

RESOLUTION NO 2026-126

CITY OF LAKE CITY, FLORIDA

A RESOLUTION OF THE CITY OF LAKE CITY, FLORIDA APPROVING THAT CERTAIN AGREEMENT BETWEEN THE CITY AND ODYSSEY MANUFACTURING CO., A DELAWARE CORPORATION, TO FURNISH AND SUPPLY BULK LIQUID SODIUM HYPOCHLORITE TO THE CITY'S WATER AND WASTEWATER TREATMENT PLANTS; MAKING CERTAIN FINDINGS OF FACT IN SUPPORT OF THE CITY APPROVING SAID AGREEMENT; RECOGNIZING THE AUTHORITY OF THE MAYOR TO EXECUTE AND BIND THE CITY TO SAID AGREEMENT; DIRECTING THE MAYOR TO EXECUTE AND BIND THE CITY TO SAID AGREEMENT; REPEALING ALL PRIOR RESOLUTIONS IN CONFLICT; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Procurement Policies & Procedures Manual (the "City Purchasing Policies") of the City of Lake City (the "City") provides certain items may be purchased based upon competitively solicited contracts awarded by other governmental entities; and

WHEREAS, the City has a need for liquid sodium hypochlorite to be furnished and delivered to its water and wastewater treatment plants (the "Products"); and

WHEREAS, Bay County Board of County Commissioners, a political subdivision of the State of Florida ("Bay County"), negotiated a contract with Odyssey Manufacturing Co., a Delaware corporation (the "Vendor") to supply the Products pursuant to Invitation to Bid Number 26-37 Liquid Sodium Hypochlorite; and

WHEREAS, the City Manager has determined for purposes of economy in procurement, to conserve resources, and pursuant to the City Purchasing Policies, the City will rely on the competitively solicited contract awarded for the Products by Bay County; and

WHEREAS, the Vendor desires to enter into a contract with the City to provide to the City the Product on such terms and conditions as the Vendor has contracted with Bay County; and

WHEREAS, the City similarly desires to enter into such a contract with the Vendor in the form of the Exhibit attached hereto (the "Agreement"); and

WHEREAS, engaging the Vendor to provide the Products is in the public interest and in the interests of the City; now therefore

BE IT RESOLVED by the City Council of the City of Lake City, Florida:

1. Engaging the Vendor to provide the Products in the Agreement is in the public or community interest and for public welfare; and
2. In furtherance thereof, the Agreement in the form of the Exhibit attached hereto should be

and is approved by the City Council of the City of Lake City; and

3. The Mayor of the City of Lake City is the officer of the City duly designated by the City's Code of Ordinances to enforce such rules and regulations as are adopted by the City Council of the City of Lake City; and
4. The Mayor of the City of Lake City is authorized and directed to execute on behalf of and bind the City to the terms of the Agreement; and
5. All prior resolutions of the City Council of the City of Lake City in conflict with this resolution are hereby repealed to the extent of such conflict; and
6. This resolution shall become effective and enforceable upon final passage by the City Council of the City of Lake City.

APPROVED AND ADOPTED, by an affirmative vote of a majority of a quorum present of the City Council of the City of Lake City, Florida, at a regular meeting, this ____ day of October, 2026.

BY THE MAYOR OF THE CITY OF LAKE CITY,
FLORIDA

Noah E. Walker, Mayor

ATTEST, BY THE CLERK OF THE CITY COUNCIL
OF THE CITY OF LAKE CITY, FLORIDA:

Audrey E. Sikes, City Clerk

APPROVED AS TO FORM AND LEGALITY:

Clay Martin, City Attorney

EXHIBIT TO RESOLUTION

GENERAL PIGGYBACK PURCHASING AGREEMENT

This General Piggyback Purchasing Agreement (the “Agreement”) is entered into by and between the City of Lake City, Florida, a Florida municipal corporation, with its address at 205 N Marion Avenue, Lake City, FL 32055, and:

**Odyssey Manufacturing CO
1484 Massaro Blvd
Tampa, FL 36619**

(the “Vendor”).

WITNESSETH:

WHEREAS, on **August 4, 2026, Bay County** (the “Original Procuring Government”) awarded **ITB 26-37 Liquid Sodium Hypochlorite** to Vendor for the performance of services and/or the sale and purchase of goods as described therein, a copy of which is attached hereto and incorporated herein as Composite Exhibit ‘A’ (the “Original Procurement Bid and Contract”); and

WHEREAS, the City is in need of a similar performance of services and/or is in need to purchase a similar set of goods as described in the Original Procurement Bid and Contract; and

WHEREAS, the Vendor is willing to provide “piggyback” services and/or goods to the City on the same terms and conditions as those offered to the Original Procuring Government, as outlined in the Original Procurement Bid and Contract documents;

NOW THEREFORE, in exchange for the mutual promises contained herein, the sufficiency of which is acknowledged, the City and Vendor agree as follows:

1. **Incorporation of Recitals.** The foregoing recitals, deemed by the parties to be true and correct, are incorporated herein by reference.
2. **General.**
 - a. **Terms of Agreement.** This is a piggyback purchasing *Agreement*. The terms and conditions of this *Agreement* shall be the same as those specified in Composite Exhibit ‘A’, specifically including:
 - i. All instructions to bidders and general information in the Original Procurement Bid and Contract Documents;
 - ii. All special conditions of the Original Procurement Bid and Contract Documents;
 - iii. All definitions of terms contained in the Original Procurement Bid and Contract Documents;
 - iv. All specifications, scopes of services, and/or descriptions of goods to be sold are contained in the Original Procurement Bid and Contract Documents;

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- v. All addenda to the Original Procurement Bid and Contract Documents;
- vi. All insurance requirements are outlined in the Original Procurement Bid and Contract Documents.
- vii. All safety requirements outlined in the Original Procurement Bid and Contract Documents; and
- viii. All responses of the Vendor in the Original Procurement Bid and Contract Documents, including all affidavits and statements of the Vendor required by law, which the Vendor: (A) affirms to continue to be accurate and correct as of the date of this *Agreement*; or (B) has updated with supplemental information and provided the same to the City in advance of this *Agreement*, in a form which the City finds acceptable;

Unless such terms are expressly modified herein to conform to City-specific standards and requirements, all references in Composite Exhibit 'A' to the Original Procuring Government, the Original Procuring Government's governing body, specific departments of the Original Procuring Government and the like or equivalent shall be replaced with the "City of Lake City, Florida," the "City Council of the City of Lake City, Florida," specific City Departments, and the like or equivalent.

- b. **Purchasing Authority.** The City is authorized to enter into this purchasing *Agreement* as a matter of home rule under Section 2(b) of Article VIII of the Florida Constitution and Chapter 166 of the Florida Statutes. This purchasing *Agreement* is subject to all budgeting and legal requirements of the *Code of Ordinances of the City of Lake City, Florida, the Charter of the City of Lake City, Florida, and the Florida Statutes. The City* ratifies the bidding process performed by the Original Procuring Government as being full, fair, and representative of the quantity and quality of bids that would be received by the City if written quotations were obtained or an advertisement for bids were published.
 - c. **Resolution of Conflicting Terms.** To the extent there is any conflict between this *Agreement* and the Original Procurement Bid and Contract, (1) the text of this *Agreement* shall control and (2) the text of the solicitation issued by the Original Procuring Government shall control over the Original Procuring Government's contract with the vendor excepting any express items where the original procurement documents should control or where the City believes the other government's contract should control over the bid documents.
3. **Period of Performance; Renewal Periods.** The period of performance of this *Agreement* is from the date of execution by both parties through the end of the initial term of the Original Procurement Bid and Contract, **September 30, 2027**. The Original Procurement Bid and

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Contract provides for **three (3) renewals of one (1) year** extensions of the initial term. This *Agreement* may be renewed as provided for in the Original Procurement Bid and Contract at the option of the City.

4. **Invoices.** Invoices for services shall be sent to: City of Lake City Finance Department, Attn: Accounts Payable, 205 N Marion Avenue, Lake City, Florida 32055, or emailed to accountspayable@lcfla.com. Payments shall be made to the Vendor in accordance with the *Florida Local Government Prompt Payment Act*, §§ 218.70, *et seq.*, Florida Statutes.
5. **Price for Services.** The price for the Vendor's performance of the scope of services, and the City's purchase of goods, shall remain the same as stated in the Original Procurement Bid and Contract.

The City reserves the right to modify prices after this Agreement has been in effect for the initial period, when it is in the best interest of the City of Lake City. Price adjustments may be determined using an appropriate price index, if such an index is standard in the Vendor's industry dealings and/or in government transactions within the City of Lake City, Columbia County, or the State of Florida. The Vendor agrees to notify the City if the original procuring government adjusts prices for work performed or goods sold under the original procurement bid and contract, along with the reasons for any such increase or decrease.

6. **Sovereign Immunity; Limitation of Liability.** The city is a sovereign Florida municipal government. Nothing contained in this *Agreement*, nor any City indemnification made herein, if any such indemnification exists, is intended or shall be construed to waive the City's sovereign immunity. With respect to the matter of compensation for work performed or the price of goods sold, the parties agree that the total liability of the City to the Vendor shall not exceed the agreed-upon price established in each order issued hereunder. For all other matters, the parties agree that the total liability of the City to the Vendor shall not exceed the City's limits of liability as set forth in § 768.28(5) of the Florida Statutes in effect as of the date of this *Agreement*, regardless of whether any such obligations are based in tort, contract, statute, strict liability, or negligence, product liability, or otherwise.
7. **Public Records.** Contractor shall generally comply with Florida's public records laws, and specifically, Contractor shall:
 - a. Keep and maintain public records required by the City to perform and/or provide the service or services contracted for herein.
 - b. Upon request from the City's custodian of public records, provide the City with a copy of the requested records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.

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- c. 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 term of this Agreement and following completion of this Agreement if the Contractor does not transfer the records to the City.
- d. Upon completion of this Agreement, transfer, at no cost, to the City all public records in possession of the Contractor or keep and maintain public records required by the City to perform the service. If the Contractor transfers all public records to the City upon completion of this Agreement, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of this Agreement, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records, in a format compatible with the City's information technology systems.

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

**Audrey E. Sikes, City Clerk,
City of Lake City, Custodian of Public Records
At 386-719-5756 or SikesA@lcfla.com
Mailing Address
205 North Marion Avenue,
Lake City, FL 32055.**

8. Liability and Insurance.

- a. **Insurance.** Contractor shall comply with the insurance requirements set out in Exhibit B, attached hereto and incorporated herein by reference.
- b. **Indemnification.** Contractor agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the City, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the City, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of

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Contractor; or by, or on account of, any claim or amounts recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon; except only such injury or damage as shall have been occasioned by the sole negligence of the City.

- c. **Liability.** Neither the City nor the Contractor shall make any express or implied agreements, guarantees, or representations, nor incur any debt in the name of or on behalf of the other Party. Neither the City nor the Contractor shall be bound by or held liable for any agreements or representations made by the other that are not expressly authorized hereunder. The City shall have no liability or responsibility for any damage to any person or property directly or indirectly resulting from the Contractor's operation of its business, whether caused by Contractor's negligence, willful actions, or failure to act.
- d. **Contractor's Taxes.** The City will have no liability for any sales, service, value added, use, excise, gross receipts, property, workers' compensation, unemployment compensation, withholding or other taxes, whether levied upon Contractor or Contractor's assets, or upon the City in connection with Services performed or business conducted by Contractor. Payment of all such taxes and liabilities shall be the responsibility of the Contractor.

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[SIGNATURE PAGE TO FOLLOW]

EXHIBIT TO RESOLUTION

City of Lake City, Florida

General Piggyback Purchasing Agreement

IN WITNESS WHEREOF, the parties have set their hands hereto on the date indicated:

ODYSSEY MANUFACTURING CO.

BY THE MAYOR OF THE CITY OF LAKE CITY,
FLORIDA

By _____, its

Noah E. Walker, Mayor

ATTEST, BY THE CLERK OF THE CITY COUNCIL
OF THE CITY OF LAKE CITY, FLORIDA:

Audrey Sikes, City Clerk

APPROVED AS TO FORM AND LEGALITY:

Clay Martin, City Attorney

COMPOSITE EXHIBIT "A"
ORIGINAL PROCUREMENT BID AND CONTRACT

EXHIBIT "A"



Bay County Board of County Commissioners Agenda Item Summary

Contract 26-37 Liquid Sodium Hypochlorite

DEPARTMENT MAKING REQUEST/NAME:

Utility Services
Mike Allen, Utility Services Director

MEETING DATE:

August 04, 2026

REQUESTED MOTION/ACTION:

Board award Contract 26-37 Liquid Sodium Hypochlorite to Odyssey Manufacturing Company in the amount of \$1.75 per gallon for a one-year contract with three additional one-year renewal options and authorize the chairman to execute the contract.

AGENDA

Consent Agenda

BUDGETED ITEM? Yes**BUDGET ACTION:**

none needed

FINANCIAL IMPACT SUMMARY STATEMENT:

Budgeted in the FY26 approved budget

BACKGROUND:

Liquid Sodium Hypochlorite is a disinfection agent used in the treatment of potable water. Invitation to Bid (ITB) 26-37 Liquid Sodium Hypochlorite was advertised on June 9, 2026. The following bids were received and opened on July 14, 2026.

Vendor	Price Per Gallon
Odyssey Manufacturing Company	\$1.75
Allied Universal Corporation	\$1.98
Brenntag Mid-South, Inc.	No Bid
Pencco, Inc.	No Bid
Univar Solutions USA LLC	No Bid

Staff has evaluated the bids and Odyssey Manufacturing Company was the lowest, responsive, responsible bidder. The draft contract is attached as **(Exhibit 1)**.

ATTACHMENTS:

DANIEL RAFFIELD
DISTRICT IROBERT CARROLL
DISTRICT IIDOUGLAS MOORE
DISTRICT IVCLARA PEASE
DISTRICT VDOUG CROSBY
DISTRICT IIIJOEL B. SCHUBERT
COUNTY MANAGER

Odyssey Manufacturing Co.
1484 Massaro Blvd.
Tampa, FL 33619

PROJECT DESCRIPTION: 26-37 Liquid Sodium Hypochlorite

Bay County has considered the proposal submitted by you for the above described work in response to its Invitation to Bid (ITB) 26-37 dated July, 8, 2026. You are hereby notified that your proposal has been accepted for Liquid Sodium Hypochlorite in the amount of \$1.75 per gallon.

You are required by the ITB to execute the Agreement and furnish the required certificates of insurance (naming Bay County BOCC as additional insured, primary, non-contributory with waiver of subrogation) within ten (10) calendar days from the date of this Notice to you.

If you fail to execute said Agreement and certificates of insurance within ten (10) calendar days from the date of this Notice, Bay County will be entitled to consider all your rights arising out of Bay County's acceptance of your proposal as abandoned. Bay County will be entitled to such other rights as may be granted by law.

Dated this 10th day of August, 2026

BAY COUNTY BOARD OF COUNTY COMMISSIONERS

By:

A handwritten signature in blue ink, appearing to read "Karen Shindler", is written over a faint, light blue circular stamp.

Title: Chief Procurement Officer

cc: Clerk

EXHIBIT "A"

26-37

LIQUID SODIUM HYPOCHLORITE

This Contract, dated August 4, 2026 is between the Bay County Board of County Commissioners, located at 840 West 11th Street, Panama City, FL 32401 ("County"), and Odyssey Manufacturing Co., located at 1484 Massaro Blvd., Tampa, FL 33619 ("Vendor").

1. Scope of Work

The County desires to hire the Vendor to provide all supervision, equipment, materials and supplies to provide liquid sodium hypochlorite to the County Utility Services Department water and wastewater treatment facilities. The Bay County Water Treatment Plant is located at 3400 Transmitter Road, Panama City, FL 32404, the Military Point Advanced Wastewater Treatment Plant is located at 100 Lagoon Road, Tyndall Air Force Base, FL 32403, and the North Bay Wastewater Treatment Plant is located at 1121 Fred Anderson Road, Panama City, FL 32409.

The Vendor hereby agrees to provide Liquid Sodium Hypochlorite to the County in accordance with **Exhibit 1** Sodium Hypochlorite Specifications. The Vendor hereby agrees to provide the goods to the County according to Invitation to Bid (ITB) 26-37 said documents being incorporated into this agreement as if fully set out herein, and the Vendor's response thereto, said documents being attached as **Exhibit 2**, to the extent they are not inconsistent with this Agreement.

2. Term

The term of the contract shall commence **October 1, 2026** and continue in effect through **September 30, 2027**. Upon mutual agreement between the County and Vendor, the Contract may be renewed for three (3) additional one-year periods under the same terms and conditions.

No price adjustments may be allowed during the initial proposed term of the contract. Price increases will be considered after the initial proposed term if substantiated by the producer price index. Written notice of a request for pricing changes and proof to substantiate must be submitted to the Bay County Purchasing Department at no less than 90 days prior to the anniversary date of the contract.

3. Contract Price

The County shall pay the Vendor for goods provided in accordance with the Florida Prompt Payment Act of the Florida Statutes, Chapter 218.70, upon receipt of the Vendor's invoice and written approval of same by the County's Designated Representative indicating that goods have been delivered in conformity with this Agreement.

EXHIBIT "A"

The Vendor shall invoice the County based on the Vendor's proposal cost of **\$1.75** per gallon of liquid sodium hypochlorite as described in this agreement and ITB 26-37.

4. **Payments**

Monthly invoices shall be submitted to the County in a format and distribution schedule defined by the County, no later than the 10th day of the following month. If the Vendor cannot submit their monthly invoice on time, the Vendor shall notify the County, prior to the due date the reason for the delay and the planned submittal date.

INVOICE REQUIREMENTS: All invoices are required to have the following information included:

- Vendor's name
- Invoice number
- Invoice date
- Contract/Project Number
- Purchase Order Number
- Dates of service (mm/dd/yy-mm/dd/yy)
- Locations, gallons delivered and price
- Total amount of the invoice

5. **Independent Contractor**

The Vendor shall at all times, relevant to this contract, be an independent contractor and in no event shall the Vendor, nor any employees or sub-contractors under it, be considered to be employees of Bay County.

6. **Vendor's Personnel**

Vendor has the exclusive right to hire and terminate its employees and may transfer or reassign any of its employees to other work of the Vendor. The direction of the work of Vendor's employees shall be under the exclusive control of Vendor. If the County objects to the presence or performance of any employee of Vendor, Vendor shall remove such employee from County premises.

7. **Cooperation**

Vendor agrees to perform each phase of the work at the scheduled time and in the scheduled sequence. Vendor will cooperate with the County Utility Services Director or their designee as requested and specifically to allow the County to inspect the performance of work of this Contract.

8. **Materials, Supplies, Etc.**

Vendor shall furnish and supply all tools, materials, consumable supplies and equipment, safety devices and equipment, and any special clothing that are required to perform the work of this Contract and consistent with the requirements of the ITB.

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9. Records / Audits

The County is a public agency subject to Chapter 119, Florida Statutes. The Vendor shall comply with Florida's Public Records Law. Specifically, the Vendor shall:

Keep and maintain public records required by the County in order to perform the service;

Upon request from the County's custodian of public records, provide the County 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 Chapter 119, F.S. or as otherwise provided by law.

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 Vendor does not transfer the records to the County.

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

The Vendor shall maintain books, records and documents directly pertinent to performance under this Contract in accordance with generally accepted accounting principles consistently applied. The County, the State of Florida, or their authorized representatives shall have access to such records for audit purposes during the term of this Contract and for five (5) years following Contract completion.

10. Public Records Custodian

If the Vendor has questions regarding the application of Chapter 119, Florida Statutes, to the Vendor's duty to provide public records relating to this contract contact the Custodian of Public Records, at (850) 248-8145, publicrecords@baycountyfl.gov or 840 W. 11th Street, Panama City, Florida 32401.

11. Inspector General

The parties agree to comply with s.20.055(5), Florida Statutes, and to incorporate in all subcontracts the obligation to comply with s. 20.055(5), Florida Statutes. "(5) It is the duty of every state officer, employee, agency, special

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district, board, commission, contractor, and subcontractor to cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to this section."

12. County Representative

The County Utility Services Director or a designee has authority to designate the work to be done by Vendor, to inspect such work, and to resolve questions which arise between the parties. The Vendor or the Vendor's designee will deal with the County's representative on matters relating to the performance of the work. The County shall have the authority to stop the work whenever it deems such action necessary to secure the safe and proper performance of the work assignment.

13. Laws, Rules and Regulations

General Laws: Vendor shall give all notices required of it by law and shall comply with all Federal, State and local laws, ordinances, rules and regulations governing Vendor's performance of this Contract and the preservation of public health and safety. Upon request by the County, Vendor shall provide proof of such compliance to the County.

Illegal Alien Labor: Vendor shall comply with all provisions state and federal law regarding the hiring and continued employment of aliens not authorized to work in the United States. Vendor shall not knowingly employ or contract with an illegal alien to perform work under this contract or enter into a contract with a subcontractor that fails to certify to the Vendor that the subcontractor is in compliance with such laws. Vendor agrees that it shall confirm the employment eligibility of all employees through participation in E-Verify and will require the same of any subcontractors. Vendor shall pay all cost incurred to initiate and sustain the verification programs.

14. E- Verify.

As a condition precedent to entering into this agreement, and in compliance with Section 448.095, Fla. Stat., Vendor and its subcontractors shall, register with and use the E-Verify system to verify work authorization status of all employees.

Vendor shall require each of its subcontractors to provide Vendor with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. Vendor shall maintain a copy of the subcontractor's affidavit as part of and pursuant to the records retention requirements of this agreement.

