

PORT EVERGLADES FRANCHISE APPLICATION

An application will not be deemed complete and ready for processing until all required documents and fees are received.

A separate application must be filed for each type of franchise applied for.

FRANCHISE TYPE
CHECK ONE

☒

STEAMSHIP AGENT

☐

STEVEDORE

RECEIVED
Sep 6, 2022

☐

CARGO HANDLER

☐

TUGBOAT & TOWING

☐

VESSEL BUNKERING

☐

VESSEL OILY WASTE REMOVAL

☐

VESSEL SANITARY WASTE WATER REMOVAL

☐

MARINE TERMINAL SECURITY

☐

MARINE TERMINAL SECURITY

FIREARMS CARRYING SECURITY PERSONNEL

NON-FIREARMS CARRYING SECURITY PERSONNEL

Note: Applicant is the legal entity applying for the franchise. If the Applicant is granted the franchise, it will be the named franchisee. All information contained in this application shall apply only to the Applicant, and not to any parent, affiliate, or subsidiary entities.

Applicant's

Name SMS INTERNATIONAL SHORE OPERATIONS US, INC.

(Name as it appears on the certificate of incorporation, charter, or other legal documentation as applicable, evidencing the legal formation of the Applicant)

Applicant's Business Address 1007 N AMERICA WAY SUITE 505, MIAMI, FL 33132

Phone # () 305.290.3000 E-mail address PORTAGENCYPEV @ SMSCRUISES.COM

Fax #: () 786.953.6633

Name of the person authorized to bind the Applicant (Person's signature must appear on Page 13.)

Name ANDRIUS ZICKEVICIUS

Title SENIOR VICE PRESIDENT

Business Address 1007 N AMERICA WAY SUITE 505, MIAMI, FL 33132

Phone # () 305.290.3000 E-mail address AZ @ SMSCRUISES.COM

Fax #: () 786.953.6633

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed (if different from the person authorized to bind the Applicant):

Representative's Name SAME AS THE AUTHORIZED PERSON

Representative's Title _____

Representative's Business Address _____

Representative's Phone # () _____

Representative's E-mail address _____ @ _____

Representative's Fax # () _____

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E...., SECTION A, B, C, etc.).

Section A

1. List the name(s) of Applicant's officers, including, CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title DIRECTOR, PRESIDENT, SECRETARY, TREASURER

First Name SAMUEL Middle Name _____

Last Name MIFSUD

Business Street Address 1007 N AMERICA WAY SUITE 505

City, State, Zip Code MIAMI, FL 33132

Phone Number (305) 290 - 3000

Fax Number (786) 953 - 6633

Email Address SAM @ SMS.COM.MT .

Title DIRECTOR

First Name SIMON Middle Name _____

Last Name MIFSUD

Business Street Address 1007 N AMERICA WAY SUITE 505

City, State, Zip Code MIAMI, FL 33132

Phone Number (305) 290 - 3000

Fax Number (786) 953 - 6633

Email Address SMIFSUD @ SMS.COM.MT .

Title _____

First Name _____ Middle Name _____

Last Name _____

Business Street Address _____

City, State, Zip Code _____

Phone Number () _____ Fax Number () _____

Email Address _____ @ _____ .

Title _____

First Name _____ Middle Name _____

Last Name _____

Business Street Address _____

City, State, Zip Code _____

Phone Number () _____ Fax Number () _____

Email Address _____ @ _____ .

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

Section B

1. Place checkmark to describe the Applicant:
() Sole Proprietorship (X) Corporation () Partnership () Joint Venture () Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

Section C

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)
Yes___ NoX___ If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?
Yes___ NoX___ If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?
Yes___ NoX___ If "Yes," please provide details in the space provided, including:
Prior officers, directors, executives, partners, shareholders, members
Name(s) _____
New officers, directors, executives, partners, shareholders, members
Name(s) _____
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

Section D

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" NONE.

Section E

1. Has the Applicant acquired another business entity within the last five (5) years?
Yes___ No X If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" NONE.
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

N/A

3. Has the Applicant been acquired by another business entity within the last five (5) years?
Yes___ No X If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" NONE.
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

N/A

Section F

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

ATTACHED

Section G

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.
ATTACHED
2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.

ATTACHED

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" _____.

Seaport _____ Number of Years Operating at this Seaport _____

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client

Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" NONE.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes No x

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.porteverglades.net/development/tariff>.

ATTACHED

Section K

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?

Yes ___ No X

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a) Date petition was filed or relief sought
- b) Title of case and docket number
- c) Name and address of court or agency
- d) Nature of judgment or relief
- e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes ___ No X

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes ___ No X

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

Section L

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference _____ Nature of Business _____

Contact Name _____ Title _____

Legal Business Street Address _____

City, State, Zip Code _____

Phone Number (____) _____

(Provide on a separate sheet.)

Section M

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.
2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?
Yes___ No x
If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

Section N

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.
NONE
2. Identify the type of fuel used for each piece of equipment.
N/A
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
N/A
4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?
Yes___ No___ N/A
If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

Section O

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

ATTACHED

Section P

1. Provide a copy of Applicant's safety program. ATTACHED
2. Provide a copy of Applicant's substance abuse policy. ATTACHED
3. Provide a copy of Applicant's employee job training program/policy. ATTACHED
4. Provide information regarding frequency of training. ATTACHED
5. Include equipment operator certificates, if any. NONE

Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?
Yes___ No X
2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?
Yes___ No X
3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?
Yes___ No X

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port.
N/A

Section R

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

ATTACHED

If you have checked an Applicant box for VESSEL BUNKERING, VESSEL OILY WASTE REMOVAL, VESSEL SANITARY WASTE WATER REMOVAL, OR MARINE TERMINAL SECURITY, the following additional information is required:

☐ **VESSEL BUNKERING**

Section T- A Letter of Adequacy from the U.S. Coast Guard and a copy of the applicant's operations manual approved by the U.S. Coast Guard.

Section V- A copy of the applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

Section W- A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

Section Z- An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

☐ **VESSEL OILY WASTE REMOVAL**

Section S - Certificate of Adequacy in compliance with the Directives of MARPOL 73/75 and 33 CFR 158, if applicable.

Section T- A Letter of Adequacy from the U.S. Coast Guard and a copy of the Applicant's operations manual approved by the U.S. Coast Guard.

Section U- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

Section V- A copy of the Applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

Section W- A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

Section X- A Used Oil Collector, Transporter, and Recycler Certificate from the Florida Dept. of Environmental Protection.

Section Y- An Identification Certificate from the U.S. Environmental Protection Agency.

Section Z- An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the Applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

☐ **VESSEL SANITARY WASTE WATER REMOVAL**

Section U- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

Section Z1- A copy of the Applicant's operations manual.

Section Z2- A Septage Receiving Facility Waste Hauler Discharge Permit from the Broward County Water and Wastewater Services Operations Division.

☐ **MARINE TERMINAL SECURITY**

Section N1- A list of all metal detection devices, walk-through and hand held, as well as all luggage and carryon x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.

Section N2- A copy of all manufacturers recommended service intervals and name of company contracted to provide such services on all aforementioned equipment.

Section N3- A description of current method employed to assure all equipment is properly calibrated and functioning.

Section N4- current training requirements and training syllabus for employees operating x-ray equipment. Highlight emphasis on weapon and contraband identification.

Include equipment operator certificates, if any.

Section O1- Provide copies of all local, state and federal licenses, including:

- a. A copy of the Applicant's State of Florida Business License.
- b. A copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.

Section P3- SECURITY GUARDS / SUPERVISORS

- a. Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.
- b. Provide historic annual turnover ratio for security guards.
- c. Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.
- d. Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.
- e. Provide present policy for individual communication devices either required of security guards or supplied by the employer.
- f. Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.
- g. Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors _____
Class D Guards _____
Class G Guards _____
K-9 Handlers _____

Port Everglades Tariff 12

References to the Port Everglades Tariff 12 as amended or reissued: <http://www.porteverglades.net/business/tariff>

Application Fees

The following fees have been established for franchised businesses at Port Everglades. Initial processing fees are nonrefundable. A franchise is required for each category of business.

Stevedore

Initial processing fee, assignment fee, or reinstatement fee \$ 11,550.00
Annual Fee \$ 4,200.00

Cargo Handler

Initial processing fee, assignment fee, or reinstatement fee \$ 11,550.00
Annual Fee \$ 4,200.00

Steamship Agent

Initial processing fee, assignment fee, or reinstatement fee \$ 4,200.00
Annual Fee \$ 2,360.00

Tugboat and Towing

Initial processing fee, assignment fee, or reinstatement fee \$ 27,300.00
Annual Fee By Contract

**Vessel Bunkering, Vessel Oily Waste Removal,
Vessel Sanitary Waste Water Removal**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,200.00
Annual Fee\$ 2,360.00

For first-time franchise Applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary.

CHECKS MUST BE PAYABLE TO:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed with this application to:

Port Everglades Business Development Division

1850 Eller Drive, Fort Lauderdale, FL 33316

Required Public Hearing

Staff review of this application will not commence until such time as all of the above requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and must plan to attend the Public Hearing.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct. Applicant understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County, including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted, and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be granted by Broward County, to be legally bound and governed by all such rules, regulations, terms and conditions of the franchise as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended.

The individual executing this application on behalf of the Applicant, personally warrants that s/he has the full legal authority to execute this application and legally bind the Applicant.

Signature of Applicant's Authorized
Representative Samuel Mifsud

Date Signed 09/15/2022

Signature name and title - typed or printed

Samuel Mifsud SAMUEL MIFSUD - PRESIDENT.

Witness Signature (*Required*)

R. Sammut

Witness name-typed or printed

RODERICK SAMMUT

Witness Signature (*Required*)

L. Saffrett

Witness name-typed or printed

LEANNE SAFFRETT

If a franchise is granted, all official notices/correspondence should be sent to:

Name Andrius Zickevicius

Title Senior Vice President

Address 1007 N America Way Suite 505, Miami

Phone (305) 7785531

Section A

Samuel Mifsud

EDUCATION

Mount St. Mary's College
Bachelor of Arts in Business

WORK EXPERIENCE

S. Mifsud & Sons Ltd. 1990 - 1994
Clerk

- Groups and Cruises Department
- Involved in all areas ranging from representative duties, meet & greet duties, reservations, quotations, inspections and familiarization trips, and general sales.

S. Mifsud & Sons Ltd. 1994 - 2000
Manager of Contract Department

- Responsible for overseeing all Sales and Marketing for SMS Tourism and all contracting and liaison with overseas Tour Operators.
- Involved in all negotiations with local hotels and other local service providers.

S. Mifsud & Sons Ltd. 2000 - 2005
Director and Deputy Managing Director

- Responsible for overseeing approximately 100 employees in various departments within the SMS Group.

S. Mifsud & Sons Ltd. 2005 - Present
Managing Director

- Oversees various departments and employees within the SMS Group: Tourism, Hotels, Language School, Cruise Operations, and other related and ancillary duties.

