of Sodium Hypochlorite.
2. Authorize the City Manager to execute the appropriate documents, on the City's behalf in regards to this purchase.

BACKGROUND

Disinfection technology and chemical treatment for wastewater and water has been consistent with the use of Chlorine as the standard chemical to safely and effectively treat both water and wastewater media. Delivery of chlorine to the flow stream ranges from gaseous, liquid and carrier chemical agents. Today, through the development and realization towards improving safety and reducing risk, Sodium Hypochlorite (NaOCl) is commonly used in various applications where disinfection or sterilization of both wastewater and water are needed. NaOCl is becoming more and more popular based on its inherent chemical characteristics of being a safer, less costly, lower risk chemical and still an effective means to treat wastewater media. Sodium hypochlorite is essential in the treatment of both water and wastewater processing, killing pathogens that could prove to be harmful to humans.

Staff made a request for bid for the purchase of sodium hypochlorite, with a bid open date of September 11, 2023. There were two responsive bidders, Odyssey Manufacturing Corporation and Allied Universal Corporation, with Odyssey Manufacturing Corporation being the apparent low bidder at \$1.70 per gallon. Therefore, staff recommends the commission approve the following action to award the bid for purchase of bulk Sodium Hypochlorite to Odyssey Manufacturing Corporation. The initial contract terms as stated in the attached agreement calls for the initial contract period to begin on October 1, 2023 and expire on September 30, 2024, if approved by the Commission. This agreement will renew annually on October 1 of each year for up to two (2) additional one (1) year periods.

OTHER OPTION

None at this time. This chemical is necessary in the water and wastewater treatment process.

FISCAL IMPACT

The FY 23-24 Operating Budget for Wastewater Operating Supplies – Chemicals has allocated \$100,000.00 for this purchase.

The FY 23-24 Operating Budget for Water Operating Supplies – Chemicals has allocated \$50,000.00 for this purchase.

ATTACHMENTS

Sodium Hypochlorite Agreement
Bid Tab Sheet

Copies of all bids are available through the Purchasing Agents office for review.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses and income. The document provides a detailed list of items that should be tracked, such as inventory levels, accounts payable, and accounts receivable. It also outlines the procedures for recording these transactions, including the use of double-entry bookkeeping to ensure that the books are balanced.

The second part of the document focuses on the analysis of the recorded data. It explains how to calculate key financial ratios and metrics, such as the gross profit margin, operating profit, and return on investment. These calculations are essential for understanding the company's financial performance and identifying areas for improvement. The document also discusses the importance of comparing the company's performance against industry benchmarks and historical data to provide context for the results.

The final part of the document addresses the reporting requirements for the financial data. It details the format and content of the financial statements, including the balance sheet, income statement, and cash flow statement. It also discusses the importance of providing clear and concise explanations for any significant changes or trends in the data. The document concludes by emphasizing the need for transparency and accountability in financial reporting, and the role of the accounting department in ensuring that all information is accurate and reliable.

EXHIBIT "D"

BID SHEET

PROCUREMENT OF SODIUM HYPOCHLORITE
BID NO. 23-540

THIS BID SHALL BE VALID FOR SIXTY (60) DAYS FROM DATE OF OPENING

Company Name: Odyssey Manufacturing Company

Company Address: 1484 Massaro Blvd.

City: Tampa State Fl. Zip 33619

Telephone: (813) 635-0339 Fax: (813) 630-2589

E-Mail Address: pallman@odysseymanufacturing.com

The following Bid is in strict accordance with the City of Lake Wales Invitation to Bid No. 23-540 dated September 11, 2023, and all attachments as referenced herein.

Bid will include providing and installing all materials, labor, supervision and equipment needed to complete the project.