The County, Vendor, or any subcontractor who has a good faith belief that a person or entity with which it is contracting has knowingly violated Section 448.09(1), Fla. Stat. or the provisions of this section shall terminate the contract with the person or entity.

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The County, upon good faith belief that a subcontractor knowingly violated the provisions of this section, but Vendor otherwise complied, shall promptly notify Vendor and Vendor shall immediately terminate the contract with the subcontractor.

A contract terminated under the provisions of this section is not a breach of contract and may not be considered such. Any contract termination under the provisions of this section may be challenged pursuant to Section 448.095(2)(d), Fla. Stat. Vendor acknowledges that upon termination of this agreement by the County for a violation of this section by Vendor, Vendor may not be awarded a public contract for at least one (1) year. Vendor further acknowledges that Vendor is liable for any additional costs incurred by the County as a result of termination of any contract for a violation of this section.

Subcontracts. Vendor or subcontractor shall insert in any subcontracts the clauses set forth in this section, including this subsection, requiring the subcontractors to include these clauses in any lower tier subcontracts. Vendor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in this section.

15. Public Entity Crimes Statement

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 the 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 work as a vendor, 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. By submission of a proposal in response to this document, the vendor certifies compliance with the above requirements as stated in Section 287.133, Florida Statutes.

16. Scrutinized Companies

Vendor must certify that the company is not participating in a boycott of Israel.

Vendor must also certify that Vendor is not on the Scrutinized Companies that Boycott Israel list, not on the Scrutinized Companies with Activities in Sudan List, and not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria. Subject to limited exceptions provided in state law, the County will not contract for the provision of goods or services with any scrutinized company referred to above.

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Vendor must submit the certification attached to this contract. Submitting a false certification shall be deemed a material breach of contract. The County shall provide notice, in writing, to the Vendor of the County's determination concerning the false certification. The Vendor shall have five (5) days from receipt of notice to refute the false certification allegation. If such false certification is discovered during the active contract term, the Vendor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Vendor does not demonstrate that the County's determination of false certification was made in error then the County shall have the right to terminate the contract and seek civil remedies pursuant to Section 287.135, Florida Statutes, as amended from time to time.

17. Antitrust Violations; Denial or Revocation

Pursuant to § 287.137, Florida Statutes, as may be amended, a person or an affiliate who has been placed on the antitrust violator vendor list (electronically published and updated quarterly by the State of Florida) following a conviction or being held civilly liable for an antitrust violation may not submit a bid, proposal, or reply for any new contract or agreement to provide any goods or services to a public entity; may not submit a bid, proposal, or apply for a new contract or agreement with a public entity for the construction or repair of a public building or public work; may not submit a bid, proposal, or reply on new leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a new contract or agreement with a public entity; and may not transact new business with a public entity. By entering this Agreement, Vendor certifies neither it nor its affiliate(s) are on the antitrust violator vendor list at the time of entering this Agreement. False certification under this paragraph or being subsequently added to that list will result in termination of this Agreement, at the option of the County consistent with § 287.137, Florida Statutes, as amended.

18. Insurance

During the term of this Contract, Vendor will purchase and maintain insurance and comply with the Bay County Insurance Requirements, which are attached as **Exhibit 3** to this Contract and incorporated by reference.

19. Hold Harmless and Indemnification

To the extent provided by law, the Vendor shall indemnify, defend, and hold harmless the County including the County's officers, agents, and employees, against any actions, claims, or damages arising out of, relating to, or resulting from negligent or wrongful act(s) of the Vendor or any of its officers, agents, or employees, acting within the scope of their office or employment, in connection with the rights granted to or exercised by the Vendor hereunder, to the extent and within the limitations of Section 768.28, Florida Statutes.

The foregoing indemnification shall not constitute a waiver of sovereign immunity beyond the limits set forth in Florida Statutes, Section 768.28. Nor shall

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the same be construed to constitute agreement by the Vendor to indemnify the County for the negligent acts or omissions of the County, its officers, agents, or employees, or third parties.

The parties understand and agree that such indemnification by the Vendor relating to any matter which is the subject of this Agreement shall extend throughout the term of this Agreement and any statutes of limitations thereafter.

The Vendor's obligation shall not be limited by or in any way to any insurance coverage or by any provision in or exclusion or omission from any policy of insurance.

If the above indemnity or the defense provisions contained herein or any part of those provisions are limited by Florida Statutes Sec. 725.06(1), or any other applicable law, then with respect to the part so limited, the monetary limitation on the extent of the indemnification shall be the greater of (1) the monetary value of the Contract, (ii) coverage amount of Commercial General Liability Insurance required under the Contract; or (iii) \$1,000,000.00.

This Section survives termination or expiration of this Contract.

20. Duty to Pay Defense Costs and Expenses

The Vendor agrees to reimburse and pay on behalf of the County the cost of the County's legal defense, through and including all appeals, and to include all attorneys' fees, costs, and expenses of any kind for any and all 1) claims described in the Hold Harmless and Indemnification paragraph or 2) other claims arising out of the Vendor's performance of the Contract and in which the County has prevailed.

The County shall choose its legal defense team, experts, and consultants and invoice the Vendor accordingly for all fees, costs and expenses upon the conclusion of the claim.

Such payment on the behalf of the County shall be in addition to any and all other legal remedies available to the County and shall not be considered to be the County's exclusive remedy.

This Section survives termination or expiration of this Contract.

21. Notices

Any notice to be given by the parties shall be in writing and deemed to have been duly given if and when deposited in the United States registered mail, return receipt requested, properly stamped and addressed to:

EXHIBIT "A"

For the County:
Bay County Utility Services Department
Attn: Mike Allen
3410 Transmitter Road
Panama City, FL 32404

For the Vendor:
Odyssey Manufacturing Co.
Attn: Patrick Allman
1484 Massaro Blvd.
Tampa, FL 33619

With a copy to:
Bay County Board of County Commissioners
Attn: County Manager
840 W. 11th Street
Panama City, FL 32401

22. Assignment

Vendor shall not assign in whole or in part any part of the work of this Contract except with prior written consent of the County.

23. Successors and Assigns.

This Agreement shall be binding on all parties hereto and their respective heirs, executors, administrators, successors, and assigns.

24. Entire Agreement

All proposals, negotiations and representations regarding the work of this Contract are merged in this instrument. Any amendment or modification of this Contract shall be in writing and signed by the duly authorized representatives of the parties.

25. No Waiver

The waiver by the County of, or the County's failure to demand strict performance of, any obligation of Vendor shall not be construed to waive or limit the full and faithful performance by the Vendor of another of its obligations or of the same obligation in the future.

26. Administrative, Contractual, or Legal Remedies

Unless otherwise provided in this contract, all claims, counter-claims, disputes and other matters in question between the local government and the Vendor, arising out of or relating to this contract, or the breach of it, will be decided by arbitration, if the parties mutually agree, or in a Florida court of competent jurisdiction.

27. Termination for Cause and for Convenience

This contract may be terminated in whole or in part in writing by either party in the event of substantial failure by the other party to fulfill its obligations under this contract through no fault of the terminating party, provided that no termination may be effected unless the other party is given: (a) Not less than ten (10) calendar days written notice (delivered by certified mail, return receipt requested) of intent

EXHIBIT "A"

to terminate; and (b) An opportunity for consultation with the terminating party prior to termination.

This contract may be terminated in whole or in part in writing by the local government for its convenience, provided that the other party is afforded the same notice and consultation opportunity specified in I (a) above. If termination for default is effected by the local government, an equitable adjustment in the price for this contract shall be made, but no amount shall be allowed for anticipated profit on unperformed services or other work, and any payment due to the vendor at the time of termination may be adjusted to cover any additional costs to the local government because of the vendor's default.

If termination for convenience is effected by the local government, the equitable adjustment shall include a reasonable profit for services or other work performed for which profit has not already been included in an invoice. For any termination, the equitable adjustment shall provide for payment to the vendor for services rendered and expenses incurred prior to receipt of the notice of intent to terminate, in addition to termination settlement costs reasonably incurred by the vendor relating to commitments (e.g., suppliers, subcontractors) which had become firm prior to receipt of the notice of intent to terminate.

Upon receipt of a termination action under paragraphs (a) or (b) above, the vendor shall promptly discontinue all affected work (unless the notice directs otherwise) and deliver or otherwise make available to the local government all data, drawings, reports specifications, summaries and other such information, as may have been accumulated by the vendor in performing this contract, whether completed or in process.

Failure of the Vendor to comply with the provision of Section 13 Laws, Rules, and Regulations shall constitute grounds for the County to immediately terminate this Contract for cause and declare the Vendor to be non-responsible for bidding or proposing on future contracts for one year from the date the County notifies the Vendor of such non-compliance.

28. Advertising

Subject to Chapter 119, Florida Statutes, Vendor will not publicly disseminate any information concerning the Agreement without prior written approval from the County, including, but not limited to mentioning the Agreement in a press release or other promotional material, either in print or electronically, to any entity that is not a party to Agreement.

29. Use of County Logo

Pursuant to, and consistent with, Bay County Ordinance 2-150, Vendor may not manufacture, use, display, or otherwise use any facsimile or reproduction of the County Seal/Logo without express written approval of the Board of County Commissioners of Bay County, Florida.

EXHIBIT "A"

30. Conflicts

In the case of any conflict between the provisions of this Contract and other contract documents, the following priority for interpretation of those document provisions shall be followed:

- a. The provisions of this contract prevail first.
- b. The bid form and attachments are next.
- c. The initial bid provisions are final priority.

31. Severability

The invalidity, in whole or in part, of any section or part of any section of this Contract shall not affect the validity of the remainder of such section or the Contract.

32. Governing Law & Venue

The parties hereby agree that the only laws that apply to this Contract are those of the State of Florida and U.S. Government. The parties waive the privilege of venue and agree that all litigation between them in the state courts will take place exclusively in the Fourteenth Judicial Circuit in and for Bay County, Florida and that all litigation between them in the federal courts will take place exclusively in the United States District Court or United States Bankruptcy Court for the Northern District of Florida. Mediators must be certified by the State of Florida.

[SIGNATURES ON FOLLOWING PAGE]

EXHIBIT "A"

IN WITNESS WHEREOF, the Parties have executed this Contract as of this 20th day of August, 2026.

Executed by:



Attest:

[Signature]
Bill Kinsaul, Clerk of Court

Approved as to form

[Signature]
Office of Bay County Attorney

BOARD OF COUNTY COMMISSIONERS
BAY COUNTY FLORIDA

By:

[Signature]
Clara Y. Pease, Chairman



ODYSSEY MANUFACTURING CO.

By:

[Signature]
(Authorized Representative)

Its:

General Manager

State of FLORIDA
County of HILLSBOROUGH

This Contract was acknowledged and subscribed before me the undersigned notary this 10th day of AUGUST, 2026, by PATRICK ALLMAN, as GENERAL MANAGER of ODYSSEY MANUFACTURING and with proper authority, and who is personally known by me or produced identification of _____

[Signature]
Notary Public

Exhibits:

1. Sodium Hypochlorite Specifications
2. Vendor's Response to ITB 26-37
3. Insurance Requirements

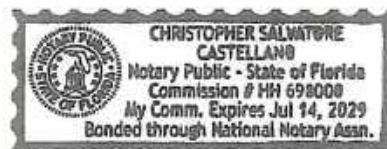


EXHIBIT "A"

EXHIBIT 1 LIQUID SODIUM HYPOCHLORITE BID SPECIFICATIONS

GENERAL REQUIREMENT

The intent and purpose of this specification document (the "Specification") is for the Vendor to furnish and deliver liquid sodium hypochlorite (12.5 Trade Percent Available Chlorine) FOB destination in accordance with the American Water Works Association's (AWWA's) Standard B300-10 for hypochlorite, except as modified or supplemented herein, to the Bay County Utility Services Department.

DELIVERY REQUIREMENTS

Vendor shall make "normal" deliveries within two (2) 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 Bay County from running out of sodium hypochlorite in less than 24 hours. Bay County shall endeavor to minimize the number of "emergency" deliveries.

All deliveries of liquid sodium hypochlorite shall be freight prepaid, F.O.B. to each Bay County facility.

Delivery time of day shall be arranged upon placement of order. Deliveries made to unmanned facilities must be coordinated with Bay County so the driver can gain access to the facility.

All deliveries of liquid sodium hypochlorite shall be made by properly cleaned carrier tank truck to the locations specified in paragraph 5 below.

Packaging and shipment of liquid sodium hypochlorite shall conform to all current regulations of the State of Florida, the United States Department of Transportation and all other applicable regulatory agencies.

All delivery personnel must have company cell phones to facilitate deliveries to unmanned and manned facilities. Experience has shown this to be critical to effective coordination of deliveries to the various Bay County facilities.

Bay County reserves the right to change quantities and delivery dates at its discretion with a 24-hour notice.

The Vendor shall be responsible for pumping liquid sodium hypochlorite into the storage tanks at the delivery sites and shall provide all necessary hoses, fittings, air-padding, pumps, etc. required to safely and efficiently "offload" the liquid sodium hypochlorite into designated storage tanks. Vendor shall be responsible for ascertaining the correct storage tanks and fill point locations to prevent accidental discharge of the product into the wrong storage tank(s).

EXHIBIT "A"

The Vendor 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. Bay County 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 Vendor's product or impede the unloading process. It is the Vendor'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 Vendor and shall be clean and free from contaminating material. Bay County may reject a load if the equipment is not properly cleaned. Vendor shall furnish Bay County an approved, leak-free connection device between the trailer and its intake receptacle. The Vendor shall observe the entire filling operation at each delivery site and shall immediately report any spills caused during the filling operations. The Vendor shall take immediate and appropriate actions to clean up any spilled liquid sodium hypochlorite. If the spill is not cleaned up, Bay County will hire a certified hazardous material handling company to clean up the spill, and the cost of such service will be charge to the Vendor and deducted from the amount due to the Vendor. If Bay County's unloading equipment such as pipe, valves or level indication and alarms should fail and the spillage is not the fault of the Vendor or its subcontractor, the Vendor shall be relieved of cleanup of the spill.

Delivery Shipments shall be rejected which fail to meet any of the requirements of the Specification. In the event a delivery shipment is rejected, upon notification to the Vendor that the shipment is rejected, Vendor shall be required to ship a replacement delivery to the affected location within four (4) hours from time of notification. Failure to provide replacement product that meets the Specification within the specified time period will constitute failure to comply with the delivery requirements set forth in this document.

DELIVERY LOCATIONS

Delivery sites and quantities are subject to deletions or additions as necessary to meet the water production demands of Bay County.

Split deliveries to multiple locations will be coordinated and accepted by Bay County to encourage economical delivery of product via bulk tankers dependent on storage capacities at time of delivery.

Liquid sodium hypochlorite consumption at each location is an estimate only and Bay County shall not be bound by these amounts in its contract with Vendor.

Delivery Locations:

Bay County Water Treatment Plant, 3400 Transmitter Road, Panama City, Florida, 32404. The water treatment plant has four (4) 8,000-gallon storage tanks. Approximate delivery requirement: 5,000 gallons every 7 days.

EXHIBIT "A"

Military Point AWTF, 100 Lagoon Road, Tyndall AFB, FL 32403.

The Military Point AWTF has two (2) 1,200-gallon storage tanks. Approximate delivery requirement: 1,000 gallons every 4 weeks.

North Bay WWTF, 1121 Fred Anderson Road, Panama City, FL 32409

The North Bay WWTF has two (2) 2,550-gallon storage tanks. Approximate delivery requirement: 1,500 gallons every 4 weeks.

<u>LOCATION</u>	<u>STORAGE CAPACITY</u>	<u>ESTIMATED ANNUAL QUANTITY</u>
Bay County WTP 3400 Transmitter Road Panama City, FL 32404	4 - 8,000 GALLONS	200,000 GALLONS
Military Point AWTF 100 Lagoon Road Tyndall AFB, FL 32403	2 – 1,200 GALLONS	13,000 GALLONS
North Bay WWTF 1121 Fred Anderson Road Panama City, FL 32409	2 – 2,550 GALLONS	19,500 GALLONS

PRODUCT MATERIAL REQUIREMENTS

Hypochlorite supplied under this contract shall be tested and certified as meeting the Specification, the AWWA Standard B300-10 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 Vendor to inform Bay County that its 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 Bay County and Vendor.

Liquid sodium hypochlorite delivered under this Specification shall have a minimum of 120 Grams per Liter (GPL) available chlorine equivalent (a.k.a., 12.0 Trade Percent Available Chlorine) and shall be consistent as determined by chemical analysis.

Product shall be a clear straw colored liquid with no visible cloudiness, impurities, or sediment. It shall contain no soluble materials or organic substances in quantities capable of producing deleterious or injurious effects on the health of those consuming water treated with the liquid sodium hypochlorite.

Liquid sodium hypochlorite delivered under this Specification shall have a minimum of 0.20 percent by weight sodium hydroxide and a maximum of 0.40 weight percent sodium hydroxide.

EXHIBIT "A"

Liquid sodium 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
Perchlorate	< 20 mg/L

The delivery time of the shipment shall not exceed 72 hours from the time of manufacture of the liquid sodium hypochlorite.

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 co-developed by Dr. Bernard Bubnis of NovaChem and previously referenced in this Specification.

QUALITY ASSURANCE, SAFETY AND TRAINING

Sampling and Testing

All Sampling and Testing shall be in accordance with EPA and AWWA B300-10 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 for all sampling and testing whether during the proposal period or after award. No other Laboratory shall be used unless expressly authorized as an Addendum to the proposal issued by Bay County amending the Specification or an amendment to the contract between Bay County and Vendor.

NovaChem Laboratories(formerly Novatek)
5172 College Corner Pike
PO Box 608
Oxford, Ohio 45056
Ph: 513-523-3605
Fax: 513-523-4025

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

Sampling and Testing Prior to Unloading: The Vendor's delivery trailer shall have a sample port to provide a sample for analysis. At the sole discretion of Bay County, the Vendor's delivery personnel (driver) may be asked to provide a sample of liquid sodium hypochlorite before the shipment is unloaded. Bay County will supply the sample container and the driver shall collect the sample from the tank truck and turn it over to Bay County. The sample shall be considered representative of the lot. Bay County reserves the right to subject samples of the liquid sodium hypochlorite to quick analyses to ensure that it meets basic conditions of the specification with respect to specific gravity,

EXHIBIT "A"

weight percent of sodium hypochlorite, sodium hydroxide, and suspended solids. Any lot tested by Bay County that fails to comply with the Specification shall constitute grounds for rejection of that lot. No payment shall be made for hypochlorite that is rejected. The Vendor or its subcontractors shall allow 60 minutes for this testing to be completed. If testing cannot be completed within the 60-minute period, Bay County shall allow the Vendor to unload the shipment. In the event that the load is rejected, the Vendor shall have four (4) hours to supply another shipment. In the event that the Vendor is unable or unwilling to supply another shipment within this time period, Bay County has the right to procure a shipment from another source and this will failure to deliver shall constitute a second rejection. Three rejections of a lot or shipment during any period of this contract shall constitute automatic termination of the Vendor's supply contract with Bay County.

Sampling and Test of Shipment after Unloading. Bay County reserves the right to subject samples of the liquid sodium hypochlorite to complete analyses to ensure that it meets EPA specifications, AWWA B300-10 specifications, and the Specification. Three failures during any period of this contract shall constitute automatic termination of the Vendor's supply contract with Bay County.

Certified Analysis. Vendor shall supply an affidavit, signed by a corporate designated official, certifying that the liquid sodium hypochlorite furnished by the Vendor, complies with all applicable requirements of this Specification and AWWA Standard B300-10, latest revision. The affidavit shall also indicate compliance with Water Chemicals Codex directives, latest revision, for impurity limits.

Manufacturer's Laboratory Delivery Reports

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

The report shall contain the following data:

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

No deliveries will be accepted by Bay County unless accompanied by said certified laboratory report for the specific batch of liquid sodium hypochlorite delivered showing the above data and that it conforms to the Specification. Regardless of whether at different delivery sites, failure to comply with this provision three (3) times during the contract period shall constitute sufficient grounds for termination of the contract between Bay County and Vendor.

Tank Cleanings

At any time during the performance of this Agreement, if Bay County has any sort of sludge or other impurity buildup in any of its sodium hypochlorite tank, the Vendor shall cleanout the tank at no charge to Bay County within seven (7) days, unless such

EXHIBIT "A"

timeframe is extended by Bay County. The cleanout should be done in such a manner so that it is done safely with no loss of disinfection to the affected plant. The Vendor shall submit a procedure to Bay County for approval prior to this work being completed. The determination of whether there is any such sludge or impurity buildup in the tanks will be at the sole discretion of Bay County. Failure of the Vendor to clean out the tank within seven (7) days after being served notice (or within any extension of this timeframe specified by Bay County) shall be cause for immediate termination of the sodium hypochlorite supply between Bay County and the Vendor.

OCCUPATIONAL HEALTH AND SAFETY

Vendor Safety Requirements

Vendor must ensure delivery personnel's compliance with all OSHA requirements, including personal protective equipment for Vendor delivery personnel, including without limitation chemical goggles, transparent face shield and hard hat, rubber gloves, rubber boots, and rubber or plastic-coated fabric apron or slicker suit. Vendor delivery personnel must wear at minimum, chemical goggles and rubber gloves when handling hoses and valves.

Vendor delivery personnel must remain within a safe proximity while the transfer is in progress and continuously monitor for leaking hoses, connections, or other problems. It is the responsibility of Vendor delivery personnel to contain leaks and to report any and all spills.