HONORABLE SERVICE

Board Member 2004 - 2006
Malta Tourism Authority

Minister of Tourism 2006 - 2010
Malta Tourism Authority

Committee Member 2008 - Present
Federation of Associations of Travel and Tourism Agents (FATTA)

Section A

Simon Mifsud

EDUCATION

University of Buckingham
LLM, Law

University of Buckingham
LL.B (Hons), Law

WORK EXPERIENCE

- | | |
|--|----------------|
| S. Mifsud & Sons Ltd.
<i>Clerk</i> | 1992 - 1995 |
| <ul style="list-style-type: none">• Groups and Cruises Department• Involved in all areas ranging from representative duties, meet & greet duties, reservations, quotations, inspections and familiarization trips, and general sales. | |
| S. Mifsud & Sons Ltd.
<i>Manager</i> | 1995 - 2000 |
| <ul style="list-style-type: none">• Responsible for overseeing legal department | |
| S. Mifsud & Sons Ltd.
<i>Director</i> | 2000 - 2005 |
| <ul style="list-style-type: none">• Responsible for Orange Travel Group operations | |
| S. Mifsud & Sons Ltd.
<i>Managing Director</i> | 2005 - Present |
| <ul style="list-style-type: none">• Oversees various departments and employees within the SMS Group: Legal, Insurance, Tourism, Hotels, Language School, and other related and ancillary duties. | |

HONORABLE SERVICE

Hon. Consul General for the Republic of Seychelles in Malta <i>Malta Tourism Authority</i>	2003 - Present
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Section B

Fax Session of Corporation 2/16/2012 4:27:03 PM PAGE 1/004 Fax ID: FV4111

F/2000000735

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
SMS INTERNATIONAL SHORE OPERATIONS US, INC.**

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Section B

Fax Server

2/16/2012 4:27:09 PM PAGE 2/004 Fax Server

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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

1. SMS International Shore Operations US, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Delaware 3. applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/17/2012 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 125 N.E. 9th Street, Miami, FL 33132
(Principal office address)
c/o Mifsud & Sons Ltd., Attn: Lewis R. Baldacchino, 27, Birkirkara Hill, St. Julian's, Malta - Europe
(Current mailing address)

8. Shore operations
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Corporation Service Company

Office Address: 1201 Hayes Street

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

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

By: Amy Gudgel Amy Gudgel, Asst. V.P.
(Registered agent's signature)

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

FILED
12 FEB 16 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section B

Fax Server

2/16/2012 4:27:09 PM PAGE 3/004 Fax Server

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Samuel Mifsud

Address: 17, Torreggiani Gardens, Fomm il-Ghelliem Street, Madliena, Swieqi, Malta - Europe

Director: Simon Mifsud

Address: 2, Majjistral Street, Madliena, Swieqi, Malta - Europe

B. OFFICERS

President: Samuel Mifsud

Address: 17, Torreggiani Gardens, Fomm il-Ghelliem Street, Madliena, Swieqi, Malta - Europe

Vice President: Jorge L. Cosculluela

Address: 125 N.E. 9th Street, Miami, FL 33132

Secretary: & Treasurer: Simon Mifsud

Address: 2, Majjistral Street, Madliena, Swieqi, Malta - Europe

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

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

14. Samuel Mifsud, President

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

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12 FEB 16 AM 10:21
SEC. OF STATE
TALLAHASSEE, FLORIDA

Fax Server

2/16/2012 4:27:09 PM PAGE 4/004 Fax Server

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMS INTERNATIONAL SHORE OPERATIONS US, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMS INTERNATIONAL SHORE OPERATIONS US, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2012.

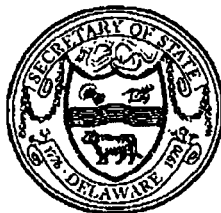
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
12 FEB 16 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5096135 8300

120179705

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9369810

DATE: 02-16-12



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Profit Corporation

SMS INTERNATIONAL SHORE OPERATIONS US, INC.

Filing Information

Document Number F12000000735
FEI/EIN Number 99-0372593
Date Filed 02/16/2012
State DE
Status ACTIVE

Principal Address

1007 N America Way
Suite 505
MIAMI, FL 33132

Changed: 10/08/2013

Mailing Address

c/o Mifsud & Sons-Att Mr L Baldacchino
65, Birkirkara Hill
St Julians, Europe STJ1143 MT

Changed: 04/09/2014

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Officer/Director Detail

Name & Address

Title Director, President, Secretary, Treasurer

MIFSUD, SAMUEL
17 Torreggiani Gardens
Madliena 00000 MT

Title Director

MIFSUD, SIMON

2 Majjstral Street
Madliena 00000 MT

Annual Reports

Report Year	Filed Date
2019	03/28/2019
2020	04/13/2020
2021	05/09/2021

Document Images

05/09/2021 -- ANNUAL REPORT	View image in PDF format
04/13/2020 -- ANNUAL REPORT	View image in PDF format
03/28/2019 -- ANNUAL REPORT	View image in PDF format
04/09/2018 -- ANNUAL REPORT	View image in PDF format
04/25/2017 -- ANNUAL REPORT	View image in PDF format
04/07/2016 -- ANNUAL REPORT	View image in PDF format
04/17/2015 -- ANNUAL REPORT	View image in PDF format
04/09/2014 -- ANNUAL REPORT	View image in PDF format
10/08/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
02/27/2013 -- ANNUAL REPORT	View image in PDF format
02/16/2012 -- Foreign Profit	View image in PDF format

Section F

SMS is an industry leader providing all passenger logistics services, including port agency, turnaround services, and shore excursions worldwide, for well over 20 years. Our teams welcome cruise guests from around the world and accommodate the needs of thousands of cruise ships annually. SMS has a long history; founded in 1950, "SMS Shipping" has grown globally with a proven track record of providing outstanding service and a reputation for professionalism. SMS and its local support teams have worked aggressively through our partnerships with over 20 cruise lines to pursue initiatives to improve guest satisfaction, operations, asset utilization, and profitability.

SMS is proud of its long history and proven track record of providing outstanding service to our cruise line partners and work aggressively through these partnerships to pursue initiatives that will improve operations and guest satisfaction.

Since the inception of SMS TRAVEL & TOURISM in the early sixties – particularly with SMS Shipping so much involved in providing port agency services – the concept of offering ground handling services for cruise liners calling at Malta was readily exploited. Consequently, the Company handled its first cruise liner *Cabo San Roque* (Ybarra e Cie), during its first decade of operation.

With the constant growth in importance of cruise holidays on the international scene and Malta fast becoming an attractive port of call, under the direction and personal involvement of the Company Director, Neville Mifsud, SMS became the largest local Company to handle most of the cruise liners calling at Valletta.

This enviable position is still claimed by SMS, and today, this section is under the direct responsibility of Managing Director Samuel Mifsud.

With the continued growth and popularity of cruise holidays and the building of supercruise liners, SMS exported its expertise in handling cruise liners and started operating in the United Kingdom through its Company S. MIFSUD & SONS (UK), LTD. This also involved turnarounds and port agency which the Company has handled since 1996. This success – which is owed to the Mifsud's continued personal involvement and an untiring eagerness to please both principals and customers – encouraged SMS to open in Rome, Tunisia, Copenhagen, and the Netherlands.

In 1996, the group set up a separate company SMS INTERNATIONAL SHORE OPERATIONS, LTD. to cater for various operations related to servicing cruise liners. Buoyed by a continuous flow of unsolicited commendations and references on our professional approach and eye for detail, in 2011 SMS ventured beyond the Atlantic and set up its headquarters for SMS INTERNATIONAL SHORE OPERATIONS US, Inc. at the "Cruise Capital of the World", PortMiami, Florida.

This Company offers both individual services as well as package arrangements to include Ground Handling, Port Agency and Stevedoring services. In addition, the Company specializes in Custom Meet & Greet and Transportation arrangements. All services are of the highest caliber and are coordinated through our headquarters in Miami.

Section F

In 2012, SMS INTERNATIONAL SHORE OPERATIONS US, Inc. was appointed by Norwegian Cruise Line for the handling of their cruise liners in Miami. We now provide services for Norwegian Cruise Line, Oceania Cruises, and Regent Seven Seas Cruises in Miami, Port Canaveral, New York, Vancouver, Seattle, San Francisco, Los Angeles, and San Diego.

Today, we represent AIDA Cruises, Costa Cruise Line, Disney Cruise Line, MSC Cruises, Holland America Line, Norwegian Cruise Line, Oceania Cruises, Princess Cruise Line, Regent Seven Seas Cruises, Seabourn, Silversea Cruises, Viking Cruises, Virgin Voyages, and The World in the United States of America and Canada.

SMS INTERNATIONAL SHORE OPERATIONS, LTD. supplies cruise liner services in the following ports: Malta, Italy (Civitavecchia), United Kingdom (Southampton, Dover, and Harwich), Denmark (Copenhagen), the Netherlands (Amsterdam, Rotterdam and IJmuiden), Ireland, Tunisia, Canada (Vancouver), and United States of America (Miami, Fort Lauderdale, Cape Canaveral, New York, New Orleans, Seattle, San Francisco, Los Angeles, San Diego).

The entire group is fully committed to its efforts toward the continued improvement of its professional services. This is achieved through personal attention and an eye for detail. Our dedicated, trained and experienced staff always ensure excellent service under all circumstances and at all times. Our long-standing experience makes us adaptable to any situation; we are entirely conversant and familiar with all procedures at piers, airports, hotels, guides, transport services, and port agency. Simultaneously, we are continuously aware and conscious of our principals' and passengers' demands, needs, and expectations.

The wide-reaching experience of SMS operations is today reflected in our top personnel's choice and its organizational set-up, which we continue to develop and optimize in line with our on-going expansions.

Section F**SMS INTERNATIONAL SHORE OPERATIONS US & CANADA PORTS OF SERVICE**

PORT AGENCY:

Astoria, OR	(2015-Present)	New York, NY	(2018-Present)
Boston, MA	(2018-Present)	Portland, ME	(2015-Present)
Brooklyn, NY	(2015-Present)	Prince Rupert, CDN	(2015-Present)
Catalina Island, CA	(2015-Present)	San Diego, CA	(2015-Present)
Fort Lauderdale, FL	(2018-Present)	San Francisco, CA	(2015-Present)
Los Angeles, CA	(2015-Present)	Santa Barbara, CA	(2015-Present)
Miami, FL	(2012-Present)	Seattle, WA	(2015-Present)
Monterey, CA	(2015-Present)	Vancouver, CDN	(2015-Present)
		Victoria, CDN	(2015-Present)

SMS has been servicing Silverseas Cruise Line out of Port Everglades since 2017 as the Port Agent representative. In addition, serviced Disney Cruise Line ports of call during emergency operations and Viking bunkering during COVID19 cruise shut off period. Disney Cruise Line will call Port Everglades year-round starting November 2023.

