

**All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form**

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF \_\_\_\_\_.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

2-3 DAYS AFTER RECEIPT OF ORDER

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: DPC ENTERPRISES L.P.

ADDRESS: 620 W. 10<sup>TH</sup> ST.

CITY, STATE: RESERVE, LA. ZIP: 70084

TELEPHONE: (985) 536-1172 FAX: (985) 536-7203

EMAIL ADDRESS: MCHAPMAN@DY6GROUP.COM, THONTEGUT@DY6GROUP.COM

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 1,246,800.<sup>00</sup>

AUTHORIZED SIGNATURE: Mark Chap

MARK CHAPMAN

Printed Name

TITLE: SALES REPRESENTATIVE

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00113576

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	2,000,000.00	GL	<p>TWO YEAR CONTRACT FOR THE SUPPLY SODIUM HPYOCHLORITE SOLUTION</p> <p>Two year contract for a supply of Sodium Hypochlorite Solution (Industrial Strength) for the Jefferson Parish Department Sewerage</p> <p>0010 Sodium Hypochlorite Solution (Industrial Strength)</p> <p>Attached are the specifications</p>	.6234	\$ 1,246,800. <sup>00</sup>



## DPC ENTERPRISES

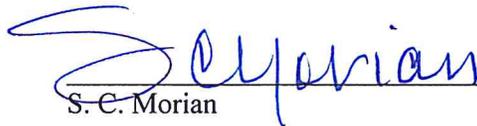
P.O. Box 130468  
Houston, Texas 77219-0468  
(713) 863-1947  
Fax (713) 863-8316

### Certified Copy of Corporate Resolution

I, S. C. Morian, duly elected and acting Secretary of DPC Enterprises, GP, LLC, a Delaware Limited Liability Company (the "Company"), hereby certify that the following resolution was adopted by unanimous consent of the Directors, and has not been amended or rescinded, and is still in full force and effect:

BE IT RESOLVED, Mr. Mark Chapman, Sales Representative for DPC Enterprises, L.P. be, and is hereby appointed, constituted and designated as agent and attorney-in-fact of the Company with full power and authority to act on behalf of this Company in all negotiations, bidding concerns, and transactions with Jefferson Parish, Louisiana or any of its agencies, departments, employees, or agents, including but not limited to, the execution of all bids, papers, documents, affidavits, bonds, sureties, contracts and acts and to receive and receipt therefore all purchase orders and notices issued pursuant to the provisions of any such bid or contract, this company hereby ratifying, approving, confirming and accepting each and every such act performed by the said agent and attorney-in-fact.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on June 26, 2015.

  
S. C. Morian



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2015

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

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

<b>PRODUCER</b> John L. Wortham & Son, L.P. PO Box 1388 Houston, TX 77251-1388  www.worthaminsurance.com	<b>CONTACT NAME:</b> John L. Wortham & Son, L.P.
	<b>PHONE (A/C, No. Ext):</b> 713-526-3366 <b>FAX (A/C, No):</b> 713-521-1951 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> DPC Enterprises, LP P.O. Box 130410 Houston TX 77219	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A :</b> Chartis Specialty Insurance Company      26883
	<b>INSURER B :</b> Commerce & Industry Insurance Co.      19410
	<b>INSURER C :</b> Granite State Insurance Company      23809
	<b>INSURER D :</b>
	<b>INSURER E :</b>
<b>INSURER F :</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 24404941      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Retro Date 5/15/1986  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		EG5430840	5/1/2015	5/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		CA7058788	5/1/2015	5/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N    N/A		WC19177560	5/1/2015	5/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Hired Car Physical Damage		CA7058788	5/1/2015	5/1/2016	Comprehensive Deductible: See Addendum Collision Deductible: See Addendum

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

<b>CERTIFICATE HOLDER</b>  Jefferson Parish General Services & Procurement Purchasing Division P.O. Box 9 Gretna, LA 70054-0009	<b>CANCELLATION</b>  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  John L. Wortham & Son, L.P.
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY John L. Wortham & Son, L.P.		NAMED INSURED DPC Enterprises, LP P.O. Box 130410 Houston TX 77219	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability (01/14)

**HOLDER:** Jefferson Parish General Services & Procurement Purchasing Division

**ADDRESS:** P.O. Box 9 Gretna, LA 70054-0009

Physical Damage Deductibles are as follows:  
 Light Trucks: \$1,000 Comprehensive/\$1,000 Collision  
 Trailers: \$1,000 Comprehensive/\$1,000 Collision  
 Tractors: \$2,000 Comprehensive/\$2,000 Collision

Non-Public Works Bid

AFFIDAVIT

STATE OF LA.