Safety Data Sheets. In compliance with Chapter 442 Florida Statutes, any chemical delivered from a Vendor, must be accompanied by a Safety Data Sheet (SDS).

Technical Assistance and Safety Training

Safe Handling and Equipment Operation Training.

On an annual basis, the Vendor shall provide an appropriate safe handling and equipment operation training course for chemicals, to all current Bay County operations personnel for a minimum of 0.2 continuing education units (CEU's) for their State of Florida water and wastewater licenses The Vendor shall provide this assistance at no charge to Bay County.

Technical Assistance. The Vendor shall provide engineering and technical assistance, as needed, regarding the application of its product and disposal and handling of residues and sludge produced by the application of liquid sodium hypochlorite in the water and wastewater treatment process. The Vendor shall provide this assistance at no charge to Bay County.

TERMINATION

In addition to the various statements in this specification stating the grounds for automatic termination of the Vendor's contract to supply liquid sodium hypochlorite to Bay County, and in addition to any other remedies, including the right to obtain cover and charge Vendor for the costs of cover, Vendor's failure to comply with this specification three (3) times over the duration of this contract shall constitute sufficient

EXHIBIT "A"

grounds for termination of the contract by Bay County. These failures, any three of which can result in termination of the contract, include but are not limited to, failure to deliver in a timely manner, failure to deliver with proper equipment, failure of the liquid sodium hypochlorite to meet the specification at any time, failure to provide a certificate of analysis, failure to comply with the safety and OSHA requirements of the specification, failure to provide drivers with company cell phones, failure to provide requested technical assistance and/or training and failure to respond in a timely manner to any Bay County emergency.

EXHIBIT "A"

EXHIBIT 2 VENDOR'S RESPONSE TO ITB 26-37



EXHIBIT "A"

Bay County, FL

Purchasing

Karen Grindle, Chief Procurement Officer

840 W 11th Street, Panama City, FL 32401

[ODYSSEY MANUFACTURING CO] RESPONSE DOCUMENT REPORT

ITB No. 26-37

[26-37 Liquid Sodium Hypochlorite](#)

RESPONSE DEADLINE: July 14, 2026 at 2:00 pm

Report Generated: Tuesday, July 14, 2026

Odyssey Manufacturing Co Response

CONTACT INFORMATION

Company:

Odyssey Manufacturing Co

Email:

pallman@odysseymanufacturing.com

Contact:

Patrick Allman

Address:

1484 Massaro Blvd.

Tampa, FL 33619

Phone:

(813) 635-0339

Website:

N/A

Submission Date:

Jul 10, 2026 10:40 AM (Central Time)

EXHIBIT "A"

[ODYSSEY MANUFACTURING CO] RESPONSE DOCUMENT REPORT

ITB No. 26-37

26-37 Liquid Sodium Hypochlorite

ADDENDA CONFIRMATION

Addendum #1

Confirmed Jun 19, 2026 9:48 AM by Patrick Allman

QUESTIONNAIRE

1. Please provide price per gallon in currency format ie: \$xx.xx**

Maximum response length: 7 characters

\$1.75

2. Respondent Submittals*

Please Upload your COMPLETE response, including any and all required forms listed in the solicitation and the corresponding attachments.

Odyssey_Mfg.Co.BidPacket_ITB26-37-compressed.pdf

3. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.*

Confirmed

EXHIBIT "A"



ODYSSEY
MANUFACTURING CO.

July 14, 2026

Ms. Karen Grindle
Chief Procurement Officer
Bay County
840 W. 11th Street
Suite 2500
Panama City, FL 32401

RE: BAY COUNTY ITB 26-37 LIQUID SODIUM HYPOCHLORITE

- Encl:
- 1) Bid Form
 - 2) Order Placement Information
 - 3) Addendum Acknowledgement
 - 4) Affidavit of Compliance with Section 287.138, F.S.
 - 5) Affidavit of Compliance with Section 787.06, F.S.
 - 6) Anti-Collusion Clause
 - 7) Bidder Qualifications
 - a) Proposal Sample (Thornton Laboratories)
 - b) NSF Sample Results (Certification and Affidavit)
 - c) Reference and Past Performance
 - d) Emergency Response
 - e) Safety and Reliability
 - f) Training (CEU Documentation)
 - g) Safety Data Sheet (SDS) and Material Specifications
 - 8) Certification Regarding Scrutinized Companies List
 - 9) Conflict of Interest Disclosure Form
 - 10) Drug Free Workplace
 - 11) Subcontractors
 - 12) COI
 - 13) W-9
 - 14) State of Florida Certificate of Status
 - 15) Authority to Sign Bid Letter
 - 16) Affidavit of Compliance
 - 17) E-Verify

Dear Ms. Grindle,

Odyssey Manufacturing Co. (Odyssey) is pleased to submit our proposal for the above-referenced Invitation to Bid (ITB) for the supply of liquid sodium hypochlorite to Bay County. In accordance with your instructions, we have enclosed all requested documentation. Odyssey takes no exceptions to the Specification or any of the bid documents.

Odyssey Manufacturing is pleased to offer Bay County a delivered price of \$1.75 per gallon for its Ultrachlor 12.5 Trade Percent sodium hypochlorite for the initial one-year term of the

MANUFACTURERS OF **ULTRA CHLOR** (800) ODYSSEY
THE CLEAR SOLUTION www.odysseymanufacturing.com

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

EXHIBIT "A"

contract. In addition to guaranteed pricing, Odyssey agrees to provide unlimited technical support to Bay County as exemplified by examples listed below. The purpose of this offer is to add additional value to Bay County as it evaluates the proposals it receives.

Enclosures (1) through (18) are provided to assist Bay County bid evaluation. Additionally, Odyssey makes the following claims and warrants:

- Enclosures (1) through (6) are required submittals as outlined in ITB 26-37.
- Enclosure (7) contains the following:
 - Laboratory results from Thornton Laboratories.
 - NSF-60 certification for Odyssey's Ultrachlor sodium hypochlorite.
 - NSF-60 affidavit of compliance.
 - (10) references of current customers.
 - Past performance: Odyssey has no "terminations" or "debarments" over the past (10) years.
 - Emergency response documentation as part of Bay County's Emergency Preparedness Planning and Spill Response Plan.
 - Safety and reliability documentation including Florida & U.S. DOT inspection results and OSHA Form 300A/300 logs for the past (5) years.
 - Documentation that Odyssey is certified to provide Continuing Education.
 - Safety Data Sheet (SDS) and Material Specifications sheet.
- Enclosures (8) through (10) are required submittals as outlined in ITB 26-37.
- Enclosure (11) will show that Odyssey will not use 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.
- Enclosures (12) through (17) contain the following:
 - COI showing Bay County as an additional insured.
 - Current W-9.
 - State of Florida Certificate of Status for Odyssey.
 - Authority to Sign Bid Letter.
 - Affidavit of Compliance stating that Odyssey's sodium hypochlorite will comply with AWWA Standard B300-18 and NSF Standard 60.
 - E-Verify documentation.

Sodium hypochlorite is the only product that Bay County will purchase that has a very short shelf life. The shelf life is greatly impacted by the quality of the sodium hypochlorite. Product impurities such as metals and sludges are a significant source of this decomposition. One could easily feed twice as much product with poorer quality bleach. A 10% savings on unit cost could be overshadowed by a 50% increase in usage. Thus, differences between manufacturers in their manufacturing and delivery process can have a dramatic effect on the actual consumption. Additionally, the initial delivered strength can also impact the level of consumption. This means cost savings to the customer! Odyssey's unique manufacturing process results in significantly higher quality sodium hypochlorite that does not break down and decompose like other sodium hypochlorite manufacturers.

EXHIBIT "A"

Over the past twelve years, Odyssey has provided superior service to Bay County including never missing a delivery, providing emergency support on numerous occasions and providing a significant amount of technical assistance *including numerous equipment repairs and deliveries*. As you know, we are the only chemical manufacturer/distributor that is open for manufacturing and deliveries 24 hours a day and 7 days a week (including holidays). Odyssey can be reached at 800-ODYSSEY or facsimile (813) 630-2589. Additionally, Odyssey also agrees to provide unlimited technical assistance with Bay County's operations at no additional charge. Such assistance includes, but is not limited to, operator training sessions, startup services, site inspections, drawing review, engineering, and design. Odyssey has performed over twenty-five hundred chemical system installations in the State of Florida and assisted with numerous others. This is more than any other chemical supplier and more than any other engineer or contractor in the State combined. We are the only chemical supplier who has a licensed engineering firm (Odyssey Engineering Co.) and is a licensed general and plumbing contractor (specializing in chemical system design, permitting, installation, and maintenance).

Please call our customers to compare Odyssey's 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 requirements. We hereby provide written assurance of compliance with OSHA, EPA, NSF, and AWWA regulations and consent to provide samples to Bay County for testing if requested. We also agree to provide a safe handling training course and "refresher courses" of all your chemicals for the duration of the contract. We have never failed to or refused to make a chemical delivery for any product we have been awarded a purchase order for. Lastly, we agree to provide unlimited technical assistance. 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 from one of our trucks at the time of delivery. Please call me if you have any questions at 1-800-ODYSSEY or cellular at (813) 335-3444 or visit our website at www.odysseymanufacturing.com. Thank you for your consideration.

Sincerely,



Patrick H. Allman
General Manager

EXHIBIT "A"

BID CHECKLIST

The checklist is provided as a courtesy and may not be all inclusive of items required within this invitation to bids.

The following bid forms may be submitted electronically through OpenGov. Bidders submitting paper bids may download all documents from the Purchasing Department's Opengov Procurement page: <https://procurement.opengov.com/portal/baycountyfl>

- ☒ BID FORM
- ☒ ADDENDUM ACKNOWLEDGEMENT
- ☒ AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138, FLORIDA STATUTES, CONTRACTING WITH FOREIGN ENTITIES OF CONCERN
- ☒ AFFIDAVIT OF COMPLIANCE WITH SECTION 787.06, FLORIDA STATUTES, HUMAN TRAFFICKING ATTESTATION
- ☒ ANTI-COLLUSION CLAUSE
- ☒ BIDDER QUALIFICATION
- ☒ CERTIFICATION REGARDING SCRUTINIZED COMPANIES LIST
- ☒ CONFLICT OF INTEREST DISCLOSURE FORM
- ☒ DRUG FREE WORKPLACE
- ☒ SUB-CONTRACTORS
- ☒ SAFETY DATA SHEETS
- ☒ MATERIAL SPECIFICATIONS

EXHIBIT "A"

ATTACHMENT REQUIRED FORMS

ENCLOSURE

1

EXHIBIT "A"

BID FORM ITB NO: 26-37

This proposal of ODYSSEY MANUFACTURING CO., hereinafter called "BIDDER," organized and existing under the laws of the State of DELAWARE doing business as A CORPORATION (Insert "a corporation", "a partnership" or "an individual" as applicable), is hereby submitted to the Board of County Commissioners, Bay County, hereinafter called "OWNER."

In compliance with the Advertisement for Bids, BIDDER hereby proposes to perform all work, as detailed in this bid.

By submission of this BID, each Bidder certifies, and in the case of a joint BID each party thereto certifies as to its own organization, that this BID has been arrived at independently, without consultation, communication or agreement as to any matter relating to this BID with any other BIDDER or with any other competitor.

Vendor agrees to perform the entire work as indicated on the drawings and in compliance with the Contract Documents and Specifications, complete in every detail.

The price per gallon of Liquid Sodium Hypochlorite delivered is:

One Dollar Seventy Five Cents
(Words)

(\$ 1.75)

Submitted By: ODYSSEY MANUFACTURING CO.
Name of Firm/Vendor Submitting This Bid

Bid Prepared By: PATRICK H. ALLMAN
Name of Individual Who Prepared This Bid

Contact Email: PALLMAN@ODYSSEYMANUFACTURING.COM

Address: 1484 MASSARO BLVD., TAMPA, FL 33619

Phone: 813-635-0339


Signature of Authorized Representative of Firm/Vendor

7.8.26
Date

SEAL (If bid is by Corporation)



ENCLOSURE

2

EXHIBIT "A"

ORDER PLACEMENT INFORMATION

Order Placement Information:

Each bidder shall indicate the name, address, e-mail, and telephone number for the purpose of placing orders.

Order Placement Information:

Patrick H. Allman
Contact Person

813-635-0339
Telephone Number

1484 MASSARO BLVD., TAMPA, FL 33619
Address

ORDERS@ODYSSEYMANUFACTURING.COM
E-mail

ENCLOSURE

3

EXHIBIT "A"

ADDENDUM ACKNOWLEDGEMENT

I acknowledge receipt of the following addenda:

ADDENDUM NO. <u>1</u>	DATED <u>6/18/26</u>
ADDENDUM NO. _____	DATED _____
ADDENDUM NO. _____	DATED _____
ADDENDUM NO. _____	DATED _____
ADDENDUM NO. _____	DATED _____

Name of Firm: 00477E4 MANUFACTURING CO.

Authorized Signature:  _____

Printed Name: PATRICK H. ALLMAN

Title: GENERAL MANAGER

Date: 7.8.26

It is the responsibility of the firm to ensure that they have received addendums if issued.

Call (850) 248-8270 or email Purchasing@baycountyfl.gov prior to submitting your bid to ensure that you have received addendums.

EXHIBIT "A"

BOARD OF COUNTY COMMISSIONERS

DANIEL RAFFIELD
DISTRICT I

ROBERT CARROLL
DISTRICT II

DOUG CROSBY
DISTRICT III



DOUGLAS MOORE
DISTRICT IV

CLARA Y. PEASE
DISTRICT V

JOEL B. SCHUBERT
COUNTY MANAGER

June 18, 2026

Prospective Respondents

RE: Addendum #1 26-37 Liquid Sodium Hypochlorite

Please accept this as Addendum No. 1 for the above referenced solicitation.

For clarification purposes the anticipated schedule for the Board Meeting for recommended award will be Tuesday, August 4, 2026.

The following questions have been received, the County's answers follow in **bold**.

1. Please provide the current pricing/supplier for the sodium hypochlorite. **See attached.**
2. Please provide the previous bid tab results for our records. **See attached.**

All respondents shall acknowledge receipt of this addendum by signing and submitting, with their submittal, the addendum acknowledgement form included in the submittal package.

Regards,

Ken Longstreet
Grant Procurement Administrator
Bay County Purchasing Department
(850) 248-8270
purchasing@baycountyfl.gov

Bay County Board of County Commissioners
Bid Tabulation Sheet
22-72 Liquid Sodium Hypochlorite

Opening: Tuesday, September 6, 2022 @ 2:01 pm

Vendor	Price Per Gallon	Bid Form	Addendum Acknowledgement	Anti-Collusion	Cert. Regarding Scrutinized Co.	Conflict of Interest	Bidder Qualification	Identical Tie Bids / Drug Free Workplace	Sub-Contractors	Safety Data Sheet/ Material Specifications
Odyssey Manufacturing Company	\$1.35	Y	Y	Y	Y	Y	Y	Y	Y	Y
Allied Universal Corporation	\$1.89	Y	Y	Y	Y	Y	Y	Y	Y	Y
Univar Solutions USA, Inc.	No Bid									

Y (yes) or N (no) or v, indicates only if documents are included with the response at the time of the opening, and is not an indication that documents are properly completed or determined to be responsive.

EXHIBIT "A"

TOMMY HAMM
DISTRICT I

ROBERT CARROLL
DISTRICT II

WILLIAM T. DOZIER
DISTRICT III

DOUGLAS MOORE
DISTRICT IV

CLAIR PEASE
DISTRICT V

ROBERT J. MAJKA
COUNTY MANAGER



July 7, 2025

Odyssey Manufacturing Company
Attn: Patrick Allman
1484 Massaro Blvd.
Tampa, FL 33619

CONTRACT RENEWAL – 22-72 Liquid Sodium Hypochlorite

Dear Mr. Allman:

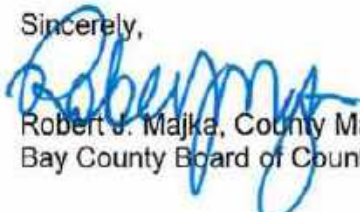
In accordance with the terms and conditions stated in the contract to provide Sodium Hypochlorite, Bay County has elected to renew this contract for one additional one-year term with an increase in bid price from \$1.65 to \$1.69 per gallon delivered, effective October 1, 2025.

Your signature below will serve as an acknowledgement on behalf of Odyssey Manufacturing Company that your services will remain uninterrupted through September 30, 2026.

If you agree to this renewal, sign the acknowledgement below and **return this original along with current Certificates of Insurance to the attention of the Purchasing Department at the address shown above** no later than July 31, 2025.

Please contact the Bay County Purchasing Department at (850) 248-8270 if you have questions regarding this matter.

Sincerely,


Robert J. Majka, County Manager
Bay County Board of County Commissioners

ACKNOWLEDGEMENT:

The undersigned acknowledges that Bay County has renewed this contract for one additional one-year term and services are to remain uninterrupted through September 30, 2026.



Signature

PATRICK H. ALLMAN

Printed Name

GENERAL MANAGER

Title

Date

8 July 2025

Date

ENCLOSURE

4

EXHIBIT "A"

AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138, FLORIDA STATUTES, CONTRACTING WITH FOREIGN ENTITIES OF CONCERN

Before me, the undersigned authority, personally appeared (Name of Affiant) PATRICK H. ALLMAN, who, after being first duly sworn, deposes and says of his or her personal knowledge the following:

1. Affiant is the (Title) GENERAL MANAGER of (Business Name) ODYSSEY MANUFACTURING CO. which does business in the State of Florida, hereinafter called the "Nongovernmental Entity."

2. Nongovernmental Entity, pursuant to § 287.138, Florida Statutes, certifies that (1) Nongovernmental Entity is not owned by a government of a foreign country of concern; (2) a government of a foreign country of concern does not have a "controlling interest" in Nongovernmental Entity, as defined by Section 287.138(1)(a), Florida Statutes; and (3) Nongovernmental Entity is not organized under the law of nor has its principal place of business in a foreign country of concern. For the purposes of this affidavit, foreign country of concern means the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern, as defined in § 287.138(1)(c), Florida Statutes.

3. This Affidavit is executed by the Nongovernmental Entity accordance with § 287.138, Florida Statutes, for the purposes of preventing Bay County, Florida, from entering contracts with foreign entities of concern which would provide Nongovernmental Entity access to an individual's personal identifying information.

Signed and Delivered on this 8TH day of JULY, 2026.

[Signature] PATRICK H. ALLMAN
Signature of Affiant Printed Name of Affiant

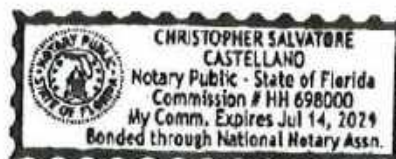
STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 8TH day of JULY, 2026, by PATRICK H. ALLMAN.

Personally Known OR Produced Identification [Signature]
Type of Identification Produced _____
(Notary Signature)

(SEAL)



ENCLOSURE

5

EXHIBIT "A"

AFFIDAVIT OF COMPLIANCE WITH SECTION 787.06, FLORIDA STATUTES, HUMAN TRAFFICKING ATTESTATION

Before me, the undersigned authority, personally appeared (Name of Affiant)
PATRICK H. ALLMAN, who, after being first duly sworn, deposes
and says of his or her personal knowledge the following:

1. Affiant is the (Title) GENERAL MANAGER of (Business Name)
ODYSSEY MANUFACTURING CO. which does business in the State of Florida,
hereinafter called the "Nongovernmental Entity."

2. Nongovernmental Entity, pursuant to § 787.06(13), Florida Statutes, certifies
that 1) neither Nongovernmental Entity nor any of its subsidiaries or affiliates uses
coercion for labor or services, as terms are defined in § 787.06, Fla. Stat., as may be
amended from time to time; (2) Nongovernmental Entity will immediately notify Bay
County, Florida, if, at any time in the future, Nongovernmental Entity does use coercion
for labor or services, and understands that pursuant to such notification no contracts
may be executed, renewed, or extended between the parties; and (3) Nongovernmental
Entity has read the foregoing attestation, confirms the facts stated in it are true, and are
made for the benefit of, and reliance by, Bay County, Florida.

Signed and Delivered on this 8th day of July, 2026.

[Signature]
Signature of Affiant

Patrick H. Allman
Printed Name of Affiant

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

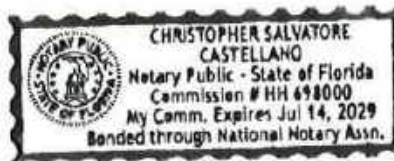
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐
online notarization, this 8th day of JULY, 2026, by PATRICK H. ALLMAN.

Personally Known OR Produced Identification

Type of Identification Produced _____

[Signature]
(Notary Signature)

(SEAL)



ENCLOSURE

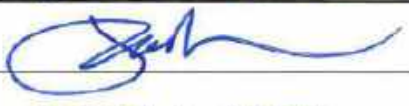
6

EXHIBIT "A"

ANTI-COLLUSION CLAUSE

Firm certifies that their response is made without prior understanding, agreement or connection with any Corporation, Firm or person submitting a response for the same services and is in all respects fair and without collusion or fraud.

Name of Firm: ODYSSEY MANUFACTURING.COM

Authorized Signature: 

Printed Name: PATRICK H. ALLMAN

Title: GENERAL MANAGER

Date: 7.8.26

ENCLOSURE

7

EXHIBIT "A"

BIDDER QUALIFICATION

In order to satisfy the County regarding the Bidder's qualifications, the Bidder shall provide the below information regarding previous work comparable with the proposed work in size, capacity, and complexity. The County may also consider any previous County projects. Following receipt of bids, each Bidder shall be prepared to furnish such additional information as the County may reasonably request regarding Bidder's equipment and personnel. The information provided shall constitute an integral part of the bid.