Section F

Date	Port	Vessel
14-Oct-2022	Fort Lauderdale, FL	Viking Star
28-Oct-2022	Fort Lauderdale, FL	Viking Star
17-Nov-2022	Fort Lauderdale, FL	Viking Star
01-Dec-2022	Fort Lauderdale, FL	Viking Star
21-Dec-2022	Fort Lauderdale, FL	Viking Star
22-Dec-2022	Fort Lauderdale, FL	Viking Neptune
04-Jan-2023	Fort Lauderdale, FL	Viking Star
18-Jan-2023	Fort Lauderdale, FL	Viking Star
01-Feb-2023	Fort Lauderdale, FL	Viking Star
21-Feb-2023	Fort Lauderdale, FL	Viking Star
07-Mar-2023	Fort Lauderdale, FL	Viking Star
21-Mar-2023	Fort Lauderdale, FL	Viking Star
13-Apr-2023	Fort Lauderdale, FL	Viking Octantis
18-Apr-2023	Fort Lauderdale, FL	Viking Polaris
30-Sep-2023	Fort Lauderdale, FL	Viking Octantis
10-Oct-2023	Fort Lauderdale, FL	Viking Mars
11-Oct-2023	Fort Lauderdale, FL	Viking Polaris
24-Oct-2023	Fort Lauderdale, FL	Viking Star
30-Oct-2023	Fort Lauderdale, FL	Viking Mars
13-Nov-2023	Fort Lauderdale, FL	Viking Mars
27-Nov-2023	Fort Lauderdale, FL	Viking Mars
30-Nov-2023	Fort Lauderdale, FL	Viking Sky
17-Dec-2023	Fort Lauderdale, FL	Viking Mars
20-Dec-2023	Fort Lauderdale, FL	Viking Sky
23-Dec-2023	Fort Lauderdale, FL	Viking Neptune
20-Jan-2024	Fort Lauderdale, FL	Viking Mars
03-Feb-2024	Fort Lauderdale, FL	Viking Mars
17-Feb-2024	Fort Lauderdale, FL	Viking Mars
02-Mar-2024	Fort Lauderdale, FL	Viking Mars
18-Mar-2024	Fort Lauderdale, FL	Viking Star
28-Apr-2024	Fort Lauderdale, FL	Viking Polaris
06-May-2024	Fort Lauderdale, FL	Viking Octantis
05-Oct-2024	Fort Lauderdale, FL	Viking Octantis
10-Oct-2024	Fort Lauderdale, FL	Viking Mars
11-Oct-2024	Fort Lauderdale, FL	Viking Mars

Section G

EXPERIENCE OF MANAGERIAL EMPLOYEES

JORGE COSCULLUELA – VICE PRESIDENT – PORT AGENCY FOR NORTH AMERICA

34 YEARS IN CRUISE INDUSTRY

- 1987 – 2019 – Owner of Land & Sea
 - Miami/Port Everglades/Palm Beach servicing:
 - NCL/Crystal/MSC/Disney/Royal/Celebrity/Azamara/Fred Olsen/Discovery/American Family Cruises/Costa/Hapag Lloyd
- 2019 – Present – SMS International Shore Operations US, Inc.
 - North America Operations servicing:
 - NCL/Disney/Silversea/Viking/Crystal/Oceania/Regent/Virgin/SeaDream/ The World

ROBERTO COSCULLUELA - DIRECTOR – PORT AGENCY EAST COAST

26 YEARS IN CRUISE INDUSTRY

- 1996 – 2019 - Land & Sea – Manager
 - Miami/Port Everglades/Palm Beach servicing:
 - NCL/Crystal/MSC/Disney/Royal/Celebrity/Azamara/Fred Olsen/Discovery
- 1998-1999 – Strachan Shipping – Port Agent –
 - Miami servicing cargo vessels
- 2019 – Present – SMS International Shore Operations US, Inc.
 - Servicing:
 - NCL/Disney/Silversea/Viking/Crystal/Oceania/Regent/Virgin/SeaDream/ The World

GARY SHAW – MANAGER – PORT AGENCY EAST COAST

33 YEARS IN CRUISE INDUSTRY

- 1988-2007 - Discovery Cruises
 - Various Positions/Department
- 2007-2017 – Intercruises - Port Agent
- East Coast Operations servicing:
 - RCI/Celebrity/Costa/Viking/NCL/Balseria/Azamara/Compagnie du Ponant/Holland America/Carnival/Princess/Oceania/Regent/AIDA/ResortsWorld Superfast/Crystal/Disney/Fathom/P&O/Fred Olsen/Hapag Lloyd
- 2017 – Present - SMS International Shore Operations US, Inc. – Manager
 - Servicing:
 - NCL/Disney/Silversea/Viking/Crystal/Oceania/Regent/Virgin/SeaDream/ The World

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

Seaport PORT MIAMI Number of Years Operating at this Seaport 10

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
CRYSTAL CRUISES	3 YEARS
DISNEY CRUISE LINE	10 YEARS
NORWEGIAN CRUISE LINE	4 YEARS
OCEANIA CRUISES	4 YEARS
REGENT SEVEN SEAS CRUISES	4 YEARS
THE WORLD	8 YEARS
VIKING CRUISES	5 YEARS
VIRGIN VOYAGES	3 YEARS

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

PORT EVERGLADES

Seaport _____ Number of Years Operating at this Seaport ¹ _____

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
VIKING CRUISE LINE	1 YEAR

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

Seaport NEW YORK Number of Years Operating at this Seaport 4

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
VIKING CRUISES	4 YEARS
SILVERSEAS	3 YEARS

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

Seaport BOSTON Number of Years Operating at this Seaport 4

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
VIKING CRUISES	4 YEARS
SILVERSEAS	3 YEARS

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

Seaport SAN DIEGO Number of Years Operating at this Seaport 7

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
NOWEGIAN CRUISE LINE	7 YEARS
OCEANIA CRUISES	7 YEARS
REGENT SEVEN SEAS CRUISE LINE	7 YEARS
VIKING CRUISES	4 YEARS

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

Seaport LOS ANGELES Number of Years Operating at this Seaport 7

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
NORWEGIAN CRUISE LINE	7 YEARS
OCEANIA CRUISES	7 YEARS
REGENT SEVEN SEAS CRUISES	7 YEARS
VIKING CRUISES	4 YEARS

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

Seaport SAN FRANCISCO Number of Years Operating at this Seaport 6

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
NORWEGIAN CRUISE LINE	6 YEARS
OCEANIA CRUISES	6 YEARS
REGENT SEVEN SEAS CRUISES	6 YEARS
PRINCESS CRUISE LINE	1 YEAR
HOLLAND AMERICA LINE	1 YEAR
SEABOURN CRUISES	1 YEAR

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

SAETTLE

Seaport _____ Number of Years Operating at this Seaport ⁶ _____

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
NORWEGIAN CRUISE LINE	7 YEARS
OCEANIA CRUISES	7 YEARS

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
09/08/2022

PRODUCER		Serial # 157966	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
SOUTHEAST INSURANCE GROUP 2665 SOUTH BAYSHORE DRIVE, STE 1001 COCONUT GROVE, FL 33133 PHONE: (305) 442-1500			INSURERS AFFORDING COVERAGE NAIC#	
INSURED			INSURER A: LIBERTY MUTUAL INSURANCE	
SMS INTERNATIONAL SHORE OPERATIONS US, INC 1007 NORTH AMERICA WAY -SUITE 505 MIAMI, FL 33132			INSURER B: AMERICAN LONGSHORE MUTUAL ASSOC	
			INSURER C: PROGRESSIVE INSURANCE	
			INSURER D:	
			INSURER E:	

COVERAGES

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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	MLIB-1001273-03	09/18/22	09/18/23	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 1,000,000
						AIR TERMINAL 1,000,000
C	X	AUTOMOBILE LIABILITY	06620089-4	03/22/22	03/22/23	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
B		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	ALMA1830-06 INCLS USL&H LONGSHORE	09/18/22	09/18/23	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				EL EACH ACCIDENT \$ 1,000,000
						EL DISEASE - EA EMPLOYEE \$ 1,000,000
						EL DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDERS ARE INCLUDED AS ADDITIONAL INSURED BUT ONLY AS RESPECTS TO THE COMMERCIAL OPERATIONS OF THE NAMED INSURED ON BEHALF OF THE ADDITIONAL INSURED

CERTIFICATE HOLDER**CANCELLATION**

BROWARD COUNTY
ATTN: PORT EVERGLADES
1850 ELLER DRIVE
FORT LAUDERDALE, FL 33316

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 12458

ROBBIE PERES

SMS International Shore Operations US Inc - Statement of Profit & Loss 2022										
	Actuals							Budget	Budget	Prior Year
	January	February	March	April	May	June	Actual YTD	June	YTD	Prior Year YTD
Sales Ground Handling	\$2,385,651.12	\$2,414,849.41	\$2,542,216.86	\$2,242,918.98	\$2,044,626.17	\$2,405,317.66	\$14,035,580.20	\$1,140,113.00	\$7,495,397.00	\$223,456.50
Cost of Sales Ground Handling	(\$1,601,484.75)	(\$1,657,849.13)	(\$1,755,568.01)	(\$1,620,990.61)	(\$1,731,320.38)	(\$1,889,174.75)	(\$10,256,387.63)	(\$797,090.00)	(\$5,189,198.00)	(\$143,026.35)
Gross Profit / Loss Ground Handling	\$784,166.37	\$757,000.28	\$786,648.85	\$621,928.37	\$313,305.79	\$516,142.91	\$3,779,192.57	\$343,023.00	\$2,306,199.00	\$80,430.15
Sales Port Agency	\$2,248,259.19	\$474,803.43	\$924,553.47	\$2,597,786.63	\$1,420,149.58	\$1,044,356.94	\$8,709,909.24	\$1,073,502.00	\$4,531,216.00	\$925,522.61
Cost of Sales Port Agency	(\$1,742,171.37)	(\$411,662.79)	(\$736,830.93)	(\$2,215,428.78)	(\$1,197,387.01)	(\$949,336.72)	(\$7,252,817.60)	(\$1,033,405.00)	(\$4,316,348.00)	(\$701,103.08)
Gross Profit / Loss Port Agency	\$506,087.82	\$63,140.64	\$187,722.54	\$382,357.85	\$222,762.57	\$95,020.22	\$1,457,091.64	\$40,097.00	\$214,868.00	\$224,419.53
Total Gross Profit / Loss	\$1,290,254.19	\$820,140.92	\$974,371.39	\$1,004,286.22	\$536,068.36	\$611,163.13	\$5,236,284.21	\$383,120.00	\$2,521,067.00	\$304,849.68
Other Income - PPP Government Grant										\$355,000.00
Indirect Costs	(\$230,008.29)	(\$189,098.22)	(\$292,808.33)	(\$363,101.33)	(\$263,089.25)	(\$297,436.16)	(\$1,635,541.58)	(\$172,700.00)	(\$1,036,200.00)	(\$234,994.86)
Overheads	(\$404,132.91)	(\$225,431.69)	(\$233,315.24)	(\$232,490.11)	(\$272,179.99)	(\$214,137.58)	(\$1,581,687.52)	(\$263,945.00)	(\$1,583,670.00)	(\$760,362.11)
Net Profit/Loss	\$656,112.99	\$405,611.01	\$448,247.82	\$408,694.78	\$799.12	\$99,589.39	\$2,019,055.11	(\$53,525.00)	(\$98,803.00)	(\$335,507.29)
Cumulative Net Profit/Loss	\$656,112.99	\$1,061,724.00	\$1,509,971.82	\$1,918,666.60	\$1,919,465.72	\$2,019,055.11				