PARISH/COUNTY OF ST. JOHN THE BAPTIST

BEFORE ME, the undersigned authority, personally came and appeared: MARK CHAPMAN, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized REPRESENTATIVE of DPC ENTERPRISES L.P. (Entity), the party who submitted a bid in response to Bid Number 50-00113576, to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B  there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B  There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Mark Chap  
Signature of Affiant

MARK CHAPMAN  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 1<sup>st</sup> DAY OF July, 2015.

William D. O'Regan III  
Notary Public

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires \_\_\_\_\_.

**William D. O'Regan III Notary Public**  
**Bar Roll #10231**  
**My Commission Expires At Death**

Form **W-9**  
(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give Form to requester to send to IRS.

Print or type  
See specific instructions on page 2.

Name (as shown on your income tax return)  
**DPC ENTERPRISES, L.P.**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
**P.O. BOX 301123**  
City, state, and ZIP code  
**DALLAS, TX 75303-1123**

Requester's name and address (optional)

List account number(s) here (optional)  
**# 14824**

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**  
[ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

**Employer identification number**  
7 6 - 0 5 7 6 [ ] [ ]

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

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

**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, and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN in instructions on page 4.

**Sign Here**    Signature of U.S. person ▶ *Wendy Ramirez*    Date ▶ **6/12/13**

**General Instructions**

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

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to report your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.671-1).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been provided, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person who is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



**DPC ENTERPRISES, L.P.**

RCVD JUN 17 2013

June 13

JEFFERSON PARISH/PEDRO RI  
1221 ELMWOOD PARK BLVD RN  
DEPT OF PUBLIC UTILITY/SEWAGE  
HARAHAN, LA 70123

Dear customer,

We recently sent out a letter to all of our customers regarding new remittance instructions. As a result, many customers have requested a new W-9 form, which is attached for your convenience.

Beginning June 19, 2013, please remit your Non-ACH payments to:

DPC Enterprises, L.P.  
P.O. Box 301123  
Dallas, Texas 75303-1123

ACH payment instructions remain the same.

Please note that letters were sent to all of our customers (past and present).

DPC Enterprises values your business and looks forward to serving your needs in the future. If you have any questions, please contact your Accounts Receivable representative Wendy Pennington at 713-293-1524 or Fax 713-880-4618.

Thank You,

Vera Gonzales  
Accounts Receivable Supervisor



## **DPC ENTERPRISES**

620 West 10th Avenue  
Reserve, Louisiana 70084-6915  
(985) 536-1172  
Fax (985) 536-7203

## **Louisiana Preference**

DPC Enterprises, L.P. does claim Louisiana preference in the manufacturing of Sodium Hypochlorite referenced in the Jefferson Parish Sodium Hypochlorite Bid. DPC manufactures the Sodium Hypochlorite at our facility at:

620 West 10th Street  
Reserve, LA 70084-6915

Please let us know if we can be of any further assistance in this matter.



# Safety Data Sheet

## 1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

**Product identifier:** DIXICHLOR MAX  
**Synonyms:** Bleach, Sodium Hypochlorite, Sodium Hypochlorite 12.5%  
**Intended use:** Swimming pool chlorinator, Hard surface cleaner, Water treatment chemical, Biocides  
**Uses Advised Against:** None identified. This is a pesticide product, do not use in a pesticide application that is not included on the label.

**Company Identification** DPC Industries, Inc.  
DPC Enterprises, LP  
DXI Industries, Inc.  
DX Terminals  
PO Box 24600  
Houston, TX 77229-4600

**Emergency**  
**CHEMTREC (USA)** (800) 424-9300  
**24 hour Emergency Telephone No.** (281) 457-4888  
www.dxgroup.com

## 2. Hazard identification of the product

<b>Physical hazards</b>	Corrosive to metals	Category 1
<b>Health hazards</b>	Skin corrosion/irritation	Category 1
	Serious eye damage/eye irritation	Category 1
	Specific target organ toxicity, single exposure	Category 3 respiratory tract irritation
<b>Environmental hazards</b>	Hazardous to the aquatic environment, acute hazard	Category 1
	Hazardous to the aquatic environment, long-term hazard	Category 2

### Label elements

Using the Toxicity Data listed in section 11 and 12 the product is labeled as follows.