Proposal Sample: Each prospective Proposer shall submit a 1500 ml "chilled" sample of their product representative of their manufacturing process from Proposer's manufacturing facility which would serve the customer to one of the approved testing laboratories listed in the Specification for analysis within the past ninety (90) days. The laboratory shall ascertain whether the Proposer's product is in compliance with this Specification for available chlorine, % sodium hypochlorite, excess caustic, iron, copper, nickel, chlorate, bromate, perchlorate and suspended solids (based on Filter Test time). The manufacturer's location shall be annotated on the sample results. The cost of the analysis shall be borne by Proposer. The results of the analysis shall be submitted with the Proposer's proposal.

NSF Sample Results: Each prospective Proposer shall submit a copy of the three most recent years of complete NSF sample results of their product from the manufacturing facility supplying their product which would serve the customer. Bay County shall use these results to ensure compliance with the Specification. The results of the NSF sample analysis shall be submitted with the Proposer's proposal. Failure to submit this information or meet the requirements of the Specification shall result in Proposer being disqualified.

Other Samples: Bay County reserves the right to take samples from Proposer's other customers to ensure that the Proposer'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 Proposer's quality. Bay County may choose to obtain a sample from any of Proposer's customers to ensure compliance with the Specification. In such event, Bay County shall bear the cost of any analysis. Based on this compliance check, failure to meet the requirements of this Specification shall result in Proposer being disqualified.

References and Past Performance: Each prospective Proposer shall submit a list of at least ten (10) references to include phone numbers that use or have used its sodium hypochlorite at both water and wastewater treatment plants in the past five years. The Reference List shall list actual users at the water and wastewater plants and not purchasing agents. Additionally, each Proposer 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 ten (10) years. Failure to supply these lists shall result in Proposer being disqualified.

EXHIBIT "A"

Emergency Response: As part of its Emergency Preparedness Planning and Spill Response Plan, each prospective Proposer 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. In addition, each Proposer shall furnish a list of ten (10) emergency service calls they made to a customer outlining the details of the emergency and the Proposer's emergency response with a point of contact and phone number to verify the details. Failure to submit either list including its specific requirements shall result in Proposer being disqualified.

Safety and Reliability: 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 that serve the Florida market (this does not pertain to FDOT fines or fees) for the past ten (10) years. The Proposer shall submit a copy of its most recent Florida & United States DOT inspection results. Additionally, the Proposer shall submit a copy of its OSHA Form 300A/300 logs for the past five (5) years (if the Proposer utilizes a third party driving company or affiliated company, then they shall submit the OSHA 300 logs for that company as well). Logs shall be submitted for the *entire* company in addition to any subsidiaries or subcontractors who will serve the Contractor. The Proposer 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 the Regulatory Actions, OSHA 300 logs or Safety Incidents shall result in Proposer being disqualified from bidding on this product.

Training: Each Proposer shall provide documentation that it is able to provide continuing Education units (CEU's) for water and wastewater operators for annual chemical system training.

Safety Data Sheet (SDS) and Material Specifications: Bidders shall submit with their bid a Safety Data Sheet and material specification (components and analysis) with typical properties for Sodium Hypochlorite and guarantee that all deliveries will meet the specifications on the sheets.

7A

EXHIBIT "A"



THORNTON LABORATORIES TESTING & INSPECTION SERVICES, INC.

1145 E. Cass St, Tampa, FL 33602
Phone: 813-223-9702 Fax: 813-223-9332
WWW.THORNTONLAB.COM

21-Apr-2026

Page 1 of 1

Report for: Odyssey Manufacturing Co.
1484 Massaro Blvd.
Tampa, FL 33619
Attn: Patrick Allman

Sample Identification:
Bleach
Id: Sodium Hypochlorite - Bid Sample

Date Received: 09-Apr-2026

Laboratory Number: 478059

CERTIFICATE OF ANALYSIS OFFICIAL ANALYSIS *

Method	Parameter	Result	Units
AWWA B-300	Sodium Hypochlorite (NaOCl)	11.08	%
	Available Chlorine (Cl ₂)	10.55	%
	Sodium Hydroxide (NaOH)	0.32	%
	Specific Gravity @ 60 oF	1.1702	
ASTM	Sodium Carbonate (Na ₂ CO ₃)	0.10	%
AOAC 2006.03 (mod)	Copper (Cu)	< 0.03	ppm
	Iron (Fe)	0.72	ppm
	Nickel (Ni)	< 0.03	ppm
S.M.4110B +	Chlorates	< 100	ppm
	Bromates	< 2	ppm
	Perchlorates	< 10	ppm
NOVATEK	Filtration Test Time / 1 liter	77	seconds

* Average of closely agreeing duplicate determinations.

+ Analysis by Precision Petroleum Labs.

THORNTON LABORATORIES
Steve Fickett, III

Thornton Laboratories Testing & Inspection Services, Inc. responsibility for the above analysis, opinions,
or interpretations is limited to the invoice amount.

EXHIBIT "A"

NovaChem

Laboratories, Inc

Date: 7 June 2021

Call for results over the phone
513-523-3605

Odyssey Bleach Analysis Results Received 27 May 2021

<u>Parameter</u>		
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

EXHIBIT "A"

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

		11/11/2022		11/11/2022	
		Bleach Sample 1		Bleach Sample 2	
Parameter	Mol. Form.	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		11/23*, 12/20- 12/22 (2022)		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		(Note- Reflect Ion contents; not molecular forms)				
Species	Mol. Form	wt%	mg/L	wt%	mg/L	
Fluoride	F ⁻	0.011	132.62	0.002	26.00	0.02
Chlorite	ClO2 ⁻	ND	ND	ND	ND	0.02
Bromate	BrO3 ⁻	0.001	15.00	ND	ND	0.02
Chloride	Cl ⁻	5.378	62,375.09	5.315	70,244.24	0.02
Nitrite	NO2 ⁻	ND	ND	ND	ND	0.02
Bromide	Br ⁻	0.005	61.04	0.006	74.09	0.02
Chlorate*	ClO3 ⁻	0.048	553.00	0.047	544.00	0.02
Nitrate	NO3 ⁻	ND	ND	ND	ND	0.02
Phosphate	PO4 ³⁻	ND	ND	ND	ND	0.02
Sulfate	SO4 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.

EPA 200.7 Metals		Date Test:	ND: Not Detectable		12/19/2022		Reporting Limit
Species	Mol. Form		wt%	mg/L	wt%	mg/L	(RL) 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

7B

EXHIBIT "A"



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	26-MAY-2026
Customer Name	Odyssey Manufacturing Company		
Tested To	NSF/ANSI/CAN 60		
Description	Sodium Hypochlorite 12.5 Trade Percent Liquid		
Trade Designation	Sodium Hypochlorite 12.5 Trade Percent		
Test Type	Annual Collection		
Job Number	A-00536871		
Project Number	W1018777		
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

Date 26-MAY-2026

Scott E. Randall - Senior Manager Commercial Water

EXHIBIT "A"

NSF

General Information

Standard: NSF/ANSI/CAN 60

Chemical Name: Sodium Hypochlorite 10.8% and 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 12.5 Trade Percent

Sample Id: S-0002305779

Description: Sodium Hypochlorite 12.5 Trade Percent | Liquid

Sampled Date: 30-Apr-2026

Received Date: 30-Apr-2026

Quenched Date: 23-MAR-2026 03:00

Tox Normalization Information:

Calculated NF 0.0000892
 MUL 94 mg/L
 Density Value Applied 1.17 g/mL
 Compound Reference Key: SPAC

Lab Normalization Information:

Date exposure completed 13-MAY-2026

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 = 10³ ml, 1 g = 10³ 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	1100	1100	ug/L	100	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.							

Sample Id: S-0002305781

Description: Sodium Hypochlorite 12.5 Trade Percent | Liquid

Sampled Date: 14-May-2026

Received Date: 30-Apr-2026

Tox Normalization Information:

Calculated NF 0.0992
 Preparation method used B
 MUL 94 mg/L
 Compound Reference Key: SPAC

Lab Normalization Information:

Date exposure completed 14-MAY-2026
 Final volume of solution 0.25 L
 Mass of material used 237 mg



EXHIBIT "A"

Sample Id: S-0002305781

Normalization Calculation:

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

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

- 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(0.1)	1	Pass
Barium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	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(0.1)		
Copper	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	130	Pass
Manganese	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	12	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(0.1)	5	Pass
Thallium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pass
Aluminum	ug/L	ND(10)	ND(10)	ND(10)	ND(0.99)	290	Pass
Volatile Organic Compounds (Ref: EPA 524.2)							
Dichlorodifluoromethane	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	100	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
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)	0.3	Pass
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]	
Bromo-chloromethane	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

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EXHIBIT "A"



Sample Id: S-0002305781

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
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-Dichloroethene	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)	0.4	Pass
trans-1,3-Dichloropropene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	0.4	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)	600	Pass
Methyl Ethyl Ketone	ug/L	ND(20)	ND(5)	ND(20)	ND(2.0)	400	Pass
Methyl Isobutyl Ketone	ug/L	ND(20)	ND(5)	ND(20)	ND(2.0)	700	Pass
Toluene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	6	Pass
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)		

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EXHIBIT "A"



Sample Id: S-0002305781

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
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)	0.9	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							

EXHIBIT "A"



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)
C4652	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: 30-APR-2026 to 21-MAY-2026

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 alltestment. 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-top 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.

EXHIBIT "A"



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	15-AUG-2025
Customer Name	Odyssey Manufacturing Company		
Tested To	NSF/ANSI/CAN 60		
Description	Ultrachlor Liquid		
Trade Designation	Ultrachlor		
Test Type	Annual Collection		
Job Number	A-00504169		
Project Number	W0943387		
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 15-AUG-2025

EXHIBIT "A"



General Information

Standard: NSF/ANSI/CAN 60
 Chemical Name: Sodium Hypochlorite 10.8%
 Lot Number/Product Identifier: 714FEED25
 Maximum Use Level: 94 mg/L
 Monitor Code: A
 Physical Description of Sample: Liquid
 Tested DCC Number: DA02366
 Trade Designation/Model Number: Ultrachlor

Sample Id: **S-0002243087**
 Description: Ultrachlor | Liquid
 Sampled Date: 06-Aug-2025
 Received Date: 31-Jul-2025

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.100	Date exposure completed	06-AUG-2025
Preparation method used	B	Final volume of solution	0.25 L
MUL	94 mg/L	Mass of material used	235 mg
Compound Reference Key:	SPAC		

Normalization Calculation:

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

- 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(0.1)	1	Pass
Barium	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	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	2	ND(1)	2	0.2		
Copper	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	130	Pass
Manganese	ug/L	ND(1)	ND(1)	ND(1)	ND(0.1)	12	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(0.1)	5	Pass
Thallium	ug/L	ND(0.2)	ND(0.2)	ND(0.2)	ND(0.02)	0.2	Pass
Aluminum	ug/L	ND(10)	ND(10)	ND(10)	ND(1.0)	290	Pass
Volatile Organic Compounds (Ref: EPA 524.2)							
Dichlorodifluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	Pass
Chloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	3	Pass

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EXHIBIT "A"



Sample Id: S-0002243037

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
Vinyl Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
Bromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	1	Pass
Chloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	40	Pass
Trichlorofluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	50	Pass
Trichlorotrifluoroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	Pass
Methylene Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
1,1-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.7	Pass
trans-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
1,1-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	Pass
2,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	Pass
cis-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	7	Pass
Chloroform	ug/L	ND(1)	0.7	ND(1)	ND(0.1)	[TTHM]	
Bromochloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	9	Pass
1,1,1-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	20	Pass
1,1-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
Carbon Tetrachloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
1,2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Trichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
1,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Bromodichloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	
Dibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
cis-1,3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
trans-1,3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
1,1,2-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
Tetrachloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Chlorodibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	
Chlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	1	Pass
Bromoform	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[TTHM]	
1,1,2,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.2	Pass
1,2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	4	Pass
1,3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	Pass
1,4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	7.5	Pass
1,2-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	60	Pass
Carbon Disulfide	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Pass
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	8000	Pass
tert-Butyl ethyl ether	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	600	Pass

EXHIBIT "A"



Sample Id: S-0002243087

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
Methyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.0)	400	Pass
Methyl Isobutyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(1.0)	700	Pass
Toluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	6	Pass
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	14	Pass
m+p-Xylenes	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	[Xylenes]	
o-Xylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	[Xylenes]	
Styrene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
Isopropylbenzene (Cumene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	70	Pass
n-Propylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
Bromobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
2-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
4-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,3,5-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
tert-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,2,4-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
sec-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
p-Isopropyltoluene (Cymene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,2,3-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
n-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)		
1,2,4-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	7	Pass
Hexachlorobutadiene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.4	Pass
1,2,3-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.3	Pass
Naphthalene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	10	Pass
Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.1)	0.5	Pass
Total Trihalomethanes	ug/L	ND(0.5)	0.7	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-0002243088

Description: Ultrachlor | Liquid

Sampled Date: 14-Jul-2025

Received Date: 31-Jul-2025

Quenched Date: 14-JUL-2025 00:00

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0000900	Date exposure completed	31-JUL-2025
MUL	94 mg/L		
Density Value Applied	1.17 g/mL		
Compound Reference Key:	SPAC		

EXHIBIT "A"



Sample Id: S-0002243088

Normalization Calculation:

$$\text{Normalized Result} = \text{Test Result} * \text{NF} * (10 \frac{\mu\text{g}}{\text{L}} \text{mg})$$

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

- 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 = 10³ ml, 1 g = 10³ 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	1200	1200	ug/L	110	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.							

EXHIBIT "A"



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: 31-JUL-2025 to 13-AUG-2025

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.



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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

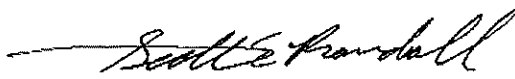
Result	PASS	Report Date	06-MAR-2024
Customer Name	Odyssey Manufacturing Company		
Tested To	NSF/ANSI/CAN 60		
Description	Sodium Hypochlorite 10.94% Liquid		
Trade Designation	Sodium Hypochlorite 10.94%		
Test Type	Annual Collection		
Job Number	A-00473432		
Project Number	W0869933		
Project Manager	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 06-MAR-2024



EXHIBIT "A"

General Information

Standard: NSF/ANSI/CAN 60
Chemical Name: Sodium Hypochlorite
Maximum Use Level: 94 mg/L
Monitor Code: A
Physical Description of Sample: Liquid
Tested DCC Number: DA02366
Trade Designation/Model Number: Sodium Hypochlorite 10.94%

Sample Id: S-0002086790
Description: Sodium Hypochlorite 10.94% | Liquid
Sampled Date: 26-Feb-2024
Received Date: 16-Feb-2024

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0929	Date exposure completed	26-FEB-2024
Preparation method used	B	Final volume of solution	0.25 L
MUL	94 mg/L	Mass of material used	253 mg
Compound Reference Key:	SPAC		

Normalization Calculation:

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

- 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

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A-00473432

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EXHIBIT "A"

Sample Id: S-0002086790

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)	0.3	Pass
cis-1,2-Dichloroethylene	ug/L	ND(2)	ND(0.5)	ND(2)	ND(0.2)	7	Pass
Chloroform	ug/L	ND(2)	ND(0.5)	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)	600	Pass
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

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EXHIBIT "A"

Sample Id: S-0002086790

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)	ND(0.5)	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-0002086791

Description: Sodium Hypochlorite 10.94% | Liquid

Sampled Date: 14-Feb-2024

Received Date: 16-Feb-2024

Quenched Date: 14-FEB-2024 00:00

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0000897	Date exposure completed	16-FEB-2024
MUL	94 mg/L		
Density Value Applied	1.16 g/mL		
Compound Reference Key:	SPAC		



EXHIBIT "A"

Sample Id: S-0002086791

Normalization Calculation:

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

- Malonic Acid Dilution Correction = $(\text{Volume of Hypochlorite Sampled} + \text{Malonic Acid}) / \text{Volume of Hypochlorite Sampled}$
- Volume of Hypochlorite Sampled = $(\text{Volume of Hypochlorite Sample Received (ml)} - (\text{Malonic Acid (g)} * (1 / \text{Density of Malonic Acid (g/ml)})))$
- Volume of Hypochlorite Sample Received = $\text{Volume of Hypochlorite Sampled} + \text{Malonic Acid}$
- Unit conversion: $1 \text{ L} = 10^3 \text{ ml}$, $1 \text{ g} = 10^3 \text{ mg}$;

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	380	380	ug/L	34	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.							



EXHIBIT "A"

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: 16-FEB-2024 to 05-MAR-2024

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.



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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

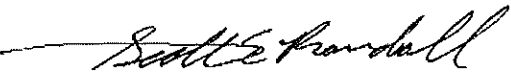
Result	PASS	Report Date	03-APR-2023
Customer Name	Odyssey Manufacturing Company		
Tested To	NSF/ANSI/CAN 60		
Description	Sodium Hypochlorite Liquid		
Trade Designation	Sodium Hypochlorite		
Test Type	Annual Collection		
Job Number	A-00444175		
Project Number	W0805362		
Project Manager	Lena Hope		

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

EXHIBIT "A"



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:

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

- 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

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EXHIBIT "A"

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

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EXHIBIT "A"

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		



EXHIBIT "A"

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



EXHIBIT "A"

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.

EXHIBIT "A"



NSF International

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	11-FEB-2022
Customer Name	Odyssey Manufacturing Company		
Tested To	NSF/ANSI/CAN 60		
Description	Sodium Hypochlorite 12.5 Trade Percent Liquid		
Trade Designation	Sodium Hypochlorite 12.5 Trade Percent		
Test Type	Annual Collection		
Job Number	A-00414411		
Project Number	W0716556		
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 International.

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

Report Authorization

Scott E. Randall - Technical Operations Manager, Water

Date 11-FEB-2022

EXHIBIT "A"



General Information

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

Sample Id: S-0001878375
 Description: Sodium Hypochlorite 12.5 Trade Percent | Liquid
 Sampled Date: 03-Feb-2022
 Received Date: 27-Jan-2022

Tox Normalization Information:		Lab Normalization Information:	
Calculated NF	0.0949	Date exposure completed	03-FEB-2022
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:

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

- 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(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Chloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	3	Pass
Vinyl Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
Bromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	1	Pass
Chloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	40	Pass

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EXHIBIT "A"



Sample Id: S-0001878375

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
Trichlorofluoromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	50	Pass
Trichlorotrifluoroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Methylene Chloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
1,1-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.7	Pass
trans-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
1,1-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
2,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
cis-1,2-Dichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7	Pass
Chloroform	ug/L	2	2.3	ND(1)	ND(0.09)	[TTHM]	
Bromochloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	9	Pass
1,1,1-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	20	Pass
1,1-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
Carbon Tetrachloride	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
1,2-Dichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Trichloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
1,2-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Bromodichloromethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
Dibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
cis-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
trans-1,3-Dichloropropene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
1,1,2-Trichloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,3-Dichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
Tetrachloroethylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Chlorodibromomethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
Chlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
1,1,1,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	1	Pass
Bromoform	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[TTHM]	
1,1,2,2-Tetrachloroethane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.2	Pass
1,2,3-Trichloropropane	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	4	Pass
1,3-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	60	Pass
1,4-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7.5	Pass
1,2-Dichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	60	Pass
Carbon Disulfide	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	70	Pass
Methyl-tert-Butyl Ether (MTBE)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	8000	Pass
tert-Butyl ethyl ether	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	2000	Pass
Methyl Ethyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(0.95)	400	Pass
Methyl Isobutyl Ketone	ug/L	ND(10)	ND(5)	ND(10)	ND(0.95)	700	Pass
Toluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	6	Pass

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EXHIBIT "A"



Sample Id: S-0001878375

Testing Parameter	Units	Sample	Control	Result	Norm. Result	Acceptance Criteria(1)	Evaluation Status
Ann Arbor Chemistry Lab (Continued)							
Ethyl Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	14	Pass
m+p-Xylenes	ug/L	ND(2)	ND(1)	ND(2)	ND(0.2)	[Xylenes]	
o-Xylene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	[Xylenes]	
Styrene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
Isopropylbenzene (Cumene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	70	Pass
n-Propylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
Bromobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
2-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
4-Chlorotoluene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,3,5-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
tert-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,2,4-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
sec-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
p-Isopropyltoluene (Cymene)	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,2,3-Trimethylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
n-Butylbenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)		
1,2,4-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	7	Pass
Hexachlorobutadiene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.4	Pass
1,2,3-Trichlorobenzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.3	Pass
Naphthalene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	10	Pass
Benzene	ug/L	ND(1)	ND(0.5)	ND(1)	ND(0.09)	0.5	Pass
Total Trihalomethanes	ug/L	1.7	2.3	ND(0.5)	ND(0.047)	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-0001878376

Description: Sodium Hypochlorite 12.5 Trade Percent | Liquid

Sampled Date: 24-Jan-2022

Received Date: 27-Jan-2022

Quenched Date: 24-JAN-2022 13:30

Tox Normalization Information:

Calculated NF 0.000000086
 MUL 94 mg/L
 Density Value Applied 1.2 g/mL
 Compound Reference Key: SPAC

Lab Normalization Information:

Date exposure completed 27-JAN-2022

EXHIBIT "A"



Sample Id: S-0001878376

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	1800	1800	ug/L	160	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.							