Section K

Section K

SMS International Shore Operations US Inc					
Statement of Financial Position					
	As at June 2022			As at May 2022	
	2022	2021	Year Movement	2021	Month Movement
ASSETS					
Non-current assets					
Property, plant and equipment	\$62,767.01	\$46,833.83	\$15,933.18	\$56,609.45	\$6,157.56
	\$62,767.01	\$46,833.83	\$15,933.18	\$56,609.45	\$6,157.56
Current assets					
Trade receivables	\$10,956,609.82	\$6,772,812.97	\$4,183,796.85	\$10,828,923.35	\$127,686.47
Allowance for Bad Debts	(\$296,153.51)	(\$222,603.63)	(\$73,549.88)	(\$296,153.51)	\$0.00
Prepayments & Accrued Income	\$342,788.83	\$1,038,464.98	(\$695,676.15)	\$331,741.56	\$11,047.27
Intercompany Balances	\$518,526.41	\$462,830.59	\$55,695.82	\$488,707.82	\$29,818.59
Tax Recoverable	\$0.00	\$185,266.40	(\$185,266.40)	\$185,266.40	(\$185,266.40)
Cash and cash equivalents	\$594,941.63	\$1,004,227.57	(\$409,285.94)	\$1,116,983.70	(\$522,042.07)
Other Current Assets	\$51,996.39	\$51,996.39	\$0.00	\$51,996.39	\$0.00
Total current assets	\$12,168,709.57	\$9,292,995.27	\$2,875,714.30	\$12,707,465.71	(\$538,756.14)
Total Assets	\$12,231,476.58	\$9,339,829.10	\$2,891,647.48	\$12,764,075.16	(\$532,598.58)
EQUITY AND LIABILITIES					
Capital and reserves					
Share capital	\$100,000.00	\$100,000.00	\$0.00	\$100,000.00	\$0.00
Retained Earnings	\$2,026,892.94	\$7,837.83	\$2,019,055.11	\$1,927,303.55	\$99,589.39
Total equity	\$2,126,892.94	\$107,837.83	\$2,019,055.11	\$2,027,303.55	\$99,589.39
Current liabilities					
Trade payables	\$6,382,106.00	\$4,852,682.67	\$1,529,423.33	\$6,639,560.98	(\$257,454.98)
Company Credit Cards	\$0.00	\$41,904.05	(\$41,904.05)	\$280.41	(\$280.41)
Intercompany Balances	\$2,539,712.49	\$2,276,755.76	\$262,956.73	\$2,744,550.01	(\$204,837.52)
Accruals & Deferred Income	\$676,884.79	\$1,531,204.25	(\$854,319.46)	\$928,895.54	(\$252,010.75)
Tax Payable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Current Liabilities	\$505,880.36	\$529,444.54	(\$23,564.18)	\$423,484.67	\$82,395.69
Total current liabilities	\$10,104,583.64	\$9,231,991.27	\$872,592.37	\$10,736,771.61	(\$632,187.97)
Total Equity and Liabilities	\$12,231,476.58	\$9,339,829.10	\$2,891,647.48	\$12,764,075.16	(\$532,598.58)

Section L

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference CITI COMEMRCIAL BANK **Nature of Business** BANK

Contact Name TINA BARMANBEK **Title** CM RELATIONSHIP MANAGER

Legal Business Street Address 6400 LAS COLINAS BLVD. MAIL STOP CC1-30

City, State, Zip Code IRVIN TX 75039

Phone Number (312) 385 - 9147

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference ELLER ITO **Nature of Business** STEVADORING

Contact Name FERNANDO ALVAREZ **Title** VICE PRESIDENT

Legal Business Street Address 1007 N AMERICA WAY SUITE 501

City, State, Zip Code MIAMI, FL 33132

Phone Number (305) 219 - 3730

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference FLORIDATOURS.COM **Nature of Business** BUS COMPANY

Contact Name CRANE GLADDING **Title** PRESIDENT

Legal Business Street Address 2705 BURRIS ROAD SUITE 7

City, State, Zip Code DAVIE, FL 33314

Phone Number (561) 716 - 1217

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference FORCREW ONLY **Nature of Business** CREW SERVICES

Contact Name KETTA RILEY **Title** PRESIDENT

Legal Business Street Address 11020 SW 139 RD

City, State, Zip Code MIAMI, FL 33176

Phone Number (305) 215 - 6215

INDEMNITY AND PAYMENT BOND

BOND NO. 602-137900-8

KNOW ALL BY THESE PRESENTS:

That we, SMS INTERNATIONAL SHORE OPERATIONS US, INC. as INDEMNITOR and UNITED STATES FIRE INSURANCE COMPANY as SURETY, a surety company authorized to do business in the State of Florida, are held and firmly bound unto BROWARD COUNTY, as OBLIGEE, a political subdivision of the State of Florida, in the full sum of TWENTY THOUSAND DOLLARS (\$ 20,000.00), for the payment of which we bind ourselves, our heirs, successors, assigns and personal representatives for the performance of the obligations hereinafter set forth:

NOW THEREFORE, the condition of this obligation is such that if INDEMNITOR, its heirs, executors, administrators, successors and assigns shall well and truly save harmless and keep indemnified BROWARD COUNTY, its successors and assigns, from and against all loss, costs, expenses, damages, injury, claims, actions, liabilities and demands of every kind (including but not limited to all reasonable attorney's fees to and through appellate, supplemental and bankruptcy proceedings) which arises from, is caused by, or results from or on account of:

- (i) failure of INDEMNITOR to pay to BROWARD COUNTY, when due, any and all tariff or other charges that have accrued at Port Everglades (whether relating to the furnishing of services or materials to INDEMNITOR, its principals, agents, servants or employees at Port Everglades; or, due to injury to property of Port Everglades; or, stemming from the use of Port Everglades facilities by INDEMNITOR, its principals, agents, servants or employees; or, otherwise); or
- (ii) non-compliance by INDEMNITOR, its principals, agents, servants or employees with applicable laws, ordinances, rules and regulations of the federal, state and local governmental units or agencies (including but not limited to the terms and provisions of the BROWARD COUNTY Code of Ordinances, Administrative Code, and all procedures and policies of the Port Everglades Department), as amended from time to time; or
- (iii) any act, omission, negligence or misconduct of INDEMNITOR, its principals, agents, servants or employees in Port Everglades (whether causing injury to persons or otherwise;

then these obligations shall be null and void, otherwise to remain in full force and effect.

AS A FURTHER CONDITION of this obligation that it shall remain in full force and effect until and unless the Surety provides at least ninety (90) days prior written notice to BROWARD COUNTY of its intention to terminate this Bond.

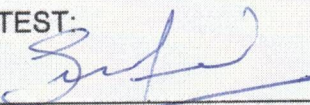
Any notices required herein shall be given in writing and be delivered to: Broward County's Port Everglades Department, Attn: Director of Administration, 1850 Eller Drive, Fort Lauderdale, Florida 33316, with a copy to: Broward County Administrator, Governmental Center, 115 S. Andrews Avenue, Fort Lauderdale, Florida 33301.

IN WITNESS WHEREOF, INDEMNITOR has caused this Bond to be executed by _____, on this ____ day of _____, 2022, and attested to by its Secretary and its corporate seal to be affixed, and the Surety has caused this Bond to be executed on this 7TH day of OCTOBER, 2022, in its name, by its Attorney-in-Fact, duly authorized to do so.

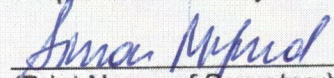
INDEMNITOR:

Company Name: SMS INTERNATIONAL SHORE OPERATIONS US, INC.

ATTEST:

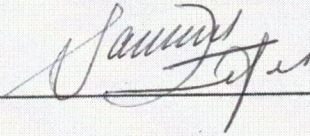


Corporate Secretary


(Print Name of Secretary)

(SEAL)

By: X



SAMUEL MIFSUD

(Print Name of Pres./Vice Pres.)

Title: PRESIDENT.

(Print)

8 day of OCTOBER, 2022

SURETY:

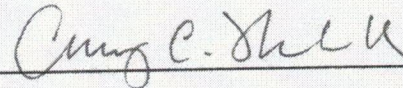
Company Name: UNITED STATES FIRE INSURANCE COMPANY

ATTEST:

See Power of Attorney

(SEAL)

By:



Conway C. Marshall

Title: Attorney-in-Fact

(Print)

7TH day of OCTOBER, 2022

POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY

0636722

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Clark Fitz - Hugh, Kristine Donovan, Stephen Beahn, Conway C. Marshall, Amanda Riedl, David C. Joseph, Catherine C. Kehoe, Elizabeth Schott, Jessica Palmeri, Kelli Cross, Sara S. DeJarnette

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties not exceeding: **Seven Million, Five Hundred Thousand Dollars (\$7,500,000).**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on January 31, 2023.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

UNITED STATES FIRE INSURANCE COMPANY



Matthew E. Lubin

Matthew E. Lubin, President

State of New Jersey }
County of Morris }

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.



Melissa H. D'Alessio

Melissa H. D'Alessio

(Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

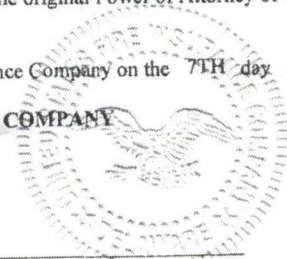
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 7TH day of OCTOBER 2022

UNITED STATES FIRE INSURANCE COMPANY



Alfred N. Wright

Alfred N. Wright, Senior Vice President



115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023

Rooms	Seats	Employees	Machines	Professionals
		800		
	For Vending Business Only			
	Number of Machines:		Vending Type:	
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years
150.00	0.00	0.00	0.00	0.00
				Collection Cost
				150.00

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Receipt #WWW-21-00235559
Paid 07/08/2022 150.00

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023

Signature	For Vending Business Only					Total Paid
	Number of Machines:			Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	
150.00	0.00	0.00	0.00	0.00	0.00	150.00


Receipt #WWW-21-00235559
Paid 07/08/2022 150.00




SAFETY MANAGEMENT PROGRAM

© SMS International Shore Operations


2017

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 1 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

1. OVERVIEW OF THE MANUAL	3
1.1. GENERAL	3
1.2. OBJECTIVE	3
2. HEALTH AND SAFETY MANAGEMENT AT SMS ISO	3
2.1. SAFETY CULTURE	4
2.2. SAFETY PROGRAM OBJECTIVES	4
2.3. COMMITMENTS ON HEALTH AND SAFETY MANAGEMENT	4
3. RISK ASSESSMENTS	6
3.1. SHORE EXCURSIONS	6
3.1.1. VENUES	6
3.1.2. TRANSPORTATION	7
3.1.3. GUIDES	8
4. SAFETY RISK MANAGEMENT	9
5. SAFETY PERFORMANCE MONITORING AND MEASUREMENT	10
6. SAFETY ACCOUNTABILITIES	12
7. CLASSIFICATION OF OCCURRENCES	13
8. EMERGENCY RESPONSE PLAN	14
8.1. BEING FIRST RESPONDENT ON SITE OF AN EMERGENCY	15
8.2. RECEIVING THE EMERGENCY CALL (For Office Director and Executive team)	16
8.3. DEPLOYMENT PROCEDURE	17
8.4. MEET WITH THE FRIENDS AND FAMILY (DURING AN EMERGENCY SITUATION)	18
8.5. MANAGE A DELICATE SITUATION (DURING EMERGENCY OPERATIONS)	18
8.6. INCLEMENT WEATHER EMERGENCY MEASURES	20
9. SAFETY PROMOTION	21
9.1. TRAINING AND EDUCATION	21
9.2. INTERNAL POLICIES	22
9.2.1. DRUG AND ALCOHOL PROCEDURE	22

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
		Last Reviewed/ Update Date:	17FEB17
Page #	Page 2 of 32		
Policy:	Safety Management Program		

10. PUBLIC HEALTH CONCERNS AND PREVENTION	23
10.1. SUPER SANITATION PROCEDURE	23
10.2. FOOD SAFETY	23
TABLE OF APPENDIX	25

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
		Last Reviewed/ Update Date:	17FEB17
Page #	Page 3 of 32		
Policy:	Safety Management Program		

1. OVERVIEW OF THE MANUAL

1.1. GENERAL

This manual provides guidance for SMS International Shore Operations (*herein also referred to as the "Company" or "SMS ISO"*) staff to assist our valued guests in any kind of incident or emergency situation.