<b>Signal Word</b>	<b>Danger</b>
<b>Hazard Statements</b>	Harmful in contact with skin. Causes severe skin burns and eye damage. Causes serious eye damage. Very toxic to aquatic life. Toxic to aquatic life with long lasting effects. May be corrosive to metals
<b>Precautionary Statements</b>	
<b>Prevention</b>	Do not breathe mist / vapors / spray. Wash thoroughly after handling. Avoid release to the environment. Wear protective gloves / eye protection / face protection. Use in well ventilated area.
<b>Response</b>	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN: Remove / Take off immediately all contaminated clothing. Wash with plenty of soap and water. IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing. Call a POISON CENTER or doctor / physician if you feel unwell. IF IN EYES: Rinse continuously with water for several minutes. Remove contact lenses if present and easy to do - continue rinsing. Immediately call a POISON CENTER or doctor / physician. Wash contaminated clothing before reuse. Collect spillage.
<b>Storage</b>	Store in a well-ventilated place. Keep container tightly closed. Store locked up. Protect from sunlight.
<b>Disposal</b>	Dispose of contents / container in accordance with local / national regulations.

## Safety Data Sheet

### 3. Composition/information on ingredients

Synonyms: Bleach, Sodium Hypochlorite, Sodium Hypochlorite 12.5%

Ingredient	CAS Number	Percent (%)	NOTES
Sodium hypochlorite.	7681-52-9	12.5 - 15.6	Substance classified with a health or environmental hazard.
Sodium chloride	7647-14-5	9 - 10	Substance classified with a health or environmental hazard.
Sodium hydroxide	1310-73-2	0.5 - 2	Substance classified with a health or environmental hazard. Substance with a workplace exposure limit.

### 4. First Aid Measures

<b>General</b>	Effects of exposure (inhalation, ingestion or skin contact) to substance may be delayed. Ensure that medical personnel are aware of the material(s) involved and take precautions to protect themselves.
<b>Inhalation</b>	Move victim to fresh air. Call emergency medical care. Apply artificial respiration if victim is not breathing. Do not use mouth-to-mouth method if victim ingested or inhaled the substance; induce artificial respiration with the aid of a pocket mask equipped with a one-way valve or other proper respiratory medical device. Administer oxygen if breathing is difficult.
<b>Eyes</b>	Irrigate copiously with clean fresh water for at least 10 minutes, holding the eyelids apart. Get medical attention. Remove contact lenses if present and easy to do - continue rinsing.
<b>Skin</b>	Remove contaminated clothing. Wash skin thoroughly with soap and water or use a recognized skin cleanser. Do NOT use solvents or thinners.
<b>Ingestion</b>	If accidentally swallowed obtain immediate medical attention. Rinse mouth. Keep at rest. Do NOT induce vomiting. If vomiting occurs, keep head low so that stomach content does not get into lungs.
<b>Most important symptoms and effects, both acute and delayed</b>	
<b>Overview</b>	Corrosive effects. Symptoms may include stinging, tearing, redness, swelling, and blurred vision. Permanent eye damage including blindness could result.
<b>Indication of immediate medical attention and special treatment needed</b>	Treat symptomatically. Chemical burns: Flush with water immediately. While flushing, remove clothes which do not adhere to affected area. Call an ambulance. Continue flushing during transport to hospital
<b>General information</b>	Ensure that medical personnel are aware of the material(s) involved, and take precautions to protect themselves. Show this safety data sheet to the doctor in attendance.