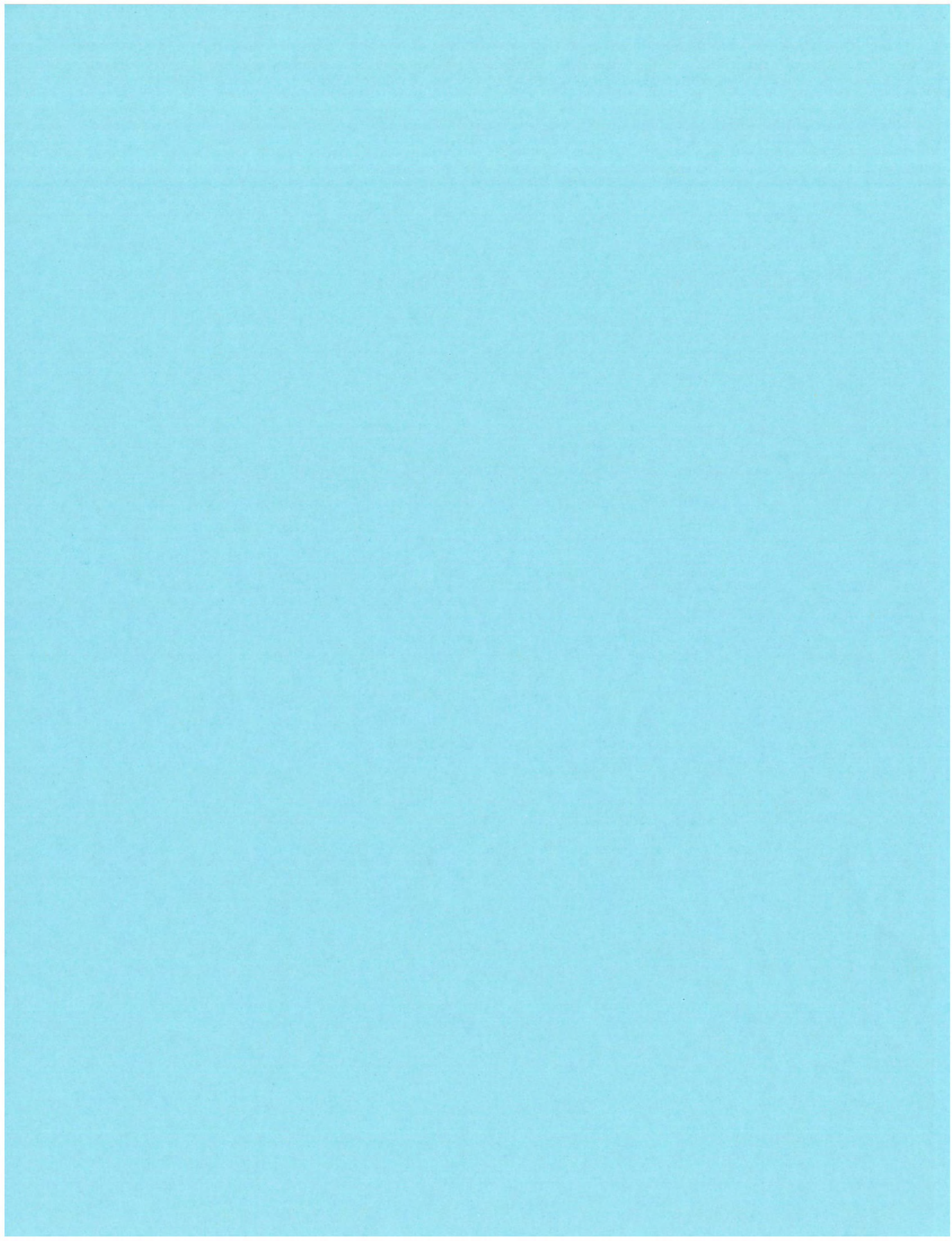
\$ 1.70 /gallon

Signature



Patrick Allman

<p>CITY OF LAKE WALES Procurement of Soidum Hypochlorite Bid #23-540</p>		<p>Bid Open Date: 9/11/2023</p>
<p>Bidder</p>	<p>Price</p>	
<p>Odyssey Manufacturing Company</p>	<p>\$1.70 per gallon</p>	
<p>Allied Universal Corporation</p>	<p>\$1.95 per gallon</p>	



AGREEMENT FOR PURCHASE OF SODIUM HYPOCHLORITE

This Agreement is made this day of September 12, 2023 by and between the City of Lake Wales with offices at 201 W. Central Avenue, Lake Wales, FL (the "City") and ODDYSEY MANUFACTURING with offices at 1484 MASSARO BLVD, TAMPA FL 33619 (the "Seller").

1. SCOPE OF WORK

This Agreement is issued to provide funding required to cover services, supplies and material furnished by Seller to the City to perform the work associated with the purchase and delivery of Sodium Hypochlorite at the City's five listed facilities as described in ITB 23-540 Procurement of Sodium Hypochlorite. The work will be performed at the City's facilities located at:

- A. **Water Treatment Plant #1-138 Sessoms Ave, Lake Wales, Florida 33853; Water Treatment Plant #3-1050 N 5th Street, Lake Wales, Florida 33853; Water Treatment Plant #2-1039 Grove Av, Lake Wales, Florida 33853; Park Water Plant 25 1st Avenue, Lake Wales, Florida 33859**
- B. **Sam P Robinson Waste Water Treatment Plant, 840 Henry Street, Lake Wales, Florida 33853**

2. TIME AND PERFORMANCE OF THE WORK

Time is of the essence in the performance of this Agreement. Seller shall proceed with the utmost diligence and dispatch in the performance of Service Requests under this Agreement.