This manual is intended to be used in conjunction with other appropriate regulation material which can be used to complement or enhance the concepts or guidance in this document (*CPR and first aid training, etc.*).

1.2. OBJECTIVE


The objective of this manual is to provide SMS International Shore Operations staff and clients with:

- An overview of the safety management culture when collaborating and working with SMS International Shore Operations team;
- A complete knowledge of intern health and safety procedures at the Company;
- A sample of the forms used in case of a foreseeable or unforeseeable event;

2. HEALTH AND SAFETY MANAGEMENT AT SMS INTERNATIONAL SHORE OPERATIONS

While the elimination of accidents and/or incidents, minor or serious remains the ultimate goal of such a program, it is recognized that working and managing situations with human beings cannot be completely free of hazards and associated risks. Human activities cannot be guaranteed to be absolutely free from operational errors and their consequences. Therefore, safety and proactivity are the main characteristics of the program, whereby safety risks must be continuously mitigated.

SMS International Shore Operations operates shore excursion programs and turnaround operations with safety as the paramount concern. To this end, the Company maintains a safety management system focusing on safety policy and procedures, which are outlined in this document. This document is considered a working document, so it is modified and adjusted as required.

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 4 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

2.1. SAFETY CULTURE

Understanding the importance of health and safety on all tours and operations managed by SMS International Shore Operations, we established a *safety culture* by employing the following elements:

- 2.1.1. Values, beliefs, resultant behaviors regarding safety at SMS ISO;
- 2.1.2. A healthy safety culture relies on a high degree of trust and respect between personnel and management and must therefore be created and supported at the senior management level;
- 2.1.3. Seeking improvement, constantly aware of hazards, improving systems and tools to monitor and continuously assess and analyze risks;
- 2.1.4. Organizational culture influences the safety perception. At SMS International Shore operations, we make sure that our team is fully committed to its work with passion and professionalism and that they ensure the safety of each passenger and crew member as each well as each member of their team;
- 2.1.5. Executive level is directly involved in the creation and maintenance of the safety program;
- 2.1.6. Collaboration with all involved parties is constant through monthly meetings and email communications (*port, suppliers, local authorities*);

2.2. SAFETY PROGRAM OBJECTIVES

The Company's safety program is put in place to make sure that under any circumstances our teams and leaders will be able to assist our valued guests in the event of an unfortunate situation.


The main objective of our safety program is to ensure the Company will be reactive, proactive and predictive of any issue that may occur during operations under our responsibility.

We, at SMS ISO, believe that a safety program actively seeks improvements, remains aware of hazards and utilizes systems and tools for continuous monitoring, analysis and investigation. Other characteristics of our safety culture includes a shared commitment by personnel and management to personal safety responsibilities, confidence in the safety system, and a documented set of rules and policies.


2.3. COMMITMENTS ON HEALTH AND SAFETY MANAGEMENT

The policy considers, but is not limited to, the following commitments:

- a) Develop and implement strategies and processes to ensure that all activities and operations will achieve the highest level of safety performance;

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
		Last Reviewed/ Update Date:	17FEB17
Page #	Page 5 of 32		
Policy:	Safety Management Program		

- b) Consult with relevant partners and collaborators (*such as cruise lines, port agent, port authorities and suppliers*) on issues regarding health and safety system development;
- c) Allocate the necessary resources to ensure personnel are adequately trained regarding safety;
- d) Support the management of safety through promotion of voluntary and confidential reporting systems with an open-door policy;
- e) Conduct risk-based and prioritized oversight activities and ensure that these regulatory and administrative oversight activities are conducted according to client's standards and best practices as appropriate;
- f) Ensure effective interaction with our partners and collaborators in the resolution of safety concerns;
- g) Promote the adoption of best practices and a positive safety culture;

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 6 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

3. RISK ASSESSMENTS

The Company assesses the risk for each tour operated and each part of its operations by working exclusively with registered and regulated companies.

IMPORTANT INFORMATION: *In all destinations where SMS International Shore Operations have operations, suppliers are inspected regularly and must maintain the national/ federal and local requirements. The executive management at the Company makes sure that those partners are recognized locally, that they have the proper permits to operate and that they are in good standing orders with municipal, provincial and federal authorities.*

3.1. SHORE EXCURSIONS

Itineraries and tours are planned with suppliers and professionals that meet the requirements of local, national and international laws and regulations. Within the development process, SMS ISO's management team ensures that every element of the tour is safe and that risks are removed or prevented.

The planning and operating of excursions is studied closely with weather, sea conditions, special events or any other marginal conditions that may occur. If a situation presents risk for our common guest, SMS ISO's management team will recommend measures accordingly as safety is our priority.


3.1.1. VENUES

In addition to local regulations, SMS ISO's management team has developed its own "Site Inspection Form" (*Appendix A*). The Company uses this form in the following matter:

- Whenever a new tour/supplier is established;
- Prior to, or in conjunction with, the start of each season;
- As soon as a change occurs at a venue or on a planned itinerary;
- Throughout the season as an audit tool;

The Site Inspection Form helps to verify pertinent information such as:

- Contact information on site
- Recent pictures
- General evaluation of the environment
- Restrooms access and cleanliness
- Food & Beverage hygiene requirements
- Site accessibility

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 7 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

Commercial food and beverage establishments require both national/federal and local inspections, and licensing from public health departments to operate.

Accordingly, this up-to-date documentation verifies the safety of the food and beverage handling and therefore the Company's management makes sure every supplier the Company does business with meets these requirements.

3.1.2. TRANSPORTATION

It is mandatory for a driver and mechanic of the transportation company to conduct the "Pre-Departure Inspection" (*Appendix D*) before each vehicle leaving the yard prior to each job assignment.


Duties of SMS International Shore Operations Pier Staff – Bus Coordinator

In addition to local regulations, our staff will inspect the vehicle for any issues that may arise prior to loading the bus with passengers, including but not limited to:

- Conduct vehicle verification by confirming the assigned vehicle's number, driver's name, contact information by matching with the contractual information provided by the provider;
- Inspect over-all cleanliness of the vehicle;
- Inspect restrooms (*cleanliness and necessary supply*);
- Assure microphone is functional;
- Place reserved seats signs in the front rows;
- Place visible signage for the guests on a vehicle to ensure easy identification;
- Inspect luggage compartment;
- Localize emergency exits and safety equipment (*such as first aid kit*) with the guide and bus driver;

Shore excursions using other transportation modes (*such as aircrafts, watercrafts, taxis, vans*) are inspected prior to departure by the authorities in charge. Transportation suppliers are inspected regularly and must follow the department of transport and/or relevant authorities' regulations to be able to operate.

SMS ISO's management team makes sure that its suppliers respect these requirements at all time.

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 8 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

Adventure Tours

On tours qualified as "Active" with a requirement of using a specific equipment, SMS ISO guides will ensure a proper safety briefing is conducted by the instructors in charge once on site. Briefings cover but are not limited to: overview of the risks involved, the usage and fit of the equipment, general safety, site briefing and emergency procedures.

All suppliers of our various activities take safety very seriously and reserve the right to cancel any activity due to safety concerns.

3.1.3. GUIDES

Before departing for a tour with a group, our Company's Guides provide:


- A safety briefing and explain safety procedures in case of any occurrences during the excursions;
- The location of safety equipment (*motion-sickness bags, emergency doors or windows, lifesaving equipment where applicable*);
- The proper waivers and ensure they are fully completed by the guests (*when applicable*);

Our Company guides are trained to respond to an emergency situation and have on hand a professional mobile phone, list of emergency contacts, incident procedure and Incident Report. At any time during a tour, our Company guides can contact the Pier Lead to be assisted and to manage challenging situations. The Pier Lead must have in his/her possession guides' contact information involved in the day's shore excursion program.

In addition to local regulations, SMS ISO personnel will conduct regular audits and guides have the responsibility to do a visual inspection at every visit. Guides are also accountable of keeping SMS ISO's management informed of any discrepancies or any issues that may arise during a tour. At all time, our guides are responsible of the health and safety of their group.

These assessments are the solid base of our safety program. Our teams always make sure the environment and operations are safe for our common guests and staff by:

- Working in collaboration with all authorities involved in our shore excursions program and services offered;
- Following cruise line manuals to plan, organize, direct and control operations shore side;
- Daily briefings with the teams (SMS ISO staff & guides);
- Updating our safety program regularly;

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 9 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

4. SAFETY RISK MANAGEMENT


Safety risk management encompasses the assessment and mitigation of safety risks. The objective of safety risk management is to assess the risks associated with identified hazards and develop and implement effective and appropriate mitigations. Safety risk management is therefore a key component of this safety management program.

Conceptually assessed as acceptable, tolerable or intolerable, risks can be classified and managed properly by the Office Director and his/her team of supervisor's shore side.

ACCEPTABLE	TOLERABLE	INTOLERABLE
no required actions; low probability, risk under organizational control	if appropriate strategies are implemented to monitor and control the risks	immediate mitigation actions must be taken

To manage the risks SMS ISO management uses the IPCC method which is explained in the following figure:

IDENTIFICATION	<ul style="list-style-type: none"> • Identification of hazards and potential risks before, during and after operations for guests, SMS ISO staff and crew members;
PREVENTION	<ul style="list-style-type: none"> • Implementation of the best solutions to avoid and prevent risks; • Walk through with ship managers on the first call in port; • Site inspections of venues and attractions; • Promotion of safety and training of SMS ISO staff and guides regarding safety and hazards identification;
CORRECTION/CONTROL	<ul style="list-style-type: none"> • Inspections; • Recalls; • Training; • Evaluation of the implemented solutions; • Corrections and follow up with every party involved;

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 10 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

5. SAFETY PERFORMANCE MONITORING AND MEASUREMENT

Monitoring and measurement of Safety Program is done by SMS ISO management team through the following list of inquiries:

- Date of last review by
- Amendments
- Approvals
- List of pending modifications & valuable reason
- List of occurrences of the past year and follow-up
- Modification communications: Date & method (*email, training session, printed notice, etc.*)


Inspections and internal audits may be planned accordingly, but not limited, to:

COMPLETE REVIEW OF SAFETY PROGRAM

Frequency:	Pre-Season (yearly)
Staff Concerned:	Executives and Office Director
By:	Executive Management assisted by assigned management


INTERNAL AUDITS OF OUR SAFETY MEASURES & PROCEDURES

Frequency:	On a regular basis during the season by Office Director
Method:	<ul style="list-style-type: none"> • Unplanned visits to SMS ISO workplaces (<i>pier, airport, hotels</i>); • Visual observation; • Assist the daily briefing; • Advise the team if some missing information is not transmitted to the Company staff by the leads of each team;
Staff Concerned:	Pier Supervisors, Leads and pier, hotels and airport staff
By:	Executive Management assisted by assigned management