### 5. Fire-fighting measures

<b>Recommended Extinguishing media</b>	Alcohol resistant foam, CO <sup>2</sup> , dry chemical powder, water spray. Do not use water jet.
<b>Special hazards arising from the substance or mixture</b>	Hydrogen chloride and chlorine. Chlorine gas rate of decomposition increases with the concentration with temperatures above 85 °F (30 °C). Do not breathe mist / vapors / spray.
<b>Advice for fire-fighters</b>	Wear positive pressure self-contained breathing apparatus (SCBA). Wear chemical protective clothing that is specifically recommended by the manufacturer. It may provide little or no thermal protection. Structural firefighters' protective clothing provides limited protection in fire situations ONLY; it is not effective in spill situations where direct contact with the substance is possible. Non-combustible, substance itself does not burn but may decompose upon heating to produce corrosive and/or toxic fumes. Some are oxidizers and may ignite combustibles (wood, paper, oil, clothing, etc.). Contact with metals may evolve flammable hydrogen gas. Containers may explode when heated. TOXIC; inhalation, ingestion or skin contact with material may cause severe injury or death. Contact with molten substance may cause severe burns to skin and eyes. Avoid any skin contact. Effects of contact or inhalation may be delayed. Fire may produce irritating, corrosive and/or toxic gases. Runoff from fire control or dilution water may be corrosive and/or toxic and cause pollution. <b>ERG Guide No. 154</b>

# Safety Data Sheet

## 6. Accidental release measures

<b>Personal precautions, protective equipment and emergency procedures</b>	ELIMINATE all ignition sources (no smoking, flares, sparks or flames in immediate area). Do not touch damaged containers or spilled material unless wearing appropriate protective clothing. Wash hands before eating, drinking, smoking or using toilet. Promptly remove soiled clothing and wash thoroughly before reuse. Stop leak if you can do it without risk. Prevent entry into waterways, sewers, basements or confined areas. Absorb or cover with dry earth, sand or other non-combustible material and transfer to containers. Local authorities should be contacted if significant spill cannot be contained.
<b>Environmental precautions</b>	Do not allow spills to enter drains or watercourses.
<b>Methods and material for containment and cleaning up</b>	Large Spills: Stop the flow of material, if this is without risk. Dike the spilled material, where this is possible. Absorb in vermiculite, dry sand or earth and place into containers. Following product recovery, flush area with water. Small Spills: Wipe up with absorbent material (e.g. cloth, fleece). Clean surface thoroughly to remove residual contamination. Never return spills in original containers for re-use. For waste disposal, see Section 13 of the SDS.

## 7. Handling and storage

<b>Precautions for safe handling</b>	Wear appropriate personal protective equipment. Do not get in eyes, on skin, on clothing. Chemical attack increases with solution strength. Use with adequate ventilation. Observe good industrial hygiene practices. Do not apply heat or direct sunlight. Temperature and product concentration affect product quality and decomposition rates.
<b>Conditions for safe storage, including any incompatibilities</b>	Handle containers carefully to prevent damage and spillage. Keep container tightly closed. Store in a cool and well-ventilated place. Store in a corrosive resistant container. Consult container manufacturer for additional guidance. Store away from and do not mix with incompatible materials such as acids, ammonia, urea, oxidizers, organics and metals such as nickel, copper, tin, aluminum and iron.

## 8. Exposure controls and personal protection

### Exposure Control Parameters

CAS No.	Ingestion	Source	Value
1310-73-2	Sodium hydroxide	OSHA	TWA 2 mg/m3
		ACGIH	Ceiling: 2 mg/m3
		NIOSH	C 2 mg/m3
7647-14-5	Sodium chloride	OSHA	No Established Limit
		ACGIH	No Established Limit
		NIOSH	No Established Limit
7681-52-9	Sodium hypochlorite.	OSHA	No Established Limit
		ACGIH	No Established Limit
		NIOSH	No Established Limit

### Individual protection measures, such as personal protective equipment

<b>Respiratory</b>	Use NIOSH/MSHA approved respirator, following manufacturer's recommendations when concentrations exceed permissible exposure limits.
<b>Eyes</b>	Wear face shield with safety glasses with side shields and/or safety goggles.
<b>Skin</b>	Chemical resistant clothing such as coveralls/apron boots should be worn. Chemical Impervious gloves.
<b>Engineering Controls</b>	Provide adequate ventilation. Where reasonably practicable this should be achieved by the use of local exhaust ventilation and good general extraction. If these are not sufficient to maintain concentrations of particulates and any vapor below occupational exposure limits suitable respiratory protection must be worn. Eye wash and safety shower must be available when handling this product
<b>Other Work Practices</b>	Use good personal hygiene practices. Wash hands before eating, drinking, smoking or using toilet. Promptly remove soiled clothing and wash thoroughly before reuse.