3. TERM

The term of this Agreement shall commence on October 1, 2023 upon approval of the Commission, and expire on September 30, 2024 with the option to renew for Two (2), One-year terms upon mutual agreement of both parties, unless otherwise terminated as provided herein. The City will ascertain the new contract prices based on the increase for the 12-month period prior to the extension. The increase will be added to the purchase price at the beginning of the term of the contract extension. The City will use CPI information provided by the United States Department of Labor.

The vendor acknowledges that the City, during any fiscal year, shall not expend money, incur any liability, or enter into any agreement which, by its terms, involves the expenditure of money in excess of the amounts budgeted or the reduction of revenues for those budgeted agreements that may be available for expenditure during such fiscal year.

4. RATES

Billing rates shall remain fixed during the original term of this Agreement.

5. RESPONSIBILITIES

- A. Seller shall provide all equipment, labor and material necessary to perform the required service. No equipment, material or personnel shall be provided by the City to Seller.
- B. In the performance of the services, Seller shall provide personnel who are qualified, careful and efficient employees in strict conformity with the best practices and applicable standards. Upon request

of the City, Seller shall remove from the performance of the services hereunder any of its employees who, in the City's judgment, has not conducted himself properly or is not qualified to perform the work.

C. The City's representative is Sarah Kirkland, Public Works Director, and is the only individual authorized to administer this Agreement including, making the changes in or redirecting the work to be performed by Seller.

6. INSURANCE (amounts should match those found in ITB, RFP, etc.)

A. During the term of this Agreement and at all times that Seller performs services for City, Seller shall, at its sole cost and expense, procure and maintain insurance policies from a licensed carrier with the following minimum limits and coverage:

(1) Comprehensive general liability insurance for a limit of \$3,000,000 each occurrence and \$6,000,000 in the aggregate, including but not limited to coverage for bodily injury and property damage. Products and completed operations aggregate shall be \$6,000,000. Fire damage liability shall be included at \$100,000.

(2) Worker's compensation coverage is to apply for all employees for statutory limits in compliance with the applicable state and federal laws. The policy must include Employer's Liability with a limit of \$3,000,000 each accident, \$1,000,000 each employee, \$1,000,000 policy limit for disease.

(3) Comprehensive automobile liability insurance with a limit of not less than \$3,000.00 each accident for bodily injury and property damage liability. Such insurance shall cover liability arising out of any auto (including owned, hired and non-owned autos). The policy shall be endorsed to provide contractual liability coverage.

B. Certificates of Insurance evidencing the required coverage and limits shall be furnished to City before any Work is commenced hereunder and shall provide that there will be no cancellation or reduction of coverage without thirty (30) days prior written notice to the City. Certificates of such insurance shall name City as Additional Insured on such policies. The certificates of insurance should also state specifically that the indemnity contained in this Agreement is covered.

C. Seller shall require that each Subcontractor provide and maintain at all times during the term of this Agreement insurance equivalent to that which is required of Seller.

7. INDEMNIFICATION

A. Seller shall defend, indemnify and save the City, its elected and appointed officials, employees, or agents harmless from and against all liabilities, claims, costs, damages and expenses (including attorneys' fees) for personal injuries, death or property damage (including theft) to the extent arising out of or in connection with:

(1) The negligence or intentional act or omission of Seller, its employees, agents, representatives and Subcontractors; or

(2) Seller's breach of this Agreement; or

(3) Labor, materials, services, or supplies furnished by Subcontractors or suppliers of Seller and from all related liens, including without limitation, laborers, materialmen's or mechanics' liens.

8. GENERAL

A. **Governing Law.** This Agreement shall be governed and construed in accordance with the Laws of the State of Florida.

B. **Entire Agreement.** This Agreement constitutes the entire Agreement between the parties with respect to the subject matter contained herein and shall supersede all prior oral and written understandings, agreements and proposals. No modification of this Agreement shall be valid unless made in writing, referring to this Agreement, and executed by City and Seller.

C. **Independent Seller.** Seller, in performance of the Work under this Agreement, is acting as an independent Seller and shall have the exclusive control of the manner and means of performing the work. Personnel and Subcontractors supplied by Seller hereunder are not City's employees, agents or representatives, and Seller assumes full responsibility for their acts.