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 11 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

TRAINING AND PROMOTION ABOUT THE SAFETY PROGRAM


Frequency:	Pre-season - main review is followed regularly with adjustments when required
Method:	<ul style="list-style-type: none"> • Procedure emailed to staff; • Procedure reviewed during the annual pre-season meeting with guides, pier leads and supervisors;
Staff Concerned:	Leads and pier, hotels and airport supervisors
By:	Executive management assisted by assigned management

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
		Last Reviewed/ Update Date:	17FEB17
Page #	Page 12 of 32		
Policy:	Safety Management Program		

6. SAFETY ACCOUNTABILITIES

In case of an emergency call, the accountabilities apply to our team, the following way:

SMS ISO TEAM	DIRECT REPORT	RESPONSIBILITIES
Pier Staff	Lead/ Supervisor in charge	<ul style="list-style-type: none"> Assist the endangered guest(s); Contact emergency services/ pier supervisor (lead) immediately;
Pier Supervisor (Lead)	Director	<ul style="list-style-type: none"> Assist the pier staff; Managing the environment around the occurrence (other guests, port security, medias if applicable); Supporting emergency services once on site; Support friends or family of the injured guest(s); Inform Director timely;
Director	Company Executives and local authorities when applicable	<ul style="list-style-type: none"> Assist the lead in charge at occurrence location; Support friends or family of the injured guest(s); Inform the Company Executives in timely manner;
Executives	Ship management & local authorities when applicable	<ul style="list-style-type: none"> Communicate ongoing safety procedure to ship, port and local authorities; Fulfill all necessary legal documentation; Assuring a follow-up of the occurrence to whom it may concerned; Support pier staff and management in charge during and after the incident or accident through open door policy, discussions on safety and improvement of the actual procedure; in return, supervisors expected to take an active role supervising and ensuring that all proper actions are taken;

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
		Last Reviewed/ Update Date:	17FEB17
Page #	Page 13 of 32		
Policy:	Safety Management Program		

7. CLASSIFICATION OF OCCURRENCES

Upon reception of a report, it shall be validated by SMS ISO management team to ensure that all essential information has been provided by the respondent on site.

The report will then be classified into the following categories:


1. Minor incident
2. Serious incident
3. Accident
4. Loss of life

After classification, the report record will be uploaded into the appropriate intern safety database.

The status of each report will be categorized and updated as follows:

- a) Initial Notification: For evaluation/follow-up/information as annotated.
- b) Under Examination: Investigation by Accident Investigation Authority in progress as annotated.
- c) Examination Completed: Investigation results/data received and uploaded.
- d) Closed: No further action required.

For occurrences that require follow-up action or investigation by SMS ISO's internal safety/quality function, the relevant representative will communicate with the proper authorities to ensure the timely follow-up and closure of the occurrence as appropriate.

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 14 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

CATEGORIES	NOTIFICATION TO MANAGEMENT AND CONCERNED AUTHORITIES*	REPORT SUBMISSION <i>(Incident or Accident Reports Completed) **</i>	FOLLOW UP AND CLOSURE OF THE OCCURRENCE WITH ALL CONCERNED
LEVEL 1: Minor incident	Immediate	By end of working shift	By end of working shift
LEVEL 2: Serious incident	ASAP after contacting first respondents & assisting injured guest(s)	By end of working shift	Within 24 hours
LEVEL 3: Accident	Immediately after contacting first respondents & assisting injured guest(s)	Within 12 hours	Within 24 hours if applicable
LEVEL 4: Loss of life	Immediately after contacting first respondents & assisting injured guest(s)	Within 6 hours	Within 12 hours


* Telephone call to SMS ISO's manager in charge is the suggested method of communication.

** Documents must be completed and sent by email to SMS ISO's manager in charge to be classified and uploaded in intern safety database.

8. EMERGENCY RESPONSE PLAN


**IN CASE OF ANY EMERGENCY, PLEASE DIAL LOCAL FIRST RESPONDENT FOR
IMMEDIATE ASSISTANCE**

This section is for the direct use of all on site staff, managers and executive team at SMS ISO to ensure that in case of any occurrences, they all can assist guests and their companions or crew members to the highest level of professionalism and safety.

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 15 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		


8.1. BEING FIRST RESPONDENT ON SITE OF AN EMERGENCY

STEP	ACTION	FORM/ PROCEDURE	DATE & INITIALS
1	Assist guest by giving first aid care		
2	Contact first respondent ASAP (if applicable)	Call local first respondent for immediate assistance	
3	Continue to assist injured guest until first respondent team takes lead on site	Keep the rest of the group together and safe	
4	Inform your lead on duty and/or management about the incident as soon as possible	Call SMS ISO management team member on duty	
5	Make sure you stay close to the incident to assist first respondent team and/or friends or family members		
6	Once the situation is under control, fulfill the incident/accident report with as much details as you can	Appendix B: Incident Report	
7	Follow up constantly with lead on duty and/or management	Call SMS ISO management team member on duty	
8	If you need to be deployed, make sure your position is covered and let the Incident coordinator know who's replacing you	Refer to Deployment Procedure on page 13 of this manual.	
9	Keep in close communication with Executive Management and Incident coordinator as often as you can		
10	Before sending the injured guest on board, determine with all concerned authorities if it will require landside medical attention and follow up with the ship medical staff immediately		

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 16 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

8.2. RECEIVING THE EMERGENCY CALL (FOR OFFICE DIRECTOR AND EXECUTIVE TEAM)


STEP	ACTION	FORM / PROCEDURE	DATE & INITIALS
1	Ask for the name of the staff reporting, incident details and a phone number	Appendix B: Incident Report	
2	Establish what actions have already been taken by local staff on site		
3	Ask for detailed information on the occurrence (number of person injured, transported to the hospital, which hospital and severity of injuries)		
4	Get in touch with the ship manager & venue or work place security officer and give them the details of the event		
5	Ask the ship how they want to manage the local deployment (<i>if necessary follow with step 6</i>)	Get a confirmation email of their authorization for operator to assist	
6	Plan the local deployment by assigning local personal to: <ul style="list-style-type: none"> Hospital Ship Accident Site (<i>if applicable</i>) 	Take note of who's at which location and make sure you can be in contact at any time to follow up	
7	Attribute the role of Incident Coordinator to the person reporting or the office director		
8	Assure local deployed staff as a mobile phone and all the papers necessary to assist guests as well as all the sufficient resources to manage immediate demands		
9	Executive management or Office director is in charge of keeping touch with all deployed staff at all time and confirm what steps are to be followed in case more resources need to be deployed		

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 17 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

8.3. DEPLOYMENT PROCEDURE

If you have to be deployed to assist guests, friends, family, staff or crew members please consult the following procedure:

STEP	ACTION	FORM / PROCEDURE	DATE & INITIALS
1	Ask the lead on duty or Incident coordinator about the details of your deployment (hospital, ship, hotel)		
2	Inform first respondent and the people you will be deployed with that you will be their main contact	See "Meet with the friends or family during emergency situations"	
3	Prepare (or take) the deployment kit	See below	
4	Make sure your position is covered for the rest of the operations with the lead on duty		
5	Follow the instructions of your Incident coordinator once on the way to deployment		
6	Once on deployment site please gather as much information as you can and inform your Incident Coordinator with it ASAP		
7	On site, stay visible and close to friends, family and first respondent in case of any questions or need of assistance		
8	Before leaving the deployment site, make sure to contact your Incident Coordinator and to have the clear authorization to leave		
9	Once back at the office, please fulfil a complete report of deployment period you were responsible of	Refer to Appendix C: Deployment Report	
10	Send the report of deployment to ship's incident coordinator, office director and executive management ASAP		

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 18 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

DEPLOYMENT KIT (including but not limited to):

- Appropriate clothing, outwear if needed
- Licenses, permits, company identification
- Pens, paper or notebook
- Tissues, mints, water
- Mobile phone with pertinent phone numbers, charger
- A copy of the emergency response plan, incident report, report of deployment
- Cash or credit card for incidentals (such as taxis, meals, other essential amenities)

8.4. MEET WITH THE FRIENDS AND FAMILY (DURING AN EMERGENCY SITUATION)**FIRST CONTACT**

Make sure you know as much as you can about the situation before you make the first contact with the friends and/or family of the injured guest.


Prior to call or meet, please be informed about:

- Details on the incident/accident (*what, when, where, who, with whom*);
- The status and location of the injured guest;
- Information on who you will be speaking to (*family member, friends, colleague*);
- Any procedures or information from the cruise line and ship manager of the situation (*what they will be in charge of, what they agreed to do on behalf of the guest, what are the next possible steps regarding the situation*);
- Contact information on who is your contact on board and at SMS ISO office (*Office Director name and mobile number or Incident Coordinator contact information*);

8.5. MANAGE A DELICATE SITUATION (DURING EMERGENCY OPERATIONS)

Here are a few tips to follow when you have to be in charge in a delicate emergency situation:

1. Make sure you confirm whom you are speaking *with (appropriate first contact of friends or family of the injured guest)*;
2. Identify yourself slowly and clearly;
3. (*If in person*) – Ask the permission to talk briefly in a private designated area;
4. Remember, be empathetic! Guests may have been going through a lot of emotions. Use soothing words such as "I understand" ... "I regret that" ... "please know that we will do

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 19 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

all possible to assist you". Avoid saying "It's not my job or responsibility" ... "It's someone's else fault." Put yourself in their shoes and be empathetic to the situation;


5. Be extra sensitive to those guests who are in need of help;
6. Appear confident, knowledgeable and patient. These guests will be full of questions and will want answers from you! If you do not know the answer to their question, please call your supervisor for assistance. Don't guess or assume, as it will only complicate matters later;
7. Listen, Listen, Listen. Many folks only need to vent, so be patient and listen to their concerns. Remember, they are not upset with you, they are upset at the situation! So, don't take things personal;
8. Detail the purpose of your presence or assistance to them;
9. Always confirm that you understand what their concerns, demands or feelings are by rephrasing their thoughts; Inform of what you will do next. Suggest clear actions and confirm it's up to what they expected (*inform the ship, confirm the procedure, accompany them to the hospital, help them with papers or translation, offer support, etc.*);
10. Plan the meeting (*if first contact was on the phone*) at a clear spot and leave your contact information to them;
11. Handhold, escort, give clear instructions and, above all, REASSURE;

Example of sentences to use:

- *I'm [your name], local tour operator here to assist you on behalf of [cruise line];*
- *I'm truly sorry for what you are going through, and I would like to be of service to you and your family today, and I will be available in whatever way you would find helpful;*
- *I will remain available to help and address any needs or concerns you may have;*
- *I can see (or feel) that you are very upset. Please be assured that I'm here to help you as much as I possibly can.*

Type of assistance you may be required to offer:

Information, moral support, help carry bags or arrange for assistance (*if at airport*), contact with other family members, organize transportation/accommodation if needed if not local, assist all logistical needs (*clothing, personal items, hygiene amenities, etc.*), coordination with other agencies or organizations, insurance call, flight rebooking, travel reorganization, assist with language barriers:

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 20 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

- Always rephrase the guest(s) needs prior to taking action;
- Suggest a timeframe to realize the requests;
- Provide them with your full contact information card so they know they will be taking care of for as long as they need;
- Always take action in collaboration with SMS ISO Incident coordinator, and keeping port Agent aware of developments.