## Safety Data Sheet

### 9. Physical and chemical properties

<b>Appearance</b>	Clear, pale yellow, or greenish Liquid
<b>Odor</b>	Pungent, chlorine odor
<b>Odor threshold</b>	0.9 mg/m <sup>3</sup>
<b>pH</b>	12 - 13
<b>Melting point / freezing point</b>	-3 °F (-19.4 °C)
<b>Initial boiling point and boiling range</b>	Decomposes above 230 °F (110 °C)
<b>Flash Point</b>	Nonflammable
<b>Evaporation rate (Ether = 1)</b>	Not Established
<b>Flammability (solid, gas)</b>	Not Applicable
<b>Upper/lower flammability or explosive limits</b>	<b>Lower Explosive Limit:</b> Not Measured <b>Upper Explosive Limit:</b> Not Measured
<b>Vapor pressure (mmHg)</b>	17.5 (@ 20° C)
<b>Vapor Density</b>	Not Established
<b>Specific Gravity</b>	1.20 - 1.40
<b>Solubility in Water</b>	Complete
<b>Partition coefficient n-octanol/water (Log Kow)</b>	Not Measured
<b>Auto-ignition temperature (°C)</b>	Not Measured
<b>Decomposition temperature</b>	Not Measured
<b>Viscosity (cSt)</b>	Not Measured
<b>VOC %</b>	Not Measured
<b>Other information</b>	No other relevant information.

### 10. Stability and reactivity

<b>Reactivity</b>	Hazardous Polymerization will not occur.
<b>Chemical stability</b>	Stable under normal circumstances.
<b>Possibility of hazardous reactions</b>	No data available.
<b>Conditions to avoid</b>	Contact with incompatible materials. Acid contact will produce chlorine gas.
<b>Incompatible materials</b>	Any acidic material, ammonia, urea, oxidizers, organics and metals such as nickel, copper, tin, aluminum and iron.
<b>Hazardous decomposition products</b>	No hazardous decomposition products are known.

### 11. Toxicological information

#### Acute toxicity

Ingredient	Oral LD50, mg/kg	Skin LD50, mg/kg	Inhalation Vapor LC50, mg/L/4hr	Inhalation Dust/Mist LC50, mg/L/4hr	Inhalation Gas LC50, ppm
Sodium hypochlorite (7681-52-9)	5,000.00, Rat - Category: 5	10,000.00, Rabbit - Category: NA	10.50, Rat - Category: 4	No data available	No data available
Sodium chloride (7647-14-5)	1,350.00, Rabbit - Category: 4	100.00, Rat - Category: 2	40.00, Mouse - Category: NA	10,500.00, Rat - Category: NA	No data available
Sodium hydroxide (1310-73-2)	6,600.00, Mouse - Category: NA	1,350.00, Rabbit - Category: 4	600.00, Mouse - Category: NA	No data available	No data available

## Safety Data Sheet

### 11. Toxicological information

#### Acute toxicity (cont.)

Item	Hazard
<b>Acute Toxicity (mouth)</b>	Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhea. Ingestion may produce burns to the lips, oral cavity, upper airway, esophagus and possibly the digestive tract.
<b>Acute Toxicity (skin)</b>	Harmful in contact with skin.
<b>Acute Toxicity (inhalation)</b>	Vapors and spray mist may irritate throat and respiratory system and cause coughing.
<b>Skin corrosion/irritation</b>	Causes severe skin burns and eye damage.
<b>Eye damage/irritation</b>	Causes serious eye damage.
<b>Sensitization (respiratory)</b>	No data available.
<b>Sensitization (skin)</b>	No data available.
<b>Germ toxicity</b>	No data available.
<b>Carcinogenicity</b>	Not considered to be a carcinogen by IARC, ACGIH, NTP or OSHA.
<b>Reproductive Toxicity</b>	No data available.
<b>Specific target organ systemic toxicity (single exposure)</b>	May cause respiratory irritation.
<b>Specific target organ systemic Toxicity (repeated exposure)</b>	Not Applicable.
<b>Aspiration hazard</b>	Not classified; however droplets of product may be aspirated into lungs, through ingestion or vomiting and may cause serious chemical pneumonia.