D. **Work Rules.** Seller's employees, agents and Subcontractors shall observe the working hours, working rules, holiday schedules and policies of City while working on City's premises.

E. **Assignment.** This Agreement shall be binding upon the parties' respective successors and permitted assigns. Seller may not assign this Agreement or any of its rights or obligations hereunder without the prior written consent of City, and any such attempted assignment shall be void. Furthermore, no work to be performed on behalf of Seller hereunder shall be subcontracted to or performed on behalf of Seller in an amount exceeding One Dollar (\$1.00) by any third party, except upon written permission of City. Seller agrees that any assignment hereunder shall not relieve Seller of its obligations hereunder.

F. **Notices.** Any notices or communication under this Agreement shall be in writing and shall be personally delivered or sent by certified or registered mail return receipt requested or by confirmed facsimile transmission to the party receiving such communication at the address specified below or such other address as either party may in the future specify to the other party.

To City: Sarah Kirkland,
Public Works Director
City of Lake Wales
P.O. Box 1320
Lake Wales, FL 33859 - 1320

To Seller: Patrick H. Allman
Odyssey Manufacturing Co.
1484 Massaro Blvd.
Tampa, FL 33619

G. **Waiver.** A failure of either party to exercise any right provided herein, shall not be deemed to be a waiver of any right hereunder.

H. Compliance with Laws. Seller's employees, agents and Subcontractors shall comply with all applicable U.S., state and local laws and regulations and union work rules in its performance of its obligations hereunder.

I. Public Records. Seller acknowledges that it is acting on behalf of a Public agency and that this Agreement is subject to the provisions of §119.0701, Florida Statutes, and that Seller must comply with the public records laws of the State of Florida. Seller shall:

(1) Keep and maintain public records required by the public agency to perform the service.

(2) Upon request from the public agency's custodian of public records, the Seller shall provide the public agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.

(3) The Seller shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the public agency.

(4) The Seller shall, upon completion of the contract, transfer, at no cost, to the public agency all public records in possession of the Seller or keep and maintain public records required by the public agency to perform the service. If the Seller transfers all public records to the public agency upon completion of the contract, the Seller shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Seller keeps and maintains public records upon completion of the contract, the Seller shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

(5) A request to inspect or copy public records relating to a public agency's contract for services must be made directly to the public agency. If the public agency does not possess the requested records, the public agency shall immediately notify the Seller of the request, and the Seller must provide the records to the public agency or allow the records to be inspected or copied within a reasonable time.

(6) If Seller does not comply with a public agency's request for records, the public agency shall enforce the contract provisions in accordance with the contract.

(7) A Seller who fails to provide the public records to the public agency within a reasonable time may be subject to penalties under s. 119.10.

(8) If a civil action is filed against a Seller to compel production of public records relating to a public agency's contract for services, the court shall assess and award against the Seller the reasonable costs of enforcement, including reasonable attorney fees, if:

(a) The court determines that the Seller unlawfully refused to comply with the public records request within a reasonable time; and

(b) At least 8 business days before filing the action, the plaintiff provided written notice of the public records request, including a statement that the Seller has not complied with the request, to the public agency and to the Seller.

(9) A notice complies with subparagraph (8)(b) if it is sent to the public agency's custodian of public records and to the Seller at the Seller's address listed on its contract with the public agency or to the Seller's registered agent. Such notices must be sent by common carrier delivery service or by registered, Global Express Guaranteed, or certified mail, with postage or shipping paid by the sender and with evidence of delivery, which may be in an electronic format.

(10) A Seller who complies with a public records request within 8 business days after the notice is sent is not liable for the reasonable costs of enforcement.