EXHIBIT "A"



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 International 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: 03-FEB-2022 to 09-FEB-2022

Testing Laboratories:

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

EXHIBIT "A"



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.



EXHIBIT "A"

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 April 30, 2026.

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

Facility: Tampa, FL (T1)

Chemical/ Trade Name	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 B300 (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: Only products bearing the NSF Mark on the product, product packaging, and/or documentation shipped with the product are Certified.

Facility: Tampa, FL (T2)

Chemical/ Trade Name	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
Magnesium Hydroxide			
Thioguard	Precipitation Agent pH Adjustment	150	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

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



EXHIBIT "A"

50% Sodium Hydroxide	Corrosion & Scale Control	100	mg/L
	pH Adjustment		

Sodium Hypochlorite [HY]

Ultrachlor 12.5 Trade Percent Sodium Hypochlorite	Disinfection & Oxidation	70	mg/L
---	--------------------------	----	------

[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 B300 (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: Only products bearing the NSF Mark on the product, product packaging, and/or documentation shipped with the product are Certified.

Facility: Lantana, FL

Chemical/
Trade Name

Function

Max Use

Sodium Hydroxide

25% Sodium Hydroxide	Corrosion & Scale Control	200	mg/L
	pH Adjustment		

50% Sodium Hydroxide	Corrosion & Scale Control	100	mg/L
	pH Adjustment		

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 B300 (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: Only products bearing the NSF Mark on the product, product packaging, and/or documentation shipped with the product are Certified.

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

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EXHIBIT "A"



Odyssey Manufacturing Co. Sodium Hypochlorite Reference List

- Brandon Hoffman, 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
- Fred Hemerick, City of Clearwater, WTP Manager, 727-462-6326
- Ryan Alexander, City of Clearwater, Marshall Street WRF Superintendent, 727-224-7726
- David Hawkins, Sarasota County, Bee Ridge WRF Supt., 941-316-1288
- Craven Askew, City of St. Petersburg, NE WWTP Supt., 727-893-7779
- Sean McFarland, Marion County, Operations Manager, 352-479-3191
- Phil Hyer, City of Pompano Beach, WTP Superintendent, 954-545-7030
- Barry Stewart, St. Johns County, WTP Superintendent, 904-209-2645
- Al Purvis, City of Leesburg, WTP Superintendent, 352-728-9843
- 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
- Paul Noeske, City of Tampa, WTP Manager, 813-344-9224
- David Winkler, City of Largo, WWTP Superintendent, 727-424-7432
- Holly Britt, City of Lake Wales, WTP Supervisor, 863-528-7639
- Bobby Gibbs, Bay County, Utility Director, 850-814-8869
- Johnny Lynn, City of Flagler Beach, WWTP Supervisor, 386-517-2029
- Mike Nevelus, Sarasota County, Bee Ridge WRF Supt., 941-316-1288
- Craven Askew, City of St. Petersburg, NE WWTP Supt., 727-893-7779
- Scott Lewis, City of St. Petersburg, Manager Water Supply, 813-920-2841
- Brian Antonian, City of Dunedin, WWTP Superintendent, 727-298-3256
- Bob Polizzi, City of Edgewater, WTP Superintendent, 386-424-2490
- Mike Powers, TOHO Water Authority, WTP Supervisor, 407-944-5074

MANUFACTURERS OF

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(800) ODYSSEY

THE CLEAR SOLUTION

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

7D

EXHIBIT "A"



Emergency Response

Enclosure 7D contains the information for Odyssey's Emergency Preparedness Planning and Response Plan. Emergency points of contact are Patrick H. Allman, General Manager (cell 813-335-3444) who has a B.S. in Nuclear Engineering 1983 from the University of Virginia and Marvin Rakes, President (cell 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 Bay County numerous amounts of emergency and technical support/assistance over the past several years at no charge. The following are just a few of the instances that come to mind:

- 1) 7/8/22 – Provided technical assistance with chemical feed problems at Bay County Booster Station and sent recommended replacement parts up with the next delivery.
- 2) 4/13/22 – Completed project to upgrade ferric sulfate system at the Bay County WTP. Odyssey was responsible for numerous design improvements
- 3) 12/9/21 – Completed installation of new 8,000-gallon zinc orthophosphate and HFS tanks and associated piping at the Bay County WTP.
- 4) 6/30/21 – Got phone call from Bay County WWTP that their UV system had failed and they needed to feed sodium hypochlorite and sodium bisulfite. Went up next day and setup temporary sodium hypochlorite and sodium bisulfite systems. Did FDEP permit as part of the work.
- 5) 5/25/21 – Completed installation of two new sodium hypochlorite tank and associated piping at the Bay County North WWTP.
- 6) 7/20/20 – Redesigned and completed installation of new sodium hypochlorite system at the Bay County WTP
- 7) 7/20/16 – Changed out sodium hypochlorite tank at the Bay County River Camp WWTP
- 8) 9/26/13 – Provided engineering and technical support and parts to chlorinate Bay County Booster Stations.
- 9) 8/17/11 – Stopped by and inspected sulfuric acid system at WTP request. Sent recommendations to add quill at injection point on raw water line. This was a critical item that had been left unchecked, would have resulted in repairs that would have taken away the raw water supply to Bay County's water plant for a significant amount of time.
- 10) 4/6/11 – Sent service technician up on an emergency basis the same day of the call to the North Bay WWTP with 1,100-gallon Snyder captor loaner tank. The existing 4,400-gallon Poly Processing SAFE Tank began leaking alum out of the bottom fitting after

EXHIBIT "A"

being filled. Odyssey pumped out the alum to our loaner tank and hooked it up. The tank and gasket were fine, but the interior of the tank was all wavy. We installed second gasket. We filled the alum tank with water and bleach (it was filled with alga) and the tank passed this test.

- 11) 2/22/11 – Provided training at no charge to the operators for the North Bay WWTP on the sodium hypochlorite and bisulfite systems during the initial plant startup period.
- 12) 10/27/10 – Engineered, permitted, and installed sodium bisulfite and sodium hypochlorite systems at the new North Bay WWTF.
- 13) 4/4/10 – Provided at no cost engineering analysis with pricing to Paul Lackemacher regarding bulk sodium hypochlorite vs. on-site generation of sodium hypochlorite.
- 14) 8/13/10 – Completely rebuilt and redesigned the sodium hypochlorite system at the main WWTF resulting in significant savings because it allowed bulk deliveries of sodium hypochlorite in lieu of the more expensive drum deliveries. Additionally, the redesign significantly improved operator safety as well.

EXHIBIT "A"

EMERGENCY RESPONSE CUSTOMER SERVICE REFERENCES

- (7/21/25) Bay County WTP: Got phone call that their 7,000-gallon 93% sulfuric acid tank failed on Monday morning. On Tuesday morning, set up two temporary 2,550-gallon sulfuric acid tanks, pumped over remaining sulfuric acid to these tanks and put the temporary tanks on-service. (Reference: Kevin Maxwell, Lead Operator, 850-630-0137)
- (7/17/25) City of Altamonte Springs WTP #5: Odyssey driver reported that one of the bleach tanks had a 12" horizontal crack on the upper sidewall under one of the flat spots on Tuesday. Odyssey performed immediate engineering analysis and sent crew to drill out each end of the crack with a 1/4" hole to keep the crack from propagating and to allow the tank to remain in service since it was only four years old and past the warranty period. (Reference: Austin Langin, Lead WTP Operator, 321-696-1792)
- (10/1/2024) Town of Highland Beach WTP: Same day emergency response when all of their sulfuric acid pumps down and they could not run the RO Plant. Odyssey technicians were able to get all three pumps up and running. (Reference: David Richard, Chief Operator, 561-756-0689)
- (6/30/24) City of Punta Gorda WTP: Got phone call on Monday morning that sulfuric acid injection line to RO plant had catastrophically failed and their anti-scalant system was inoperable and they could not run the RO plant without damaging their membranes. Dispatched crew which ran new temporary acid injection line and had them up and running by Monday afternoon. (Reference: Dr. Bob Cushing, Carollo Engineers, 941-744-7930 or Steve Leonard, Project Manager, 941-628-6319)
- (6/27/25) Sunshine Water Wekiva WTP: Got a phone call on Friday evening at 5:00 PM that one of their two full 2,500-gallon sodium hypochlorite tanks had failed and was leaking out sodium hypochlorite at a high rate that the tank would be empty by the morning. Dispatched tanker and crew and had bleach pumped out to a tanker by 8:00 PM and delivered it to another Sunshine Water facility. (Reference: Brian Gongre, Central Florida Operations VP, 407-948-9840)
- (10/11/24) Villages NSU, CSU, LSSA and VCSA WWTP's: Made four emergency delivers same day to four Villages WWTP's to prevent them from running out of sodium hypochlorite after Hurricane Milton had come through two days previously when their current hypochlorite supplier was unable to deliver. (Reference: David Fennell, Jacobs WWTP Operations Supervisor, 352-661-4256)
- (7/5/24) Horner Express Longwood Location: Customer pulled out of filling station at Horner Express and was still connected to fill lines. He pulled out all of the fill station plumbing for six stations and put Horner Express out of business. Odyssey responded and had fill station plumbing replaced by the afternoon. (Reference: Dylan Kain, Branch Manager, 407-942-0312)
- (5/10/24) Sunshine Water Mid-County WWTP: Got a phone call on Friday morning that Ferric Sulfate tank had catastrophically failed. Odyssey crews responded that morning and isolated spill and performed initial cleanup actions. We setup temporary 6,550-gallon ferric sulfate tank and were able to save 4,000 gallons. We then coordinated cleanup efforts of ACT on the following Saturday morning. (Reference: Domenic Gentilucci, 407-948-9839)
- (04/12/2024) TOHO Water Authority Camelot West WTP: Responded on Friday afternoon to emergency with regard to leaking sodium hypochlorite tank. Installed temporary Assmann 2,550-gallon double-walled tank and pumped bleach in leaking tank to temporary tank. Sent out replacement tank quote the same day. IMT. (Reference: Mike Cotton, WTP Operations Manager, 407-225-3349).

EXHIBIT "A"

- (7/28/23) Horner Express Melbourne Location: Customer pulled out of filling station at Horner Express and was still connected to fill lines. He pulled out all of the fill station plumbing for four stations and put Horner Express out of business. Odyssey responded and had fill station plumbing replaced by the afternoon. (Reference: Sean Kelley, Branch Manager, 321-367-3357)
- (07/07/2023) Polk County Dinner Lake WTP: Responded same day to emergency call to failed tank. Installed temp 2,550 bleach tank for weekend and transferred over sodium hypochlorite from failed tank and then installed new Assmann 1,050 IMT tank the following Monday. (Dave Harkless, Maintenance Supervisor, 863-220-4369)
- 06/09/2023 10:23a - PHA – TOHO Water Authority South Bermuda WWTP: Odyssey responded on Friday night to emergency call facility was out of compliance on chlorine. Technician discovered bpv/prv had been messed with and chemical was going in a circle. Adjusted valves. TOHO had broken valve on injection quill so replaced broken valve on quill. Odyssey Technician stayed on site for a time to make sure residual came into compliance before leaving. (Reference: Don Vedner, WWTP Manager, 407-501-1259)
- (10/1/22) Lee County Pinewoods RO Plant and Corkscrew WTP, Made two emergency delivers same day to two Lee County WTP's to prevent them from running out of sodium hypochlorite after Hurricane Ian had come through two days previously when their current hypochlorite supplier was unable to deliver. (Reference: Hank Barroso, Operations Manager, 239-826-5619)
- (08/05/2022) Pasco County Shady Hills WWTP. Responded same day to tank leak at Shady Hills WWTP and stopped leak. Sent crew next morning to pump out tank and take to another plant. Provided tank replacement quote. (Reference: Kevin Duffy, WWTP Supervisor, 727-247-0776)
- (11/30/2020) Pasco County Cypress Manor WWT: Performed emergency repair on the suction line feeding the pumps replacing the entire line which was leaking and making the plant inoperable. The feed line (injection piping) was also replaced like for like with ½" pipe while we were there because it was leaking also. (Reference: Gerald Runge, Operations Manager, 727-271-9557)
- (02/05/2021) Hillsborough County Central WTP: Same day emergency response to replace cracked 2" flange on bottom of sodium hypochlorite tank. A Contractor was sandblasting and hit the pipe cracking the flange. (Reference: Norrise Shellman, WTP Manager, 813-539-5839)

7E

EXHIBIT "A"



ODYSSEY
MANUFACTURING CO.

Safety and Reliability

Safety and reliability are extremely important and should be a major consideration in the Utility's "informed decision process". Odyssey Manufacturing has only one "Safety Incident" in the past five years. In August 2022, we had the rear brakes on a tanker catch fire while heading south on I-75 near Punta Gorda. The driver was unable to put out the fire with his extinguisher, so the Fire Department responded and put out the fire. The tanker breached from the fire and just over 1,000 gallons of sodium hypochlorite was spilled on the ground. Cleanup was completed. This is the only incident for Enclosure 7E.

Odyssey has not had any regulatory actions including but not limited to, any fines, correspondence, and consent orders relating to the operation of ALL our manufacturing and distribution facilities that serve the Florida market in the past ten (10) years. Included here are the OSHA Form 300A/300 logs for the past five (5) years.

EXHIBIT "A"

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 25

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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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

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 aspects 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 1484 Massaro Blvd.

City Tampa State FL Zip 33619

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 89

Total hours worked by all employees last year 223,399.73

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 1/16/26

Reset

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



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

Form approved OMB no. 1218-0176

- 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.

- 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 Manufacturing Company

City Tampa State FL

Step 2. Describe the case

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Step 4.

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

Step 5.

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness <i>(e.g., 2/10)</i>	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	Enter the number of days the injured or ill worker was:				Select one column:							
						Remained at Work				Away from work	On job transfer or restriction	Illness					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)			(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
Reset	NONE		/ / month / day			☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
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Add a Form Page

EXHIBIT "A"

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 25



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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

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

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 aspects 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 7

Total hours worked by all employees last year 19,169.91

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 1/16/26

Reset

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

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



Form approved OMB no. 1218-0176

- 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.

- 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 Manufacturing Company**

City Lantana State FL

Step 2. Describe the case

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Step 4.

Enter the number of days the Injured or Ill worker was:

Step 5.

Select one column:

(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)	SELECT ONE / One circle based on the most serious outcome:				Enter the number of days the injured or ill worker was:		Select one column:					
						Remained at Work				Away from work (K)	On job transfer or restriction (L)	Illness					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record- able cases (J)			(M) Injury (1)	Stk disorder (2)	Respiratory conditions (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
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EXHIBIT "A"

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 25

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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

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

Injury and Illness Types			
Total number of ...			
(M)			
(1) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

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

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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 2,589.57

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 1/16/26

Reset

EXHIBIT "A"

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.
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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 25

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 Odyssey Manufacturing Company

City Orlando State FL

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

Step 4.

Step 5.

(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)	Remained at Work				Enter the number of days the injured or ill worker was:		Select one column:						
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Illness						
												(M) Injury (1)	Skin disorder (2)	Respiratory conditions (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)	
Reset	NONE		/ / month / day			☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐	☐
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Add a Form Page

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

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

EXHIBIT "A"

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

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Year 20 24

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.B 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 Manufacturing Company

City Tampa State FL

Step 1. Identify the person

Step 2. Describe the case

(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)
Reset 1	[REDACTED]	Driver	1 / 5 month / day	On a tank in the loading area	Broke both wrists
Reset 2	[REDACTED]	Driver	9 / 10 month / day	Fill area at a customer's site	Bleach in eyes
Reset			/		
Reset			/		
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Reset			/		
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Reset			/		
Reset			/		

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

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

Step 4.

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

Away from work (K)	On job transfer or restriction (L)
169 days	
49 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:

Illness					
(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
☒	☐	☐	☐	☐	☐
☒	☐	☐	☐	☐	☐
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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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

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

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(1) (2) (3) (4) (5) (6)

EXHIBIT "A"

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 24



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	2	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
218	0
(K)	(L)

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 38 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-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 1484 Massaro Blvd.

City Tampa State FL Zip 33619

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 81

Total hours worked by all employees last year 214,331.25

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

Title

Phone 813-635-0339

Date 1/24/2025

Reset

EXHIBIT "A"

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.



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

Form approved OMB no. 1218-0176

- 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.

- 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 Manufacturing Company**

city Orlando State FL

Step 2. Describe the case

Step 4.

Step 5.

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

Select one column:

(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)	most serious outcome:				Enter the number of days the injured or ill worker was:		Select one column:					
						Remained at Work				Away from work	On job transfer or restriction	Illness					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	(M) Injury	Skin disorder	Respiratory conditions	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)			(1)	(2)	(3)	(4)	(5)	(6)
Reset	None		/			☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
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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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

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

EXHIBIT "A"

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

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 24



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

Form approved OMB no. 1218-0176

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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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

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 aspects 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 2,569.75

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] Title General Manager
Company executive
Phone 813-635-0339 Date 1/24/2025

Reset

EXHIBIT "A"

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 24

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 **Odyssey Manufacturing Company**

City **Lantana** State **FL**

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Step 4.

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

Step 5.

Select one column:

(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)	Remained at Work				Enter the number of days the injured or ill worker was:		Illness					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other illnesses
Reset	None		/			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
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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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals

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

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

EXHIBIT "A"

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 24



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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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

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 aspects 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 7

Total hours worked by all employees last year 20,816.50

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.

[Signature] Title General Manager
Company executive
Phone 813-635-0339 Date 1/24/2025

Reset

EXHIBIT "A"

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 23

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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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

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 aspects 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 CompanyStreet 250 Central Florida ParkwayCity Orlando State FL Zip 32824Industry 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 1Total hours worked by all employees last year 2,629.50

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 [Signature]Title General ManagerPhone 813-635-0339Date 1/26/2024

Reset

OSHA's Form 300 (Rev. 04/2004)
**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 20 23

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 **Odyssey Mfg. Company**

City Orlando State FL.

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

Step 4.

Step 5.

[illegible]

SELECT ONLY ONE circle based on the most serious outcome:

[illegible]

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

[illegible]

Select one column

[illegible]

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-3664, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals

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

(1)	Injury
(2)	Skin disorder
(3)	Respiratory resc./flea
(4)	Poisoning
(5)	Hearing loss
(6)	All other illnesses

EXHIBIT "A"

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 23



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

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

Public reporting 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 aspects 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 7

Total hours worked by all employees last year 17,455.50

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.

[Signature]
Company executive

General Manager
Title

Phone 813-635-0339

Date 1/26/2024

Reset

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

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



Form approved OMB no. 1218-0176

- 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.

- 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.

City Lantana State FL

Step 5.

Select one column:

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

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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals **0 0 0 0 0**

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

EXHIBIT "A"

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 23

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

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

Public reporting burden for this collection of information is estimated to average 38 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-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 1484 Massaro Blvd.

City Tampa State FL Zip 33619

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 76

Total hours worked by all employees last year 201,886.80

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 01/26/2024

Reset

EXHIBIT "A"

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 23

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 Odyssey Mfg. Company

City Tampa State FL

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Step 4.

Step 5.

(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)
Reset	None		/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		

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

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

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

Select one column:

(M) Injury	(N) Skin disorder	(O) Respiratory condition	(P) Poisoning	(Q) Hearing loss	(R) 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 aspects 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.

Page totals

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

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(1) (2) (3) (4) (5) (6)

EXHIBIT "A"

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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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

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 aspects 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]
Company executive

Corina L. Manay
Title

Phone 813-635-0339

Date 2/1/2023

Reset

EXHIBIT "A"

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
<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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

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 aspects 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 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.

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

Reset

EXHIBIT "A"

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.
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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

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 **Tampa** State **FL**

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Step 4.

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

Step 5.

Select one column:

(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)
Reset 1	[REDACTED]	Driver	9 / 22 month / day	Concrete pad on customer's site	injured nose, head, shoulder
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		

Death (G)	Remained at Work			Away from work (K)	On job transfer or restriction (L)
	Days away from work or restriction (H)	Job transfer or restriction (I)	Other recordable cases (J)		
☐	☒	☐	☐	25 days	0 days
☐	☐	☐	☐	days	days
☐	☐	☐	☐	days	days
☐	☐	☐	☐	days	days
☐	☐	☐	☐	days	days
☐	☐	☐	☐	days	days
☐	☐	☐	☐	days	days
☐	☐	☐	☐	days	days
☐	☐	☐	☐	days	days
☐	☐	☐	☐	days	days

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

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Add a Form Page

Page totals ▶ 0 1 0 0 25 0 1 0 0 0 0 0
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

EXHIBIT "A"

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
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 38 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-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.

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

Reset

EXHIBIT "A"

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.
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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. 1218-0175

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 Lantana State Fl.

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

Step 4.

Step 5.

SELECT ONLY ONE circle based on the most serious outcome:

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

Select one column:

(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)
Reset	none		/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		

Death (G)	Remained at Work			Away from work (K)	On job transfer or restriction (L)
	Days away from work or restriction (H)	Job transfer or restriction (I)	Other recordable cases (J)		
☐	☐	☐	☐	_____ days	_____ days
☐	☐	☐	☐	_____ days	_____ days
☐	☐	☐	☐	_____ days	_____ days
☐	☐	☐	☐	_____ days	_____ days
☐	☐	☐	☐	_____ days	_____ days
☐	☐	☐	☐	_____ days	_____ days
☐	☐	☐	☐	_____ days	_____ days
☐	☐	☐	☐	_____ days	_____ days
☐	☐	☐	☐	_____ days	_____ days
☐	☐	☐	☐	_____ days	_____ days

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

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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals

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(1)	(2)	(3)	(4)	(5)	(6)				

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

EXHIBIT "A"

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 21



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
<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>7</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 38 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-3644, 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 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 173,664.75

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

Reset

EXHIBIT "A"

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 **Odyssey Mfg. Company**

City **Tampa** State **FL**

Step 1. Identify the person

Step 2. Describe the case

(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)
Reset 1	[REDACTED]	Driver	8 / 21 month / day	behind Co. Tanker truck/fill line	bleach in eyes
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		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		
Reset			month / day		

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

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

Step 4.