### 12. Ecological information

**Toxicity:** Very toxic to aquatic life. Toxic to aquatic life with long lasting effects.

#### Aquatic Ecotoxicity

Ingredient	96 hr LC50 fish, mg/l	48 hr EC50 crustacea, mg/l	ErC50 algae, mg/l
Sodium hypochlorite (7681-52-9)	0.08, Pimephales promelas	0.032, Daphnia magna	0.40 (72 hr), Dunaliella primolecta
Sodium chloride (7647-14-5)	1,100.00, Freshwater Fish	3,310.00, Daphnia magna	Not Available
Sodium hydroxide (1310-73-2)	196.00, Poecilia reticulata	40.38, Ceriodaphnia dubia	Not Available

<b>Persistence and degradability:</b>	There is no data available on the preparation itself.
<b>Bioaccumulative potential:</b>	Not Measured
<b>Mobility in soil:</b>	No data available.
<b>Results of PBT and vPvB assessment:</b>	This product contains no PBT/vPvB chemicals.
<b>Other adverse effects:</b>	No other effects are expected.

### 13. Disposal considerations

<b>Waste treatment methods:</b>	Do not allow into drains or water courses. Wastes and emptied containers should be disposed of in accordance with regulations made under the Control of Pollution Act and the Environmental Protection Act. Using information provided in this data sheet, advice should be obtained from the Waste Regulation Authority, whether the special waste regulations apply.
<b>Waste from material:</b>	The waste determination should be made in discussion between the user and the waste disposal company.
<b>Container Management:</b>	Empty containers should be taken to an approved waste handling site for recycling or disposal. Since emptied containers may retain product residue, follow label warnings even after container is emptied.

## Safety Data Sheet

### 14. Transport information

<b>UN number:</b>	UN1791
<b>UN proper shipping name:</b>	Hypochlorite solutions
<b>Transport hazard class(es)</b>	
<b>DOT (Domestic Surface Transportation)</b>	
<b>DOT Proper Shipping Name:</b>	Hypochlorite solutions
<b>DOT Hazard Class:</b>	8
<b>DOT Label:</b>	8
<b>UN / NA Number:</b>	UN1791
<b>DOT Packing Group:</b>	III
<b>CERCLA/DOT RQ:</b>	100 lbs.
<b>Environmental hazards:</b>	IMDG Marine Pollutant: Yes (Sodium hypochlorite)
<b>Special precautions for user:</b>	Not Applicable

### 15. Regulatory information

<b>Regulatory Overview:</b>	The regulatory data in Section 15 is not intended to be all-inclusive, only selected regulations are represented. All ingredients of this product are listed on the TSCA (Toxic Substance Control Act) Inventory.	
<b>WHMIS Classification</b>	D2B E	
<b>US EPA Tier II Hazards:</b>	<b>Fire:</b>	No
	<b>Sudden Release of Pressure:</b>	No
	<b>Reactive:</b>	No
	<b>Immediate (Acute):</b>	Yes
	<b>Delayed (Chronic):</b>	No
<b>SARA 302 Extremely Hazardous Substance:</b>	No	
<b>SARA 311/312 Chemicals and RQs (lbs) (&gt;0.1%) :</b>	100	
<b>SARA 313 (TRI):</b>	No	
<b>CAA Section 112 Hazardous Air Pollutant:</b>	No	
<b>CAA Section 112R Risk Management Plan:</b>	No	
<b>State Regulations</b>	<b>N.J. RTK Substances (&gt;1%) :</b>	Listed
	<b>Penn RTK Substances (&gt;1%) :</b>	Listed
	<b>California Prop 65:</b>	Not Listed

### 16. Other information:

**EPA Registration Number:** 813-15

**NSF Maximum Use Level (STD 60):** Check BOL for facility Data. (37 to 84 mg/L)

**Revision Information:** This is the first revision of this SDS format, changes from previous revision not applicable.

The information and recommendations contained herein are based upon data believed to be correct. However, no guarantee or warranty of any kind, expressed or implied, is made with respect to the information contained herein. We accept no responsibility and disclaim all liability for any harmful effects which may be caused by exposure to our products. Customers/users of this product must comply with all applicable health and safety laws, regulations, and orders.

THE USER IS CAUTIONED TO PERFORM HIS OWN HAZARD EVALUATION AND TO RELY ON HIS OWN DETERMINATIONS.