IF THE SELLER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

843-678-4182 ext. 1254

jnanek@lakewalesfl.gov

City of Lake Wales
Attn: City Clerk
201 W. Central Ave
Lake Wales, FL 33853

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

City of Lake Wales

Signature

James Slaton
Printed Name

City Manager
Title

Date

9/21/2023

SELLER

Signature

Patrick H. Allman
Printed Name

General Manager
Title

Date

9/26/2023

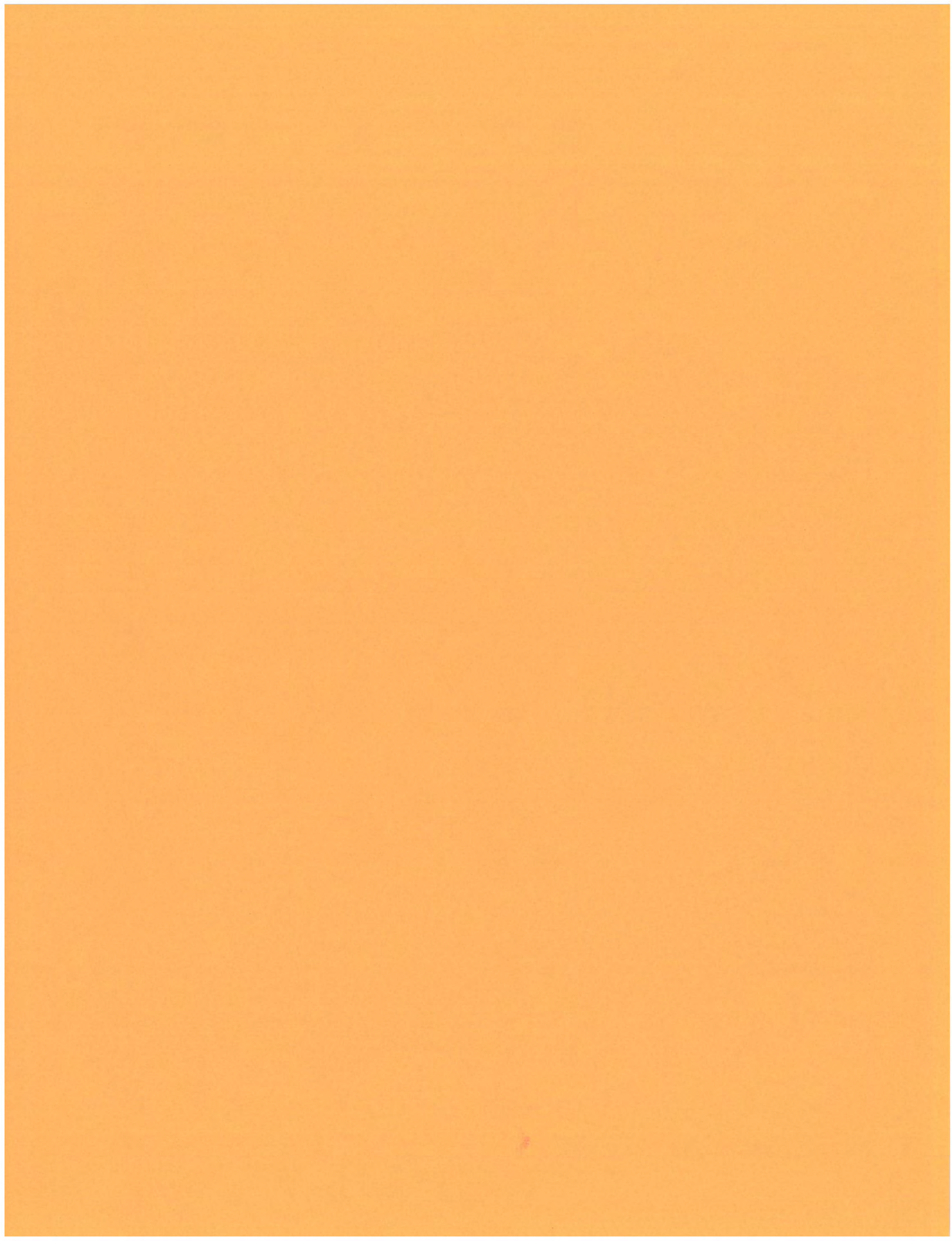


EXHIBIT E



**City of
Lake Wales**

201 Central Avenue W.
P. O. Box 1320
Lake Wales, FL 33859-1320
Phone (863) 678-4182
Fax (863) 678-4180

AGREEMENT TO EXTEND

DATE: August 7, 2024

RE: RENEWAL OF CONTRACT ITB 23-540 BETWEEN ODYSSEY MANUFACTURING
AND THE CITY OF LAKE WALES FOR THE PURCHASE AND DELIVERY OF
SODIUM HYPOCHLORITE

VENDOR: ODYSSEY MANUFACTURING

The City of Lake Wales is interested in renewing the contract listed above with your company. If you are in agreement, please complete this form and return it to our office as soon as possible.

The undersigned agrees to renew the above referenced agreement, for the period of October 1, 2024 to September 30, 2025, with the terms, conditions and prices as set forth in the Contract.

If you are not interested in renewing this bid for the above mentioned period, please note "not interested" on this letter and fax back to (863)678-4074, Attention Nancy Hernandez. If you have any questions please feel free to contact me at (863)678-4182 ext 1074.

Signature

Patrick H. Allman

Contractor Typed or Printed

8/19/2024

Date

Signature

James Slaton

~~Interim~~ City Manager

8/17/24

Date