It is important that all the necessary arrangements are taken care of so that nothing falls through the cracks. Please take concise and accurate notes of all arrangements made and turn them over to your immediate supervisor, in order to facilitate the Incident Report. Your supervisor will be responsible for recapping all details to 'key personnel' (*i.e. shipboard staff, local authorities*).


Should you require assistance or feel unsure on how to handle a situation, please contact your immediate supervisor.

The concept of this is to have a team of mature, dedicated and professional individuals, who are self-motivated, take pride in their work and welcome the opportunities that new challenges offer. Consequently, the success of this depends on you and how you handle yourself and your responsibilities. We understand that this will be a tough assignment at times. However, remember that it is usually when we face the most challenging situations that we gain the greatest personal satisfaction and grow from our experiences.

8.6. INCLEMENT WEATHER EMERGENCY MEASURES

Weather can affect our shore operations at all time. That is why SMS ISO management team has a procedure in place to prevent and avoid any safety concerns that could be due to weather conditions.

- Prior to each shore excursions day, the management team will overlook weather forecasts and make sure they are limited to none risks of impact on our operations;
- In the case of inclement weather, SMS ISO management team will consult its suppliers regarding safety issues;
- Afterwards SMS ISO management team will inform the ship of the risks and safety concerns;
- In collaboration with all concerned authorities a decision will be made. This decision will always put the guests, crew members, guides and staff security first to ensure safe operations;
- SMS ISO management team reserve its right to cancel any tour or activity due security and safety matters;

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 21 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

9. SAFETY PROMOTION


9.1. TRAINING AND EDUCATION

PRE-SEASON

- SMS ISO new staff receive one copy of the safety documents that are used internally;
- Existing teams & new staff – during the pre-season meeting, SMS ISO management team goes over the safety program and its procedures covering the following topics:
 - SMS-ISO Safety program overview;
 - Surveillance (*being alert to different type of occurrences in the cruise ship and shore operation industry*);
 - Equipment and facilities and safety (*at the pier and on shore excursions*);
 - Public health and infectious diseases;

IN SEASON

- Monthly meeting with SMS ISO management & staff reviewing different topics based on safety;
- The lead in charge reminds the staff of our safety procedures during the coordination meeting every morning prior to the beginning of the operations;
 - Various topic will be covered including but not limited to:
 - Who's in charge of what in the procedure?
 - Where are emergency exits in terminal?
 - What is the procedure if an event occurs?
 - Where are located the emergency numbers if needed? (*Safety procedure and emergency numbers are located in each ship box - one box per team leader and per ship - and updated regularly*)
 - What are the limits of everyone's position?
 - Who's collaborating with SMS ISO regarding safety and security and at which level (*port security officers, ship security officers, first respondents, etc.*)?
- During the season, any safety concern will be discussed through an open-door policy with SMS ISO management team and executives;

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 22 of 32	Last Reviewed / Update Date:	17FEB17
Policy:	Safety Management Program		

POST-SEASON

SMS ISO management team is reviewing every safety procedures and cases (if applicable) with designated authorities and team leaders to ensure continuous improvement of this safety program and training sessions.

9.2. INTERNAL POLICIES

Proper working methods at SMS ISO to ensure safe operations for guests and staff:


- Health situation *(we are aware of any illness of our staff to prevent from dangerous situation, allergies, health issues);*
- Breaks and lunch periods management *(for quality of life at work);*
- Ergonomic postures and manipulations *(i.e.: max weight for lifting bags);*
- Safe workplace environment including evaluation of the workplace and equipment. If necessary and in collaboration with local authorities or partners' changes will be made;
- Promotion of minimal physical contact with guests in regard of public health prevention;
- Flow management to prevent dangerous situation *(not authorize to walk in parking lot, careful when managing escalators, etc.);*
- Tools to manage a challenging client *(to prevent intimidation for our staff);*

9.2.1. DRUG AND ALCOHOL PROCEDURE

No alcohol is to be consumed during work hours even when, as an example, an excursion might include tasting *(wine & food tours)*.

The possession, use or distribution of alcohol or of illegal drugs or substances is strictly prohibited at SMS International Shore Operations and all its workplace *(wharfs, ports, venues, etc.)*. It is a serious offense, and grounds for employment termination, for any employee to be found using, in possession of or under the influence of alcohol, any illegal drug, substance, or any other legal but unlawfully used substance, including, but not limited to, prescription drugs obtained or used without permission or such drugs not being used for their originally intended purpose at any time during their tour of duty.

Minimum drinking age varies from country to country. All SMS ISO staff must ensure they are compliant with local laws regarding this. When in doubt, a guide or a lead can ask for a proof of age.

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 23 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

Smoking is prohibited while on duty. If any of SMS ISO staff wishes to smoke it has to be done discreetly in a designed area out of the guests' view.

10. PUBLIC HEALTH CONCERNS AND PREVENTION

Public health concerns are taken very seriously by the Company management. In collaboration with according authorities, our team assures that all infectious diseases are prevented and/or managed and controlled while in our ports of call prior, during or after a ship visit.

10.1. SUPER SANITATION PROCEDURE


In case of any possibility of illness on board or before, during or after a shore excursion the Company has put in place a SUPER SANITATION PROCEDURE to assist the ships' team to prevent the infectious diseases to spread.

SMS ISO staff (management, guides, leads, drivers, agents) must be ready to assist by:

- Limiting hand contacts;
- Promoting hand sanitizer usage;
- If a guest seems not well, staff will inquire about how they are feeling and ask basic health questions, when possible;
- If a guest confirms they are not feeling good, immediately isolate them from others and contact the team lead;
- Completing an Incident Report if a guest cannot continue the tour and inform top management ASAP;
- Top management will inform the ship's manager;
- Staff will arrange transportation if needed;
- SMS ISO will collaborate with all concerned authorities to ensure disinfection and sanitation of all equipment;
- Assisting the ships with procurement of extra goods to prevent dehydration and spread of illness;

10.2. FOOD SAFETY

As mentioned previously in this program *"food and beverage suppliers as well as restaurants establishments are inspected regularly by local governmental institution and must maintain the federal and provincial requirements"*. Commercial food and beverage establishments require both national/ federal and local inspections and licensing from public health departments to operate."

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 24 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

The Company management make sure its chosen venues for shore excursions meet those requirements at all time.

Food inspections are based on five major criteria's, but are not limited to:

1. **Substance** (*temperature, origins, labeling, safety*);
2. **Method** (*avoid cross contamination, cooking, thawing and cooling, cleaning and sanitation*);
3. **Workforce** (*hand washing, personal hygiene of food handlers, health status and qualifications*);
4. **Material** (*all equipment, surfaces, utensils, packaging*);
5. **Environment** (*local, installations, preparation and service areas, transportation and storage of food, pest management, potable water tests and inspection*).

Please refer to local, state or national/ federal governmental institution website for criteria's and specifications relevant to each location.



	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
		Last Reviewed/ Update Date:	17FEB17
Page #	Page 25 of 32		
Policy:	Safety Management Program		

TABLE OF APPENDIX


APPENDIX A: SITE INSPECTION FORM	26
APPENDIX B: INCIDENT REPORT	28
APPENDIX C: DEPLOYMENT REPORT	30
APPENDIX D: PRE-DEPARTURE INSPECTION	32

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 26 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

APPENDIX A: SITE INSPECTION FORM



SITE INSPECTION FORM – SUPPLIERS & VENUES


SITE/VENUE:	DATE OF INSPECTION:
CONTACT NAME:	PICTURE OF SITE: 
PHONE NUMBER:	
AFTER HOURS PHONE NUMBER / MOBILE:	
EMAIL:	
ADDRESS:	

GENERAL EVALUATION

GENERAL CLEANLISNESS	***			WALKING INFORMATION	O : Easy	O: Moderate	O Difficult
DRIVE-WAY	***			ACCESSIBLE BY COACH:			
MIN CAPACITY				MAX CAPACITY			
OUTSIDE LIGHTING	O : Very good	O : Good	O : Not sufficient	INSIDE LIGHTING	O : Very good	O : Good	O : Not sufficient
COMMENTS:							

RESTROOMS

GENERAL CLEANLISNESS	O : Very good	O : Good	O : Not sufficient	?	
#	2			?	
WHEELCHAIR ACCESS.	yes			?	
COMMENTS:					

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 27 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

RESTAURANT/SNACK AREA (IF AVAILABLE INDEPENDANTLY OR INCLUDED ON TOUR)


GENERAL CLEANLINESS		MIN	
TYPE OF FOOD		MAX	
MAPAQ CERTIFICATION			
PERMITS VISIBLE			
COMMENTS:			

ACCESSIBILITY OF SITE

MAIN ENTRANCE		PAVED, UNEVEN, COBBLESTONE	
RESTROOMS		ELEVATOR	
WHEELCHAIR ACC.		RAMP	
		STAIRS	
COMMENTS:			

FOR ADMINISTRATION :

EXECUTIVE'S SIGNATURE:	INSPECTOR'S SIGNATURE:	DATE:
ADDITIONNAL NOTES:		
<hr/> <hr/> <hr/> <hr/>		
RECEIVED BY:	DATE:	
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	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 28 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

APPENDIX B: INCIDENT REPORT




INCIDENT REPORT – PASSENGERS & STAFF

CRUISE LINE :	SHIP :	DATE:
PORT OF CALL: _____	COUNTRY: _____	TIME: _____
EMPLOYEE NAME: _____	LOCATION OF INCIDENT :	<input type="radio"/> – TERMINAL <input type="radio"/> – COACH <input type="radio"/> – AIRPORT <input type="radio"/> – HOTEL <input type="radio"/> – OFFICE <input type="radio"/> – OTHER
LEAD NAME: _____		
GUIDE NAME: _____	LEVEL OF INCIDENT:	<input type="radio"/> – 1 <input type="radio"/> – 2 <input type="radio"/> – 3 <input type="radio"/> – 4
NUMBER OF INJURED PASSENGERS _____		
DESCRIPTION OF INCIDENT:		

GUEST (S) NAME (S):	AGE:	CABIN NUMBER:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
PERSONAL INFORMATION OF GUEST(S) – Full address, phone number, email.		

TRAVELLING WITH: _____		
FIRST AID:	FIRST AID PROCEEDED BY:	MEDICAL ASSISTANCE REQUIRED:
<input type="radio"/> – ACCEPTED <input type="radio"/> – DELCINED	_____	<input type="radio"/> – YES <input type="radio"/> – NO
MEDICAL TREATMENT DETAILS:		

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 29 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

WITNESS INFORMATION

PHONE:

CABIN NUMBER:

1. _____

2. _____

3. _____

ACTIONS TAKEN:

FOLLOW UP ACTIONS:

COULD THIS INCIDENT HAVE BEEN AVOID?