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

Away from work (K)	On job transfer or restriction (L)
7	
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:

Illness					
(1) Injury	(2) Skin disease	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
☒	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals ▶ 0 1 0 0 7 0
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

1 0 0 0 0 0
(1) Injury (2) Skin disease (3) Respiratory condition (4) Poisoning (5) Hearing loss (6) All other illnesses

EXHIBIT "A"

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 21

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

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

Public reporting 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 Mfg. Company
Street 330 Hillbrath Dr.
City Lantana State FL Zip 33462

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 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.

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

Reset

OSHA's Form 300 (Rev. 04/2004)
**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 20 21



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

Form approved OMB no. 1218-0176

Please Record:

- 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 Lantana State Fl.

Step 1. Identify the person

Step 2. Describe the case

[illegible]

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

[illegible]

Step 4.

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

[illegible]

Step 5.

Select one column:

	(M)	
	☐	(1) Never
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☒	(2) An almost constant
	☐	
	☐	(3) Respiratory infections
	☐	
	☐	(4) Fatigue
	☐	
	☐	(5) Burning skin
	☐	
	☐	(6) All other

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Add a Form Page

Page totals

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

0 0 0 0 0 0

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

EXHIBIT "A"

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

Summary of Work-Related Injuries and Illnesses

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Year 20 21



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

Form approved OMB no. 1218-0176

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

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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 Hypchlorite

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 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

Reset

EXHIBIT "A"

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

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Year 20 21



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

Form approved OMB no. 1218-0176

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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 Orlando

State **Fl.**

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Step 4.

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

Step 5.

Select one column:

Mothers	
(1) baby	☐
(2) Skin disease	☐
(3) Respiratory complaints	☐
(4) Eye-ears	☐
(5) Heating hot	☐
(6) All other reasons	☐

[illegible][illegible]

0	0	0	0	0	0
Legacy	Skin disorder	Respiratory condition	Frustrating	Hearing loss	All other
(1)	(2)	(3)	(4)	(5)	(6)

Page totals

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

Add a Form Page

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EXHIBIT "A"

U.S. Department
of Transportation
Federal Motor
Carrier Safety
Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590
March 29, 2018

In reply refer to:
USDOT No.: 826347

MARVIN RAKES
PRESIDENT
ODYSSEY MANUFACTURING COMPANY
ODYSSEY MANUFACTURING CO
1484 MASSARO BLVD
TAMPA, FL 33619

Safety Audit Pass

This letter is to inform you that, based on the results of the safety audit conducted on ODYSSEY MANUFACTURING COMPANY on March 21, 2018, the Federal Motor Carrier Safety Administration (FMCSA) has determined that ODYSSEY MANUFACTURING COMPANY may continue to operate in interstate commerce within the United States.

However, for-hire motor carriers cannot operate in interstate commerce unless they obtain operating authority from FMCSA by following the registration procedures described in 49 CFR part 365, unless providing transportation exempt from 49 CFR part 356 registration requirements.

You are reminded that as a new entrant motor carrier FMCSA will continue to monitor and evaluate ODYSSEY MANUFACTURING COMPANY's safety management practices and on-road performance to ensure ODYSSEY MANUFACTURING COMPANY is complying with Federal requirements including the Federal Motor Carrier Safety Regulations (FMCSRs) and applicable Federal Hazardous Materials Regulations (HMRs). ODYSSEY MANUFACTURING COMPANY may be granted permanent registration no earlier than 18 months from the date its USDOT New Entrant registration was originally granted. Failure to comply with applicable requirements may result in the revocation of ODYSSEY MANUFACTURING COMPANY's USDOT New Entrant or permanent registration.

If you have any questions concerning your New Entrant Status, please call your division office number (202) 366-4023.

Sincerely,

Joseph P. DeLorenzo, Director, Office of
Enforcement and Compliance

RECEIVED APR 04 2018

EXHIBIT "A"



USDOT#
826347

Legal: ODYSSEY MANUFACTURING COMPANY
Operating (DBA): ODYSSEY MANUFACTURING CO

Review Date:
3/21/2018

Part A - General Information

MC/MX #:

State #:

Federal Tax ID: 65-0846345

Review Type: Safety Audit – New Entrant

Location of Review/Audit: Company Facility in the U. S.

Scope: Entire Operation

Territory:

Operation Types Interstate Intrastate

Carrier: HM N/A

Business: Corporation

Shipper: N/A N/A

Gross Revenue: \$50,000,000.00

Cargo Tank: N/A

for year ending: 3/21/2018

Company Physical Address:

1484 MASSARO BLVD
TAMPA, FL 33619, US

Contact Name: Marvin Rakes - President (Officer)

Phone numbers: (1) 813-635-0339

(2)

Fax 813-630-2589

E-Mail Address: pallman@odysseymanufacturing.

Company Mailing Address:

1484 MASSARO BLVD
TAMPA, FL 33619, US

Carrier Classification

Private Property

Cargo Classification

Chemicals

Hazardous Materials

8.0 Corrosive Material

Carried

Bulk

Does carrier transport placardable quantities of HM? Yes - Interstate

Is an HM Permit required?

No

Driver Information

	Interstate	Intrastate	Average trip leased drivers/month: 0
< 100 Miles:	0	0	Total Drivers: 27
>= 100 Miles:	27	0	CDL Drivers: 27

Equipment

	Owned	Term Leased	Trip Leased		Owned	Term Leased	Trip Leased
Truck Tractor	0	27	0	Trailer	3	0	0
HM Cargo Tank	27	0	0				
Trailer							

3/21/2018 1:56:02 PM
Review Date: 3/21/2018

Page 1 of 3

USDOT#: 826347



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EXHIBIT "A"

	USDOT#	Legal: ODYSSEY MANUFACTURING COMPANY	Review Date:
	826347	Operating (DBA): ODYSSEY MANUFACTURING CO	3/21/2018
Part A - General Information			
Power units used in the U.S.: 27			
Percentage of time used in the U.S.: 100			

3/21/2018 1:56:02 PM
Review Date: 3/21/2018

Page 2 of 3

USDOT#: 826347



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EXHIBIT "A"



ODYSSEY MANUFACTURING COMPANY (ODYSSEY MANUFACTURING CO dba)
USDOT#: 826347

Review Date:
3/21/2018

Part A

Question about this report or the Federal Motor Carrier Safety or Hazardous Material

may be addressed to the Federal Motor Carrier Safety Administration at:

3500 Financial Plaza, Suite 200

Tallahassee, FL 32312-5900

Phone: (850) 942-9338 Fax: (850) 942-9680

This SAFETY AUDIT will be used to assess your safety compliance.

Person(s) Interviewed:

Name: Marvin Rakes

Title: President

Name: Patrick Allman

Title: General Manager

Safety Investigator Name: MOSLEY

Code: FL0612



EXHIBIT "A"



ODYSSEY MANUFACTURING COMPANY (ODYSSEY MANUFACTURING CO dba)
USDOT#: 826347

Review Date:
3/21/2018

Part B - Questions and Answers

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question Factor 1. General Question #1 Section #387.7(a) Acute	Answer
Does the carrier have the required minimum level of financial responsibility in effect (property carrier)?	Yes
Question Factor 1. General Question #2 Section #387.7(d) Critical	Answer
Does the carrier have required proof of financial responsibility (property carrier)?	Yes
Question Factor 1. General Question #3 Section #387.31(a) Acute	Answer
Does the carrier have the required minimum level of financial responsibility in effect (passenger carrier)?	N/A
Question Factor 1. General Question #4 Section #387.31(d) Critical	Answer
Does the carrier have required proof of financial responsibility (passenger carrier)?	N/A
Question Factor 1. General Question #5 Section #13901 392.9a(a)	Answer
Is the motor carrier authorized to conduct interstate operations in the United States?	Yes
Question Factor 1. General Question #6 Section #390.15(b)(1)	Answer
Can the carrier provide a complete accident register of recordable accidents for up to 3 years after each accident?	N/A
Question Factor 1. General Question #7 Section #390.21	Answer
Does the carrier know the commercial motor vehicles marking requirements?	Yes
Question Factor 2. Driver Question #1 Section #391.51(b)(1)	Answer
Does the carrier maintain driver's application in accordance with 391.21?	Yes
Question Factor 2. Driver Question #2 Section #391.51(b)(2) Critical	Answer
Does the carrier maintain a copy of the motor vehicle record received from each State pursuant to 391.23(a) (1)?	Yes
Question Factor 2. Driver Question #3 Section #391.51(b)(3)	Answer
Does the carrier maintain the certificate of driver's road test pursuant to 391.31(e) or copy of the license accepted as equivalent to the driver's road test pursuant to 391.33?	Yes
Question Factor 2. Driver Question #4 Section #391.51(b)(4)	Answer
Does the carrier maintain the motor vehicle record from each state driver licensing agency to the annual driver record inquiry required by 391.25(a)?	Yes
Question Factor 2. Driver Question #5 Section #391.51(b)(5)	Answer
Does the carrier maintain the annual review of the driver's driving record as required by 391.25(c)(2) ?	Yes
Question Factor 2. Driver Question #6 Section #391.51(b)(6)	Answer
Does the carrier maintain a list or certificate relating to violations of motor vehicle laws required by 391.27?	Yes
Question Factor 2. Driver Question #7 Section #391.51(b)(7) Critical	Answer
Does the carrier maintain the medical examiner's certificate as required by 391.43(g)?	Yes

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Review Date: 3/21/2018

Page 1 of 7

USDOT#: 826347



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EXHIBIT "A"

Question Factor 2. Driver Question #8 Section #391.51(b)(8) Does the carrier maintain a Skill Performance Evaluation Certificate (SPEC)?	Answer N/A
Question Factor 2. Driver Question #9 Section #391.53(a) Does the carrier maintain investigations into the driver safety performance history?	Answer Yes
Question Factor 2. Driver Question #10 Section #391.11(b)(4) Acute Is the carrier using physically qualified drivers?	Answer Yes
Question Factor 2. Driver Question #11 Section #391.15(a) Acute Is the carrier using any disqualified drivers?	Answer No
Question Factor 2. Driver Question #12 Section #382.115(a), 382.115(b) Acute Has the carrier implemented an alcohol and/or controlled substances testing program?	Answer Yes
Question Factor 2. Driver Question #13 Section #382.213(b) Acute Has the carrier used drivers who have used controlled substances?	Answer No
Question Factor 2. Driver Question #14 Section #382.215 Acute Has the carrier used a driver who has tested positive or has adulterated or substituted a test specimen for a controlled substance?	Answer No
Question Factor 2. Driver Question #15 Section #382.201 Acute Has the carrier used a driver known to have an alcohol concentration of 0.04 or greater?	Answer No
Question Factor 2. Driver Question #16 Section #382.505(a) Acute Has the carrier used a driver found to have an alcohol concentration of .02 or greater but less than .04 within 24 hours of being tested?	Answer No
Question Factor 2. Driver Question #17 Section #382.301(a) Critical Has the carrier ensured that drivers have undergone testing for controlled substances prior to performing a safety sensitive function?	Answer Yes
Question Factor 2. Driver Question #18 Section #382.303(a) Critical Has the carrier conducted post accident testing on drivers for alcohol?	Answer N/A
Question Factor 2. Driver Question #19 Section #382.303(b) Critical Has the carrier conducted post accident testing on drivers for controlled substances?	Answer N/A
Question Factor 2. Driver Question #20 Section #382.305 Acute Has the carrier implemented random testing program?	Answer Yes
Question Factor 2. Driver Question #21 Section #382.305(b)(1) Critical Has the carrier conducted random alcohol testing at an annual rate of not less than the applicable annual rate or prorated rate of the average number of driver positions?	Answer Yes
Question Factor 2. Driver Question #22 Section #382.305(b)(2) Critical Has the carrier conducted controlled substance testing at the applicable prorated rate of not less than the applicable annual rate of the average number of driver positions?	Answer Yes



EXHIBIT "A"

Question Factor 2. Driver Question #23 Section #40.305(a) Has the carrier conducted the required return-to-duty tests on employees returning to safety-sensitive functions?	Answer N/A
Question Factor 2. Driver Question #24 Section #40.309(a) Is the carrier conducting follow-up testing as directed by the Substance Abuse Professional?	Answer N/A
Question Factor 2. Driver Question #25 Section #382.211 Acute Has the carrier used a driver who has refused to submit to an alcohol or controlled substances test required under Part 382?	Answer No
Question Factor 2. Driver Question #26 Section #382.503 Critical Has the carrier used a Substance Abuse Professional as required by 49 CFR Part 40 Subpart O?	Answer N/A
Question Factor 2. Driver Question #27 Section #382.601 Does the carrier have a copy of a complete alcohol and drug testing policy?	Answer Yes
Question Factor 2. Driver Question #28 Section #382.603 Does the carrier have evidence that all designated supervisors have received the required Reasonable Suspicion Supervisor Training?	Answer Yes
Question Factor 2. Driver Question #29 Section #383.23(a) Critical Has a driver operated a commercial motor vehicle without a current operating license, or a license, which hasn't been properly classed and endorsed?	Answer No
Question Factor 2. Driver Question #30 Section #383.37(b) Acute Has the motor carrier knowingly allowed it's drivers who's CDLs have been suspended, revoked or canceled by a state, have lost the right to operate a CMV in a State, or have been disqualified from operating a CMV to operate a commercial motor vehicle?	Answer No
Question Factor 2. Driver Question #31 Section #383.51(a) Acute Has the motor carrier knowingly allowed, required, permitted, or authorized a driver to drive who is disqualified to drive a commercial motor vehicle?	Answer No
Question Factor 3. Operation Question #1 Section #395.1(e)(1), 395.1(e)(2) Does the carrier have a system for recording hours of duty status on 100/150- mile radius drivers, and are they properly utilizing the 100/150 air-mile radius exemption?	Answer N/A
Question Factor 3. Operation Question #2 Section #395.8(a) Critical Does the carrier require drivers to make a record of duty status?	Answer Yes
Question Factor 3. Operation Question #3 Section #395.8(i) Critical Does the carrier require drivers to submit records of duty status within 13 days?	Answer Yes
Question Factor 3. Operation Question #4 Section #395.8(k)(1) Critical Can the carrier produce records of duty status and supporting documents for selected drivers?	Answer Yes
Question Factor 3. Operation Question #5 Section #395.3(a)(1) Critical Has the carrier allowed driver(s) to exceed the 11-hour rule? (Property)	Answer No
Question Factor 3. Operation Question #6 Section #395.3(a)(2) Critical Has the carrier allowed driver(s) to exceed the 14-hour rule? (Property)	Answer No



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Question Factor 3. Operation Question #7 Section #395.3(b)(1) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Property)	Answer No
Question Factor 3. Operation Question #8 Section #395.3(b)(2) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Property)	Answer No
Question Factor 3. Operation Question #9 Section #395.5(a)(1) Critical Has the carrier allowed driver(s) to exceed the 10 hour rule? (Passenger)	Answer N/A
Question Factor 3. Operation Question #10 Section #395.5(a)(2) Critical Has the carrier allowed driver(s) to exceed the 15 hour rule? (Passenger)	Answer N/A
Question Factor 3. Operation Question #11 Section #395.5(b)(1) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Passenger)	Answer N/A
Question Factor 3. Operation Question #12 Section #395.5(b)(2) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Passenger)	Answer N/A
Question Factor 3. Operation Question #13 Section #395.8(e) Critical Does available evidence indicate a selected driver has prepared a false record of duty status?	Answer No
Question Factor 3. Operation Question #14 Section #392.2 Critical Does the motor carrier ensure that drivers operate commercial motor vehicles in accordance with the laws, ordinances, and regulations of the jurisdictions in which they are operating?	Answer Yes
Question Factor 3. Operation Question #15 Section #392.9(a)(1) Critical Does the carrier ensure that drivers are not permitted to drive a vehicle without the cargo properly distributed and adequately secured?	Answer Yes
Question Factor 3. Operation Question #16 Section #392.4(b) Acute Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, narcotic drugs, amphetamines, or any other substances capable of rendering the drivers incapable of safely operating motor vehicles?	Answer No
Question Factor 3. Operation Question #17 Section #392.5(b)(1) Acute Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, intoxicating beverages?	Answer No
Question Factor 3. Operation Question #18 Section #392.5(b)(2) Acute Have any drivers operated a commercial motor vehicle within 4 hours of having consumed intoxicating beverages?	Answer No
Question Factor 3. Operation Question #19 Section #392.80(b)/ 392.82 Have any drivers operated a commercial motor vehicle while engaged in texting or using a handheld mobile device?	Answer No
Question Factor 4. Maintenance Question #1 Section #396.3(b) Critical Can the carrier produce complete maintenance files for requested vehicle(s)?	Answer Yes
Question Factor 4. Maintenance Question #2 Section #396.17(a) Critical Does the motor carrier conduct periodic (annual) inspections for selected vehicles?	Answer Yes



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Question Factor 4. Maintenance Question #3 Section #396.19 Is the carrier using qualified inspectors (mechanic) and maintaining evidence of the inspector's qualifications?	Answer Yes
Question Factor 4. Maintenance Question #4 Section #396.21(b)(1) Can the motor carrier produce evidence of periodic (annual) inspections for selected vehicles?	Answer Yes
Question Factor 4. Maintenance Question #5 Section #396.11(a) Critical Does the motor carrier require drivers to complete vehicle inspection reports daily?	Answer Yes
Question Factor 4. Maintenance Question #6 Section #396.11(c) Acute Does the carrier ensure that out-of-service defects listed by the driver in the driver vehicle inspection reports are corrected before the vehicle is operated again?	Answer Yes
Question Factor 4. Maintenance Question #7 Section #396.9(c)(2) Acute Does the carrier ensure vehicles that have been declared "out-of-service" do not operate before repairs have been made?	Answer Yes
Question Factor 4. Maintenance Question #8 Section #396.3 Can the carrier explain its systematic, periodic maintenance program?	Answer Yes
Question Factor 5. Hazmat Question #1 Section #107.608(a) Is the carrier registered with the Pipeline and Hazardous Materials Safety Administration, and do they have copies of all of their registrations for the previous 3 years?	Answer Yes
Question Factor 5. Hazmat Question #2 Section #173.6 Does the motor carrier transport Materials of Trade (MOT), that follow all the requirements listed in 173.6?	Answer N/A
Question Factor 5. Hazmat Question #3 Section #171.15 Critical Does the carrier promptly report hazardous materials incidents requiring immediate telephone notice to the appropriate authorities?	Answer N/A
Question Factor 5. Hazmat Question #4 Section #171.16 Critical Does the carrier file hazardous materials incident reports when required?	Answer N/A
Question Factor 5. Hazmat Question #5 Section #172.516 Is the motor carrier and its drivers in compliance with the requirements for placarding hazardous materials and display of placards on vehicles?	Answer Yes
Question Factor 5. Hazmat Question #6 Section #172.604(a) Does the carrier have a contract with a qualified entity to provide emergency response information or does the carrier provide emergency response to spills or incidents?	Answer Yes
Question Factor 5. Hazmat Question #7 Section #172.700(a) Critical Does the carrier provide HM training for its Hazmat employees?	Answer Yes
Question Factor 5. Hazmat Question #8 Section #172.704(a) Do the HM training materials cover the minimum required elements?	Answer Yes
Question Factor 5. Hazmat Question #9 Section #172.704(d) Does the motor carrier have on file the required records for hazardous materials training for each hazardous materials employee?	Answer Yes

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Question Factor 5. Hazmat Question #10 Section #177.817(a) Critical Are the shipping papers used by the carrier properly prepared?	Answer Yes
Question Factor 5. Hazmat Question #11 Section #177.817(e) Critical Does the carrier maintain proper accessibility for shipping papers?	Answer Yes
Question Factor 5. Hazmat Question #12 Section #177.841(e) Acute Does the carrier transport packages bearing a poison label in the same vehicle with any foodstuff or feed for humans or animals in violation of the regulations?	Answer N/A
Question Factor 5. Hazmat Question #13 Section #177.848 Is the motor carrier aware that some hazardous materials may not be transported in the same vehicle with other hazardous material?	Answer N/A
Question Factor 5. Hazmat Question #14 Section #180.407(a) Critical Has the carrier transported a shipment of HM in a cargo tank that has not been inspected or tested in accordance with 180.407?	Answer No
Question Factor 5. Hazmat Question #15 Section #180.407(c) Critical Are all of the cargo tanks used for the transportation of hazardous materials periodically inspected and tested in accordance with 180.407?	Answer Yes
Question Factor 5. Hazmat Question #16 Section #180.415 Critical Are cargo tanks that pass inspections or tests required by 180.407 marked?	Answer Yes
Question Factor 5. Hazmat Question #17 Section #180.417(a)(1) Critical Has the carrier retained all of the manufacturer's cargo tank data report certificates and related papers, as required?	Answer Yes
Question Factor 5. Hazmat Question #18 Section #397.13(a) Critical Has the carrier permitted anyone to smoke when within 25 feet of a vehicle containing Class 1 materials, Class 5 materials, or flammable materials classified in Division 2.1, Class 3, Divisions 4.1 and 4.2?	Answer No
Question Factor 7. Other Question #1 Section #375.211 Does the carrier participate in an Arbitration Program?	Answer N/A
Question Factor 7. Other Question #2 Section #13702 Does the carrier assess shipper freight charges based upon published tariffs?	Answer N/A
Question Factor 7. Other Question #3 Section #375.401(c) Does the carrier provide reasonably accurate estimates of moving charges?	Answer N/A
Question Factor 7. Other Question #4 Section #375.407(a), 375.703(b) Has the carrier avoided "hostage freight" or other predatory practices?	Answer N/A
Question Factor 7. Other Question #5 Section #387.301(a), 387.301(b) Does the HHG carrier have sufficient levels of public liability and cargo insurance?	Answer N/A
Question Factor 7. Other Question #6 Section #375.215 Does the carrier have a published tariff and is the motor carrier charging the applicable rate (375.215).	Answer N/A



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Question Factor 7. Other Question #7 Section #375.213 Can the motor carrier identify the five documents required to be given to a prospective individual shipper prior to executing an order for service?	Answer N/A
Question Factor 7. Other Question #8 Section #49 CFR 37 subpart H Does the carrier have the means to provide accessible over-the-road bus (OTRB) service on a 48-hour advance notice basis by its owned or leased OTRBs?	Answer N/A
Question Factor 7. Other Question #9 Section #49 CFR 37 subpart H If the carrier does not have the means then does the carrier have an arrangement with another carrier that operates accessible OTRBs?	Answer N/A
Question Factor 7. Other Question #10 Section #Motorcoach Safety Action Plan Does the over-the-road bus company own or lease a facility for inspection, repair, and maintenance of its vehicles?	Answer N/A
Question Factor 7. Other Question #11 Section #Motorcoach Safety Action Plan Does the over-the-road bus company have an arrangement or contract for systematic inspection, repair, and maintenance of its vehicles?	Answer N/A

EXHIBIT "A"



ODYSSEY MANUFACTURING COMPANY (ODYSSEY MANUFACTURING CO dba)
USDOT#: 826347

Review Date:
3/21/2018

Part B

Your Proposed Safety Audit Result is: PASS

Explanation of Scoring Methodology

Factor	Failed Questions		Performance Test Status	Total Points	Factor Status
	Critical	Acute			
1. General	0	0	—	0	PASS
2. Driver	0	0	—	0	PASS
3. Operations	0	0	—	0	PASS
4. Maintenance	0	0	PASS — 0.00 %	0	PASS
5. Hazardous Materials	0	0	—	0	PASS
6. Accidents	—	—	PASS — 0.00	—	PASS
SUM	0	0		0	PASS

Result: Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

HOW THE SA IS SCORED

FACTORS - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

CRITICAL/ACUTE - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

OUT OF SERVICE (OOS) RATE - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been at least three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is 34% or above, one additional point is assigned to that factor.

CRASH FACTOR - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

OVERALL STATUS DETERMINATION - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.



EXHIBIT "A"



ODYSSEY MANUFACTURING COMPANY (ODYSSEY MANUFACTURING CO dba)
USDOT#: 826347

Review Date:
3/21/2018

Part B Requirements and/or Recommendations

1. "Is Your Registration Information Current?"

FMCSA requires carriers to update their registration data via a MCS-150 form every 24 months. Please review, verify and update your contact information, Vehicle Miles Travelled (VMT) and Power Unit (PU) data to ensure that it is current and accurate, since it is used in the new Carrier Safety Measurement System. You should access the system, review all the information and press the submit button. Once you've done this, the system will record that you've reviewed the information and you will be in compliance with the biennial update requirement.

https://li-public.fmcsa.dot.gov/LIVIEW/PKG_REGISTRATION.prc_option

2. A complete Educational and Technical Assistance package entitled " A MOTOR CARRIER'S GUIDE TO IMPROVING HIGHWAY SAFETY" is available free on the FMCSA website to assist you in complying with the safety regulations. It contains many forms and documents useful for improving the safety of your operations. Check: www.fmcsa.dot.gov/factsfigs/eta/index.html.

3/21/2018

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USDOT#: 826347



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Review Date: 3/21/2018

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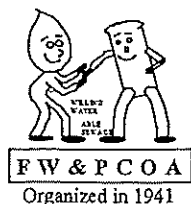


EXHIBIT "A"

Florida Water & Pollution Control Operators Association, Incorporated

September 8, 2014

ODYSSEY

Attention: Patrick Allman

1484 Massaro Blvd.

Tampa, FL 33619

Dear: Patrick Allman:

We are pleased to inform that FW&PCOA has granted your request for Approval of your CEU Course Offerings. The FW&PCOA course number and Continuing Education Units are as follows:

TITLE	COURSE ID #	CEU's
Sodium Hypochlorite	DS/DW/WW02070001	0.2
On-Site Generation of Sodium Hypochlorite	DS/DW/WW02070002	0.2
Disinfection Basic & Chloramination	DS/DW/WW02070003	0.2
Chemical System Design & Troubleshooting	DS/DW/WW02070004	0.2
Basic Chemical Handling, Safety & Operation	DS/DW/WW02070005	0.2

When you have completed your seminar, I need to have the following mailed to me within 15 days of course completion:

Course Completion Record completed with each person that attended the seminar

Course Roster and Sign-in Sheets

Certificate of Completion completed for each student in attendance

Course evaluation form filled out by each student

Payment of \$10.00 per student for each course they attended

If you have any further questions please do not hesitate to contact us.

Sincerely,

Shirley Reaves

FW&PCOA Training Office

4401 S. Hopkins Ave. Suite 108

Titusville, FL 32780

Phone (321) 383-96900

Fax (321) 383-9691

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EXHIBIT "A"



ODYSSEY
MANUFACTURING CO.

ODYSSEY MANUFACTURING CO.

09/30/25

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:	≥125 GPL	125 - 128 GPL
Delivered Trade Percent	≥12.5	12.5 – 12.8
Specific Gravity Range:	1.159 - 1.172	1.163 - 1.165
% by Weight Excess Sodium Hydroxide:	0.2 – 0.4	0.25 – 0.35
pH:	12.3 – 12.9	12.4 – 12.7
Weight % Sodium Hypochlorite:	≥11.1	11.1 - 11.4
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
Total Hardness (as calcium carbonate)	<3.0 mg/L	1.0 – 1.5 mg/L
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.



SODIUM HYPOCHLORITE (ULTRA CHLOR)

SAFETY DATA SHEET

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: IB; **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

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- [Prevention] P260 – Do not breathe dusts or mists.
P264 – Wash hands or any exposed skin areas thoroughly after handling.
P273 – Avoid release to the environment.
P280 – Wear protective gloves/protective clothing/eye protection/face protection.
- [Response] P301 + P330 + P331 – IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303 + P361 + P353 – IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P363 – Wash contaminated clothing before reuse.
P304 + 340 – IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P310 – Immediately call a POISON CENTER or doctor/physician.
P305 + P351 + P338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337 – If eye irritation persists: Get medical advice/attention.
P391 – Collect spillage.
P405 – Store locked up.
[Storage]
[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 – 11.4	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
88.2 – 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

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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

EXHIBIT "A"

sodium hypochlorite). In the event of a spill (e.g. defined as any release to the environment), call Odyssey Manufacturing and/or the emergency contact numbers as soon as possible for assistance.

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

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

6.4 Reference to other sections

For indications about waste treatment, see section 13.

SECTION VII - HANDLING AND STORAGE

7.1 Precautions for safe handling

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

Advice on protection against fire and explosion

Material is non-flammable and non-combustible.

7.2 Conditions for safe storage, including any incompatibilities

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

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

7.3 Specific end uses

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

SECTION VIII - EXPOSURE CONTROLS AND PERSONNEL PROTECTION

8.1 Control parameters

Components	CAS Number	OSHA	ACGIH	AIHA (WEEL)
Sodium Hypochlorite	7681-52-9	2 mg/m 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.

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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

EXHIBIT "A"

and glycols. Hazardous gases may be generated from contact with acids, ammonium hydroxide (aqua ammonia) or cleaners containing ammonia compounds. Violent reactions may occur with some organic compounds. Sodium hypochlorite reacts readily with various reducing sugars (e.g. fructose, galactose, maltose, dry whey solids) to produce carbon monoxide. Precautions should be taken including atmospheric monitoring of the tank to ensure safety of personnel. Hazardous polymerization will not occur.

10.4 Conditions to avoid

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

10.5 Incompatible materials

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

10.6 Hazardous decomposition products

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

SECTION XI - TOXICOLOGICAL INFORMATION

11.1 Information on toxicological effects

Acute Oral Toxicity (Sodium Hypochlorite)

TDLo - 1 gm/ kg oral (woman)

TDLo - 45 mg/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; 40-60 mg/m³ may be fatal. If sufficient amounts are absorbed, may cause effects as detailed in acute ingestion.

Acute dermal toxicity

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

Skin irritation

Skin irritation - 24 h (Rabbit)

Eye irritation

Rabbit, Adult - 10 mg, moderate irritation

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

Sensitization

May cause allergic skin reaction

Genotoxicity in vitro

No data available

Mutagenicity

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

DNA repair - Escherichiacoli 20 µg/ disc;

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DNA damage – *Esoherichiacoli* 420 µmol/L
Phage inhibition capacity – *Esoherichiacoli* 103 µg/ well
Micronucleus test - non-mammalian species multiple 200 ppb
Cytogenetic analysis - non-mammalian species multiple 120 µg/ L
Cytogenetic analysis – human lymphocyte 100 ppm 24hour(s)
Sister chromatid exchange – human embryo 149 mg/ L
Cytogenetic analysis – hamster lung 100 mg/ L

Aspiration hazard

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

Specific organ toxicity - single exposure

No data available

Specific organ toxicity - repeated exposure

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

Additional information

RTECS: Not available

11.2 Further information

Ingestion: May cause irritation and erosion of the mucous membranes, vomiting (possibly bloody) and abdominal pain and spasms. A drop in blood pressure, shallow respiration, edema (possibly severe) of pharynx, larynx, and glottis, confusion, convulsions, delirium and coma may occur. Cyanosis and circulatory collapse are possible. Esophageal or gastric perforation and strictures are rare. Death may occur, usually due to complications of severe local injury such as toxemia, shock, perforations, hemorrhage, infection and obstruction. Massive ingestions may produce fatal 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:	LC ₅₀ – <i>Pimephales promelas</i> (Fathead minnow) 96 h: 0.22 – 0.62 mg/L LC ₅₀ – <i>Oncorhynchus clarki</i> (Cutthroat trout) 96 h: 0.94 µg/L (mortality)
Acute toxicity to aquatic invertebrates:	EC ₅₀ – <i>Daphnia magna</i> (Water flea), 96 h: 2.1 mg/L LC ₅₀ – Protozoan phylum (Protozoa), 7 h: 31.6 µg/L
Acute toxicity to aquatic plants:	LC ₅₀ – Algae, phytoplankton, algal mat (Algae), 96 h: 90 µg/L (mortality) EC ₅₀ – <i>Desmodesmus subspicatus</i> (Green algae), 24 h: 28 mg/L
Acute phytotoxicity, aquatic plants:	Biomass reduction – <i>Potamogeton crispus</i> (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.

EXHIBIT "A"

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)

EXHIBIT "A"

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

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

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

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

SECTION XVI - OTHER INFORMATION

Hazardous Material Information System (HMIS)

HEALTH	2
FLAMMABILITY	0
REACTIVITY	1
PERSONAL PROTECTION	H

HMIS / NFPA Hazard Rating Legend

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



National Fire Protection Association (NFPA)

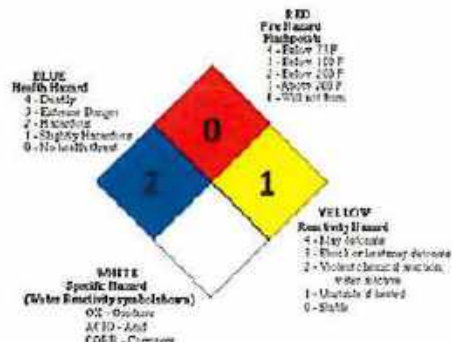


EXHIBIT "A"

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.

ENCLOSURE

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EXHIBIT "A"

CERTIFICATION REGARDING SCRUTINIZED COMPANIES LIST

Respondent Vendor Name:	<u>ODYSSSEY MANUFACTURING CO.</u>		
Vendor FEIN:	<u>65-0846345</u>		
Vendor's Authorized Representative Name and Title:	<u>PATRICK H. ALLMAN, GENERAL MANAGER</u>		
Address:	<u>1434 MASSARO BLVD.</u>		
City:	<u>TAMPA</u>	State:	<u>FL</u> ZIP: <u>33619</u>
Phone Number:	<u>813-675-0339</u>		
Email Address:	<u>PALLMAN@ODYSSSEYMANUFACTURING.COM</u>		

Section 287.135, Florida Statutes prohibits agencies from contracting with companies, for goods or services over \$1,000,000, that are participating in a boycott of Israel, are on the Scrutinized Companies that Boycott Israel list, the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria. Both lists are created pursuant to Section 215.473, Florida Statutes.

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the sector entitled "Respondent Vendor Name" is not participating in a boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, the Scrutinized Companies with Activities in Sudan List, or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and has not been engaged in business operations in Cuba or Syria. I understand that pursuant to Section 287.135, Florida Statutes, the submission of false certification may subject company to civil penalties, attorney's fees, and/or costs.

Certified By:	
AUTHORIZED SIGNATURE	
Print Name and Title:	<u>PATRICK H. ALLMAN, GENERAL MANAGER</u>
Date:	<u>7.8.26</u>

ENCLOSURE

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EXHIBIT "A"

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all firms, must disclose if any Bay County Board of County Commissioner(s), employee(s), elected officials(s), or any of its agencies is also an owner, corporate officer, agency, employee, etc., of their firm.

Indicate either "yes" (a county employee, elected official, or agency is also associated with your firm), or "no". If yes, give person(s) name(s) and position(s) with your firm.

YES _____

NO X _____

NAME(S)

N/A _____

POSITION(S)

N/A _____

Name of Firm:

ODYSSEY MANUFACTURING CO. _____

Authorized Signature:

 _____

Printed Name:

PATRICK H. ALLMAN _____

Title:

GENERAL MANAGER _____

Date:

7.8.26 _____

ENCLOSURE

10

EXHIBIT "A"

DRUG FREE WORKPLACE

To have a drug-free workplace program, a business shall:

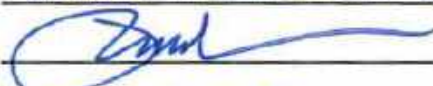
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under Proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Proposal, the employees will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by an 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 the following:

(Check one and sign in the space provided.)

 X This firm complies fully with the above requirements.

 This firm does not have a drug free work place program at this time.

Name of Firm: 00457E4 MANUFACTURING CO.
Authorized Signature: 
Printed Name: PATRICK H. ALLMAN
Title: GENERAL MANAGER

ENCLOSURE

11

EXHIBIT "A"

SUB-CONTRACTORS

As the bidder, I submit a listing of the Sub-Contractors which I shall use to accomplish the Work. Sub-Contractors are listed by name, address, amount of work and item of work. If none, please state so.

Subcontractor Name and Address: N/A

Work to be performed and \$ amount: _____

Subcontractor Name and Address: N/A

Work to be performed and \$ amount: _____

Subcontractor Name and Address: N/A

Work to be performed and \$ amount: _____

Subcontractor Name and Address: N/A

Work to be performed and \$ amount: _____

Name of Firm: ODYSSEY MANUFACTURING CO.

Authorized Signature: 

Printed Name: PATRICK H. ALLMAN

Title: GENERAL MANAGER

Date: 7.8.26

*Complete additional forms if needed to list all subcontractors

ENCLOSURE

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EXHIBIT "A"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Higginbotham Insurance Agency, Inc. 91 Lake Morton Drive Lakeland FL 33801		CONTACT NAME: Michele Crifasi PHONE (A/C, No. Ext): 863-688-5495 E-MAIL ADDRESS: MCrifasi@higginbotham.net FAX (A/C, No): 863-688-4344	
INSURED Odyssey Manufacturing Co. 1484 Massaro Blvd Tampa FL 33619		INSURER(S) AFFORDING COVERAGE INSURER A: Westchester Surplus Lines Ins Co INSURER B: Zenith Insurance Company INSURER C: Tokio Marine America Insurance Company INSURER D: Ace American Ins Co INSURER E: INSURER F:	
License#: 2081754 ODYSMAN-02		NAIC # 27960 13269 10945 22667	

COVERAGES

CERTIFICATE NUMBER: 409772427

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Contractual ☒ XCU GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:	Y	Y	G24092975 017	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
7	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS NON-OWNED AUTOS ONLY ☒ Hired PD	Y	Y	H08450377	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
A	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB DED RETENTION \$			G24092987 017	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Z066828622	1/1/2026	1/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A C	Pollution (\$5k Ded) Claims made Prof (\$25k Ded) R/D 10/1/09 Rented & Leased Equip			G24092999 017 G24092975 017 IM500179901	10/1/2025 10/1/2025 8/1/2025	10/1/2026 10/1/2026 8/1/2026	Each Poll Condition A \$1,000,000 Ea Prof Occurrence Ag \$1,000,000 R/L Any one item/Ded 300,000/1,000

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

Total Umbrella/Excess Liability Limit \$5,000,000 and follows form: (Umbrella/Excess covers the General Liability, Auto Liability, Workers Compensation and Pollution/Professional policies)

Stephen Sidelko - Secretary - Excluded under Workers Compensation

RE: Contract 22-72 Liquid Sodium Hypochlorite Supply ; Bay County Board of Commissioners is additional insured on general liability and auto liability on a primary non-contributory basis when required by written contract. Waiver of subrogation applies on the general liability and auto liability when required by written contract. 30 Days Notice of Cancellation will be given to Bay County Board of Commissioners.

CERTIFICATE HOLDER

CANCELLATION

Bay County Board of Commissioners Att: Risk Management
 840 West 11th Street
 Panama City FL 32401
 USA

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

AUTHORIZED REPRESENTATIVE

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EXHIBIT "A"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Higginbotham Insurance Agency, Inc. 91 Lake Morton Drive Lakeland FL 33801	CONTACT NAME: Michele Crifasi	FAX (A/C, No): 863-688-4344
	PHONE (A/C, No, Ext): 863-688-5495	E-MAIL ADDRESS: MCrifasi@higginbotham.net
INSURED Odyssey Manufacturing Co. 1484 Massaro Blvd Tampa FL 33619	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Westchester Surplus Lines Ins Co	NAIC # 27960
	INSURER B: Zenith Insurance Company	13269
	INSURER C: Tokio Marine America Insurance Company	10945
	INSURER D: Ace American Ins Co	22667
	INSURER E:	

License#: 2081754
ODYSMAN-02

COVERAGES

CERTIFICATE NUMBER: 1501604674

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Contractual ☒ XCU GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC ☐ OTHER:	Y	Y	G24092975 017	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
1	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☒ Hired PD	Y	Y	H08450377	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
A	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			G24092987 017	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	Z068828622	1/1/2026	1/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A C	Pollution (\$5k Ded) Claims made Prof (\$25k Ded) R/D 10/1/09 Rented & Leased Equip			G24092999 017 G24092975 017 IM500179901	10/1/2025 10/1/2025 8/1/2025	10/1/2026 10/1/2026 8/1/2026	Each Poll Condition A \$1,000,000 Ea Prof Occurrence Ag \$1,000,000 R/L Any one item/Ded 300,000/1,000

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

Total Umbrella/Excess Liability Limit \$5,000,000 and follows form: (Umbrella/Excess covers the General Liability, Auto Liability, Workers Compensation and Pollution/Professional policies)

Stephen Sidelko - Secretary - Excluded under Workers Compensation

RE: Sodium Bisulfite Piggyback Contract; Bay County Board of County Commissioners is additional insured on the general liability and auto liability on a primary non-contributory basis if required by written contract. Waiver of subrogation applies on general liability, auto liability and workers compensation when required by written contract. 30 Days Notice of Cancellation will be given to Bay County Board of Commissioners.

CERTIFICATE HOLDER

CANCELLATION

Bay County Board of County Commissioners
840 West 11th Street
Panama City FL 32401
USA

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

AUTHORIZED REPRESENTATIVE

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ENCLOSURE

13

EXHIBIT "A"

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) ODYSSEY MANUFACTURING CO	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☒ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
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 <u>1/6/2026</u>
------------------	--------------------------	----------------------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ENCLOSURE

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State of Florida

Department of State

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

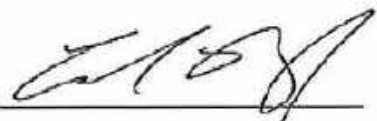
The document number of this corporation is F98000003732.

I further certify that said corporation has paid all fees due this office through December 31, 2026, that its most recent annual report/uniform business report was filed on February 20, 2026, and that its status is active.

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

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-seventh day of May,
2026*




Secretary of State

Tracking Number: 0425534527CU

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

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

ENCLOSURE

15

EXHIBIT "A"



January 2, 2026

Re: **CORPORATE RESOLUTION FOR AUTHORITY TO SIGN BIDS, BID FORMS, CONTRACTS, BONDS, LITIGATION DOCUMENTS & 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 the following documents on behalf of Odyssey Manufacturing Co: (1) Bids and all bid forms; (2) All sales, purchase and lease agreements and any documents associated with these agreements; (3) Any documents relating to the sale or transfer of any product or asset; (4) Any bonds of any type; (5) Any permit or regulatory documents; (6) Any documents related to litigation by or for Odyssey Manufacturing Co.; and (7) Any financial documents relating to company finances, loans, line of credit and leases. Additionally, the undersigned is the duly elected and qualified Secretary and the custodian of the books and records and seal of Odyssey Manufacturing Co., a corporation duly formed pursuant to the laws of the state of Delaware and that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors and that said meeting was held in accordance with state law and the Bylaws of the above-named Corporation on January 2, 2026, 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 5th day of April, 2026.


Stephen Sidelko, Secretary


Marvin T. Rakes, President

CORPORATE SEAL



MANUFACTURERS OF **ULTRA CHLOR** (800) ODYSSEY
THE CLEAR SOLUTION www.odysseymanufacturing.com

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

ENCLOSURE

16

EXHIBIT "A"



AFFIDAVIT OF COMPLIANCE FOR

BAY COUNTY FLORIDA

ITB No. : 26-37

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



ENCLOSURE

17



Welcome
Patrick Allman

≡ MENU

Company Information

Company Name
Odyssey Manufacturing Company

Company ID Number
367873

Doing Business As (DBA) Name
--

DUNS Number
086891541

Physical Location

Address 1
1484 Massaro Blvd.

Address 2
--

City
Tampa

State
FL

Zip Code
33619

County
HILLSBOROUGH

Mailing Address

Address 1
--

Address 2
--

City
--

State
--

Zip Code

Additional Information

Employer Identification Number
650846345

Total Number of Employees
20 to 99

Parent Organization
--

Administrator
--

Organization Designation

Employer Category
None of these categories apply

[View / Edit](#)

NAICS Code
325 - CHEMICAL MANUFACTURING

[View / Edit](#)

Total Hiring Sites
1

[View / Edit](#)

Total Points of Contact
2

[View / Edit](#)

View Original MOU Template

[View MOU](#)

Last Login: 12/09/2020 10:40 AM

U.S. Department of Homeland Security

<https://e-verify.uscis.gov/web/EmployerWizard.aspx>

12/16/2020

EXHIBIT "A"

E-Verify: Employer Wizard - Company Information

U.S. Citizenship and Immigration Services

Enable Permanent Tooltips

Accessibility

Download Viewers



Company ID Number: 367873

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION
MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Odyssey Manufacturing Company (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed

EXHIBIT "A"



Company ID Number: 367873

by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and



Company ID Number: 367873

Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo



Company ID Number: 367873

and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

EXHIBIT "A"



Company ID Number: 367873

uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-



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Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,



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whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with



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Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it



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determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

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ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

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D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

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To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Odyssey Manufacturing Company	
Patrick Allman	
Name (Please Type or Print)	Title
Electronically Signed	10/27/2010
Signature	Date
Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
Electronically Signed	10/27/2010
Signature	Date
Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name:	Odyssey Manufacturing Company
Company Facility Address:	1484 Massaro Blvd.
	Tampa, FL 33619
Company Alternate Address:	
County or Parish:	HILLSBOROUGH
Employer Identification Number:	650846345

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North American Industry Classification Systems Code:	325
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	1
Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State: FLORIDA 1 site(s)	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Marjorie K ODonnell		
Telephone Number:	(813) 635 - 0339	Fax Number:	(813) 630 - 2589
E-mail Address:	modonnell@odysseymanufacturing.com		
Name:	Patrick H Allman		
Telephone Number:	(813) 335 - 3444	Fax Number:	(813) 630 - 2589
E-mail Address:	pallman@odysseymanufacturing.com		

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EXHIBIT 3 BAY COUNTY INSURANCE REQUIREMENTS

1. LOSS CONTROL/SAFETY

a. Precaution shall be exercised at all times by the Vendor for the protection of all persons, including employees, and property. The Vendor shall be expected to comply with all laws, regulations or ordinances related to safety and health, shall make special effort to detect hazardous conditions and shall take prompt action where loss control/safety measures should reasonably be expected.

b. The County may order work to be stopped if conditions exist that present immediate danger to persons or property. The Vendor acknowledges that such stoppage will not shift responsibility for any damages from the Vendor to the County.

2. DRUG FREE WORK PLACE REQUIREMENTS

All contracts with individuals or organizations that wish to do business with the Bay County Board of Commissioners, a stipulation will be made in the contract or purchase order that requires contractors, subcontractors, vendors or consultants to have a substance abuse policy. The employees of such contractors, subcontractors, vendors or consultants will be subject to the same rules of conduct and tests as the employees of the Bay County Board of Commissioners. In the event of an employee of a supplier of goods or services is found to have violated the Substance Abuse Policy, that employee will be denied access to the County's premises and job sites. In addition, if the violation(s) is/are considered flagrant, or the County is not satisfied with the actions of the contractor, subcontractor, vendor, or consultant, the County can exercise its right to bar all of the contractor's, subcontractor's, vendor's, or consultants employees from its premises or decline to do business with the contractor, subcontractor, vendor or consultant in the future. All expenses and penalties incurred by a contractor, subcontractor, vendor or consultant as a result of a violation of the County's Substance Abuse Policy shall be borne by the contractor, subcontractor, vendor, or consultant.

3. INSURANCE - BASIC COVERAGES REQUIRED

a. The Vendor shall procure and maintain the following described insurance, except for coverages specifically waived by the County, on policies and with insurers acceptable to the County. These insurance requirements shall not limit the liability of the Vendor. All subcontractors are subject to the same coverages and limits as the Vendor. The County does not represent these types or amounts of insurance to be sufficient or adequate to protect the Vendor's interests or liabilities, but are merely minimums.

b. Except for workers' compensation and professional liability, the Vendor's insurance policies shall be endorsed to name the County as an additional insured to the extent of the County's interests arising from this agreement, contract, or lease.

c. Except for workers' compensation, the Vendor waives its right of recovery against the County, to the extent permitted by its insurance policies.

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d. The Vendor's deductibles/self-insured retentions shall be disclosed to the County and may be disapproved by the County. They shall be reduced or eliminated at the option of the County. The Vendor is responsible for the amount of any deductible or self-insured retention.

e. Insurance required of the Vendor or any other insurance of the Vendor shall be considered primary, and insurance of the County shall be considered excess, as may be applicable to claims which arise out of the Hold Harmless, Payment on Behalf of the County, Insurance, Certificates of Insurance and any Additional Insurance provisions of this agreement, contract or lease.

f. **WORKERS' COMPENSATION COVERAGE**

The Vendor shall purchase and maintain workers' compensation insurance for all workers' compensation obligations imposed by state law and employer's liability limits of at least **\$500,000 each accident and \$500,000 each employee/\$500,000 policy limit for disease**. The Vendor shall also purchase any other coverages required by law for the benefit of employees. The vendor shall provide Certificates of Insurance to the County indicating that the vendor meets all the requirements of Florida Statute 440.02(14)(d).

g. **GENERAL, AUTOMOBILE AND EXCESS OR UMBRELLA LIABILITY COVERAGE**

The Vendor shall purchase and maintain coverage on forms no more restrictive than the latest editions of the Commercial or Comprehensive General Liability and Business Auto policies of the Insurance Services Office. **Minimum limits of \$1,000,000 per occurrence** for all liability must be provided, with excess or umbrella insurance making up the difference, if any, between the policy limits of underlying policies (including employers liability required in the Workers' compensation Coverage section) and the amount of coverage required.

h. **GENERAL LIABILITY COVERAGE**

Commercial General Liability - Occurrence Form Required

Coverage A shall include bodily injury and property damage liability for premises, operations, products and completed operations, independent vendors, contractual liability covering this agreement contract or lease, and broad form property damage, and property damage resulting from explosion, collapse or underground (x,c,u) exposures. Coverage B shall include personal injury. Coverage C, medical payments, is not required.

i. **PRODUCTS/COMPLETED OPERATIONS**

The Vendor is required to continue to purchase products and completed operations coverage, at least to satisfy this agreement, contract or lease, for a minimum of three years beyond the County's acceptance of renovation or construction projects.

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j. BUSINESS AUTO LIABILITY COVERAGE

Business Auto Liability coverage is to include bodily injury and property damage arising out of ownership, maintenance or use of any auto, including owned, non-owned and hired automobiles and employee non-ownership use.

k. EXCESS OR UMBRELLA LIABILITY COVERAGE

Umbrella Liability insurance is preferred, but an Excess Liability equivalent may be allowed. Whichever type of coverage is provided, it shall not be more restrictive than the underlying insurance policy coverages.

l. CERTIFICATES OF INSURANCE

1. Required insurance shall be documented in Certificates of Insurance which provide that the County shall be notified at least 30 days in advance of cancellation, nonrenewal or adverse change. The Certificate Holder will be addressed as the BAY COUNTY BOARD OF COMMISSIONERS, 840 W. 11th Street, Panama City, Florida 32401. All certificates, cancellation, nonrenewal or adverse change notices should be mailed to this address. Each Certificate will address the service being rendered to the County by the Vendor. **The County shall be named as an Additional Insured, Primary and Non-Contributory for both General Liability and Business Auto Liability with Waiver of subrogation included with respects to both General Liability and Business Auto.**

2. New Certificates of Insurance are to be provided to the County at least 15 days after coverage renewals.

3. If requested by the County, the Vendor shall furnish complete copies of insurance policies, forms and endorsements.

4. For the Commercial General Liability coverage the Vendor shall, at the option of the County, provide an indication of the amount of claims payments or reserves chargeable to the aggregate amount of the liability coverage.

m. RECEIPT OF INSUFFICIENT CERTIFICATES

Receipt of certificates or other documentation of insurance or policies or copies of policies by the County, or by any of its representatives, which indicate less coverage than required does not constitute a waiver of the Vendor's obligation to fulfill the insurance requirements herein.

4. ADDITIONAL INSURANCE

If checked below, the County requires the following additional types of insurance.

☐ Professional Liability/Malpractice/Errors or Omissions Coverage

The Vendor shall purchase and maintain professional liability or malpractice or errors or omissions insurance with minimum limits of _____ per occurrence. If a claims

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made form of coverage is provided, the retroactive date of coverage shall be no later than the inception date of claims made coverage, unless the prior policy was extended indefinitely to cover prior acts.

Coverage shall be extended beyond the policy year either by a supplemental extended reporting period (ERP) of as great duration as available, and with no less coverage and with reinstated aggregate limits, or by requiring that any new policy provide a retroactive date no later than the inception date of claims made coverage.

☐ **Property Coverage for Leases**

The Vendor shall procure and maintain for the life of the lease, all risk/special perils (including sinkhole) property insurance (or its equivalent) to cover loss resulting from damage to or destruction of the building and personal property/contents. The policy shall cover 100% replacement cost, and shall include an agreed value endorsement to waive coinsurance.

☐ **Commercial General Liability Increased General Aggregate Limit
(or separate aggregate)**

Because the Commercial General Liability form of coverage includes an annual aggregate limitation on the amount of insurance provided, a separate project aggregate limit of N/A is required by the County for this agreement or contract.

☐ **Liquor Liability**

In anticipation of alcohol being served, the Vendor shall provide evidence of coverage for liquor liability in an amount equal to the general/umbrella/excess liability coverage. If the general liability insurance covers liquor liability (e.g. host or other coverage), the Vendor's agent or insurer should provide written documentation to confirm that coverage already applies to this agreement, contract or lease. If needed coverage is not included in the general/umbrella excess liability policy(ies), the policy(ies) must be endorsed to extend coverage for liquor liability, or a separate policy must be purchased to provide liquor liability coverage in the amount required.

☐ **Owners Protective Liability Coverage**

For renovation or construction contracts the Vendor shall provide for the County an owners protective liability insurance policy (preferably through the Vendor's insurer) in the name of the County. This is redundant coverage if the County is named as an additional insured in the Vendor's Commercial General Liability insurance policy. However, this separate policy may be the only source of coverage if the Vendor's liability coverage limit is used up by other claims.

☐ **Builders Risk Coverage**

Builders Risk insurance is to be purchased to cover subject property for all risks of loss (including theft and sinkhole), subject to a waiver of coinsurance, and covering off-site storage, transit and installation risks as indicated in the Installation Floater and Motor Truck Cargo insurance described hereafter, if such coverages are not separately provided. If flood and/or earthquake risks exist, flood and earthquake insurance are to be purchased. If there is loss of income, extra expense and/or expediting expense exposure,

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such coverage is to be purchased. If boiler and machinery risks are involved, boiler and machinery insurance, including coverage for testing, is to be purchased.

The Builders Risk insurance is to be endorsed to cover the interests of all parties, including the County and all vendors and subcontractors. The insurance is to be endorsed to grant permission to occupy.

☐ **Installation Floater Coverage**

Installation Floater insurance is to be purchased when Builder's Risk insurance is inappropriate, or when Builder's Risk insurance will not respond, to cover damage or destruction to renovations, repairs or equipment being installed or otherwise being handled or stored by the Vendor, including off-site storage, transit and installation.

The amount of coverage should be adequate to provide full replacement value of the property, repairs, additions or equipment being installed, otherwise being handled or stored on or off premises. All risks coverage is preferred.

☐ **Motor Truck Cargo Coverage**

If the Installation Floater insurance does not provide transportation coverage, separate Motor Truck Cargo or Transportation insurance is to be provided for materials or equipment transported in the Vendor's vehicles from place of receipt to building sites or other storage sites. All risks coverage is preferred.

☐ **Vendor's Equipment Coverage**

Vendor's Equipment insurance is to be purchased to cover loss of equipment and machinery utilized in the performance of work by the Vendor. All risks coverage is preferred. The contract may declare self-insurance for vendor equipment.

☐ **Fidelity/Dishonesty/Liability Coverage – Third Party**

Fidelity/Dishonesty/Liability insurance is to be purchased or extended to cover dishonest acts of the Other Party's employees resulting in a loss to decedent, i.e. theft of valuables.

☐ **Fidelity/Dishonesty Coverage for Employer (Vendor)**

Fidelity/Dishonesty insurance is to be purchased to cover dishonest acts of the Vendor's employees, including but not limited to theft of vehicles, materials, supplies, equipment, tools, etc., especially property necessary to work performed.

☐ **Fidelity/Dishonesty/Liability Coverage for County**

Fidelity/Dishonesty/Liability insurance is to be purchased or extended to cover dishonest acts of the Vendor's employees resulting in loss to the County.

☐ **Electronic Data Liability Insurance**

The Other Party shall purchase Electronic Data Liability with limits of

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☐ **Garage Liability Coverage**

Garage Liability insurance is to be purchased to cover the Vendor and its employees for its garage and related operations while in the care, custody and control of the County's vehicles.

☐ **Garage Keepers Coverage (Legal Liability Form)**

Garage Keepers Liability insurance is to be purchased to cover damage or other loss, including comprehensive and collision risks, to the County's vehicles while in the care, custody and control of the Vendor. This form of coverage responds on a legal liability basis, and without regard to legal liability on an excess basis over any other collectible insurance.

☐ **Damage to Premises Rented/Leased to you- (Legal Liability Form)**

Provide property coverage for leased premises due to liability incurred because the insured's negligence results in fire or explosion. Specified limit of liability required.

☐ **Watercraft Liability Coverage**

Because the Vendor's provision of services involves utilization of watercraft, watercraft liability coverage must be provided to include bodily injury and property damage arising out of ownership, maintenance or use of any watercraft, including owned, non-owned and hired.

Coverage may be provided in the form of an endorsement to the general liability policy, or in the form of a separate policy coverage Watercraft Liability or Protection and Indemnity.

☐ **Aircraft Liability Coverage**

Because the Vendor's provision of services involves utilization of aircraft, aircraft liability coverage must be provided to include bodily injury and property damage arising out of ownership, maintenance or use of any aircraft, including owned, non-owned and hired.

The minimum limits of coverage shall be _____ per occurrence, Combined Single Limits for Bodily Injury (including passenger liability) and Property Damage.

☒ **Pollution Legal Liability Coverage** **\$1,000,000.00**

Pollution legal liability insurance is to be purchased to cover pollution and/or environmental legal liability which may arise from this agreement or contract.

☐ **United States Longshoremen and Harbor workers Act Coverage**

The Workers Compensation policy is to be endorsed to include United States Longshoremen and Harbor workers Act Coverage for exposures which may arise from this agreement or contract.

☐ **Jones Act Coverage**

The Workers Compensation policy is to be endorsed to include Jones Act Coverage for exposures which may arise from this agreement or contract.



EXHIBIT "A" CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Higginbotham Insurance Agency, Inc. 91 Lake Morton Drive Lakeland FL 33801	CONTACT NAME: Michele Crifasi PHONE (A/C, No, Ext): 863-688-5495 E-MAIL ADDRESS: MCrifasi@higginbotham.net FAX (A/C, No): 863-688-4344
INSURED Odyssey Manufacturing Co. 1484 Massaro Blvd Tampa FL 33619	INSURER(S) AFFORDING COVERAGE INSURER A: Westchester Surplus Lines Ins Co INSURER B: Zenith Insurance Company INSURER C: Tokio Marine America Insurance Company INSURER D: Ace American Ins Co INSURER E: INSURER F:
License#: 2081754 ODYSMAN-02	NAIC # 27960 13269 10945 22667

COVERAGES**CERTIFICATE NUMBER:** 1755813023**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Contractual ☒ XCU GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC ☐ OTHER:	Y	Y	G24092975 017	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
D	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☒ Hired PD	Y	Y	H08450377	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
A	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			G24092987 017	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	Z066828622	1/1/2026	1/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A C	Pollution (\$5k Ded) Claims made Prof (\$25k Ded) R/D 10/1/09 Rented & Leased Equip			G24092999 017 G24092975 017 IM5001799-02	10/1/2025 10/1/2025 8/1/2026	10/1/2026 10/1/2026 8/1/2027	Each Poll Condition A \$1,000,000 Ea Prof Occurrence Ag \$1,000,000 R/L Any one item/Ded 300,000/1,000

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

Total Umbrella/Excess Liability Limit \$5,000,000 and follows form: (Umbrella/Excess covers the General Liability, Auto Liability, Workers Compensation and Pollution/Professional policies)
Stephen Sidelko - Secretary - Excluded under Workers Compensation
RE: Contract 26-37 Liquid Sodium Hypochlorite Supply ; Bay County Board of Commissioners is additional insured on general liability and auto liability on a primary non-contributory basis when required by written contract. Waiver of subrogation applies on the general liability and auto liability when required by written contract. 30 Days Notice of Cancellation will be given to Bay County Board of Commissioners.

CERTIFICATE HOLDER**CANCELLATION**

Bay County Board of Commissioners Att: Risk Management
840 West 11th Street
Panama City FL 32401
USA

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

AUTHORIZED REPRESENTATIVE

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EXHIBIT "B"
INSURANCE REQUIREMENTS

The certificate must state the City of Lake City as the Certificate Holder

- Commercial General Liability insurance to provide coverage of not less than \$1,000,000.00 combined single limit per occurrence and annual aggregate, where generally applicable, and must include premises operations, independent contractors, products/completed operations, broad form property damage, blanket contractual and personal injury endorsements.
- Business Vehicle/Umbrella Liability insurance with a minimum limit of \$200,000 per occurrence, and \$300,000 for all claims arising out of the same incident or occurrence, for property damage and personal injury; please note that these limits may change according to Florida law and the protections afforded to the City pursuant to sovereign immunity for liability.
- Statutory Workers' Compensation insurance as required by the State of Florida.

EXHIBIT "C"



August 24, 2026

Ms. Brenda Karr
Procurement Director
City of Lake City
205 N Marion Ave
Lake City, FL 32055

Re: **PROPOSAL TO SUPPLY BULK SODIUM HYPOCHLORITE TO THE CITY OF LAKE CITY
UTILITIES DEPARTMENT FOR FY 2027**

Encl: (1) Bay County Sodium Hypochlorite "Piggyback" Package

Dear Brenda,

Odyssey Manufacturing Co. has been supplying the City of Lake City sodium hypochlorite for the past twenty-two years. Currently, the City of Lake City is being served under a piggyback arrangement using Bay County's sodium hypochlorite contract at a unit price of \$1.69 per gallon which expires on September 30, 2026. This contract has no more renewals and so Bay County recently bid their sodium hypochlorite supply and awarded it to Odyssey at a new price of \$1.75 per gallon effective October 1, 2026.

As such, effective October 1, 2026, Odyssey proposes to continue to sell the City of Lake City its Ultrachlor 12.5 Trade Percent sodium hypochlorite for the firm lump sum price of \$1.75 per gallon using the new piggyback from Bay County. This price is fixed and there are no fuel surcharges or delivery fees. This contract expires September 30, 2027. The contract has three one-year renewals remaining. I have attached a copy of the original bid package, our bid, the contract, the award letter and the bid tab. The point of contact for Bay County to validate any of this information is Karen Grindle, Purchasing Director, and she can be reached at (850) 248-8270. This proposal to piggyback is made with the understanding that Odyssey Manufacturing would continue to supply your utility's bulk sodium hypochlorite needs for its Utilities. As part of the chemical supply, Odyssey will continue to provide technical assistance to your facilities as we have done in the past.

Thanks for your consideration. Please do not hesitate to contact me at (813) ODYSSEY or cellular (813) 335-3444 if I can be of further assistance. We appreciate your support and continued business.

Sincerely,

Patrick H. Allman
General Manager

C: C. Pridgeon, WWTP
M. Osborne, WTP

MANUFACTURERS OF **ULTRA CHLOR** (800) ODYSSEY
THE CLEAR SOLUTION www.odysseymanufacturing.com

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