SOLUTIONS APPLIED:


BY WHOM:

WHEN:

☐ - YES ☐ - NO

FOR ADMINISTRATION :

EXECUTIVE'S SIGNATURE: _____	INCIDENT COORDINATOR SIGNATURE: _____	DATE: _____
ADDITIONAL NOTES: _____ _____ _____ _____		

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
		Last Reviewed/ Update Date:	17FEB17
Page #	Page 30 of 32		
Policy:	Safety Management Program		

APPENDIX C: DEPLOYMENT REPORT




DEPLOYMENT REPORT

CRUISE LINE :	SHIP :	DATE:
PORT OF CALL:	COUNTRY:	TIME:
EMPLOYEE NAME:	LOCATION OF DEPLOYMENT :	<input type="checkbox"/> HOSPITAL <input type="checkbox"/> AIRPORT <input type="checkbox"/> HOTEL <input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER:
LEAD NAME:	LEVEL OF INCIDENT:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
NUMBER OF INJURED PASSENGERS:		

DESCRIPTION OF INCIDENT:

GUEST (S) NAME (S):	AGE:	CABIN NUMBER:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
TRAVELLING WITH:		

PASSENGER'S EMERGENCY CONTACT INFORMATION:

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
		Last Reviewed/ Update Date:	17FEB17
Page #	Page 31 of 32		
Policy:	Safety Management Program		

DEPLOYMENT SITUATION

YOUR NAME:

POSITION:

MOBILE NUMBER:

DEPLOYMENT LOCATION NAME:

ADDRESS:

DATE OF DEPLOYMENT:

REFERENCE ON SITE:

TIME OF DEPLOYMENT:


UPDATE OF THE SITUATION (PLEASE TAKE NOTES EVERY 30 MINUTES)

DNA REPRESENTATIVE ON SITE:

DNA INCIDENT COORDINATOR:

FOR ADMINISTRATION :

EXECUTIVE'S SIGNATURE:	INCIDENT COORDINATOR SIGNATURE:	DATE:
ADDITIONAL NOTES:		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
RECEIVED BY:	DATE:	
<hr/>	<hr/>	

	All SMS ISO EMPLOYEES	Approved by :	Christopher J. Blanchard Director & General Manager
		Revision #	4.0
		Implementation Date:	23OCT14
Page #	Page 32 of 32	Last Reviewed/ Update Date:	17FEB17
Policy:	Safety Management Program		

APPENDIX D: PRE-DEPARTURE INSPECTION

Pre-Departure Checklist (Bus)

Pre-departure inspection checklist for vehicles operated occasionally

Vehicle registration							
Item	O.K. ✓ Defective x						
	Date						
Name of person conducting the check							
Interior check							
<ul style="list-style-type: none"> Check vehicle was secured overnight and no unexpected or suspicious items located Check seatbelts (if fitted) 							
Lights and reflectors							
<ul style="list-style-type: none"> Check all lights including clearance lights for working order Check reflectors and lenses for breakages 							
Regulation signs and labels							
<ul style="list-style-type: none"> Check that registration sticker (if required), inspection label and no-smoking sign are affixed Check vehicle is currently registered (if no registration sticker) 							
Mirrors, windows and windcreens							
<ul style="list-style-type: none"> Check mirrors are securely mounted Windcreens, windows and mirror surfaces are clean and checked for damage 							
Wheels, tyres and rims							
<ul style="list-style-type: none"> Tyre pressure and tread integrity Wheels, rims and retaining rims Wheel security (loose or missing wheel nuts) 							
Horns and signals							
<ul style="list-style-type: none"> Check that horn is in working order Check for audible reversing signal if applicable 							
Wipers and washers							
<ul style="list-style-type: none"> Check that wipers are in working order and do not obstruct driver's forward vision Check that windscreen washers have sufficient fluid to ensure clear forward vision 							
Fire extinguisher							
<ul style="list-style-type: none"> Check that fire extinguisher/s are correctly charged 							
Emergency exit							
<ul style="list-style-type: none"> Check that emergency hammer is in place 							
Oils/fuel/water							
<ul style="list-style-type: none"> Check levels Check for leaks of any fluid (oil, water, refrigerant/coolant, hydraulic fluid, brake fluid or other) 							
Structure and bodywork							
<ul style="list-style-type: none"> Check that all panels and readily visible structural members are secure 							
Brakes							
<ul style="list-style-type: none"> Check that brake failure indicators are in working order Check pressure/vacuum gauges Check brake application whilst moving prior to departure Check air tank (if applicable) 							
Initials of person undertaking check on completion of check							

Note: If defect found, complete fault report form (Form 2.3) and submit to Responsible Person.

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ENVIROS

Enforcement Action Advanced Search

✖ No information was found matching your selection criteria. Please try again.

Enforcement Action Number: House Number: To: Street: (All) (All) [Direction](#) [Street Name](#) [Street Type Suite](#)City: (All) Zip: (All)Section: (All) Township: (All) Range: (All)Respondent: [Help on this page](#)
Screen ID: 234

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Facilities Search Results

Criteria selected:

Facility Name = SMS International Shore Operations US, Inc

Searching For = Search all facilities

For additional information, select the hyperlinks under "Data Links" where available.

D - Provides a list of electronic documents associated with the facility.

F - Provides a facility summary report.

P - Provides facility-related permit information.


M - Provides a GIS map focused on the facility.

Q - Provides a contact for user questions and quality control.

Records on this page = 0 of 0

There are no facilities that meet your criteria.

Disclaimer: The Florida Department of Environmental Protection (FDEP) has made a reasonable effort to ensure that the information provided is up-to-date and comprehensive but cannot guarantee the accuracy or completeness of the data. Any specific, missing information may be obtained through a public records request. For more information visit our [Public Records web site](#).

 *nexus-portal-webapp — 3.8.32.*
Office of Technology and Information Services
Java8 [Site Map](#) — For Assistance Please Contact — (850) 245-7555 — [Contact Us](#)



OSHA

Menu

Q SEARCH OSHA

OSHA ▾ STANDARDS ▾ ENFORCEMENT TOPICS ▾ HELP AND RESOURCES ▾ NEWS ▾ Contact Us FAQ

A to Z Index

English

Español

Establishment Search

Reflects inspection data through 09/05/2022

This page enables the user to search for OSHA enforcement inspections by the name of the establishment. Information may also be obtained for a specified inspection or inspections within a specified SIC.

⚠ Note: Please read important information below regarding interpreting search results before using.

Search By:

Your search did not return any results.

Establishment SMS International Shore Operations US,

(This box can also be used to search for a State Activity Number for the following states: NC, SC, KY, IN, OR and WA)

State All States ▾ Fed & State ▾

OSHA Office All Offices ▾

Site Zip Code

Case Status ☒ All ☐ Closed ☐ Open

Violation Status ☒ All ☐ With Violations ☐ Without Violations

Inspection Date

Start Date September ▾ 7 ▾ 2017 ▾

End Date September ▾ 7 ▾ 2022 ▾

Submit

Reset

Can't find it?

Wildcard use %

Basic Establishment Search Instructions

Advanced Search Syntax

NOTE TO USERS

The Integrated Management Information System (IMIS) was designed as an information resource for in-house use by OSHA staff and management, and by state agencies which carry out federally-approved OSHA programs. Access to this OSHA work product is being afforded via the Internet for the use of members of the public who wish to track OSHA interventions at particular work sites or to perform statistical analyses of OSHA enforcement activity. It is critical that users of the data understand several aspects of the system in order to accurately use the information.

The source of the information in the IMIS is the local federal or state office in the geographical area where the activity occurred. Information is entered as events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to continuing correction and updating, particularly with regard to citation items, which are subject to modification by amended citations, settlement agreements, or as a result of contest proceedings. THE USER SHOULD ALSO BE AWARE THAT DIFFERENT COMPANIES MAY HAVE SIMILAR NAMES AND CLOSE ATTENTION TO THE ADDRESS MAY BE NECESSARY TO AVOID MISINTERPRETATION.

The Integrated Management Information System (IMIS) is designed and administered as a management tool for OSHA to help it direct its resources. When IMIS is put to new or different uses, the data should be verified by reference to the case file and confirmed by the appropriate federal or state office. Employers or employees who believe a particular IMIS entry to be inaccurate, incomplete or out-of-date are encouraged to contact the OSHA field office or state plan agency which originated the entry.

UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration
200 Constitution Ave NW
Washington, DC 20210
☎ 800-321-6742 (OSHA)
TTY
www.OSHA.gov

FEDERAL GOVERNMENT

White House
Severe Storm and Flood Recovery Assistance
Disaster Recovery Assistance
DisasterAssistance.gov
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

Frequently Asked Questions
A - Z Index
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Plug-Ins Used by DOL
Accessibility Statement



Section 4 – Environmental Commitment Statement:

Green and conservation practice is an integral element in modern business design and planning. At SMS, we believe that even the most minor things play a significant role in improving the environment. It is imperative to consider the resources at hand and not be wasteful. We have implemented the printing confirmation for all print jobs on all company computers requesting employees to confirm the need to print versus reviewing its content virtually. It allows an employee to think twice before printing. The necessary prints are defaulted to be printed in black and white, both cost-effective and eco-friendly. We also make extensive use of recycling bins and recycled paper stock. Additionally, when eliciting reviews of our work products, we convert those products to PDF, thereby significantly reducing the Company's overall paper needs. The office manager has a vital function to ensure that the supplies purchased are made from recyclable and environmentally friendly materials.

Moreover, we have implemented and continue finding ways to reduce paperwork needs and use "paper-free" systems to handle new hires and human resources, payroll, and accounting functions.

We believe that sustainability is an integral part of our lives. Important to note that our sustainability has a positive effect on the bottom-line up. Lastly, we are doing everything in our power to avoid the depletion of natural resources to maintain an ecological balance by applying green practices noted above and encouraging employees to do so outside the work environment.

Section R

SMS International Shore Operations US, Inc. has provided all passenger logistics services, including port agency, turnaround services, and shore excursions worldwide, for well over 20 years. Our teams welcome cruise guests worldwide and accommodate the needs of thousands of cruise ships annually. SMS has a long history. Founded in 1950, "SMS Shipping" has grown globally with a proven track record of providing outstanding service and a reputation for professionalism. SMS and its local support teams have worked aggressively through our partnerships with over 20 cruise lines to pursue improving guest satisfaction, operations, asset utilization, and profitability. We provide a full suite of maritime services to the cruise industry, from turnaround services, port agency services, and logistics services.

SMS is committed to continued development and business growth at the Port of Everglades. We are contracted to provide port agency and turnaround services for Viking Cruise starting October 2021 with the outlined scheduled hereunder. We are an advocate for the operations of Port Everglades and are pleased to be part of Viking Cruises' expansion to the new port for the first time.

Date	Port	Vessel
14-Oct-2022	Fort Lauderdale, FL	Viking Star
28-Oct-2022	Fort Lauderdale, FL	Viking Star
17-Nov-2022	Fort Lauderdale, FL	Viking Star
01-Dec-2022	Fort Lauderdale, FL	Viking Star
21-Dec-2022	Fort Lauderdale, FL	Viking Star
22-Dec-2022	Fort Lauderdale, FL	Viking Neptune
04-Jan-2023	Fort Lauderdale, FL	Viking Star
18-Jan-2023	Fort Lauderdale, FL	Viking Star
01-Feb-2023	Fort Lauderdale, FL	Viking Star
21-Feb-2023	Fort Lauderdale, FL	Viking Star
07-Mar-2023	Fort Lauderdale, FL	Viking Star
21-Mar-2023	Fort Lauderdale, FL	Viking Star
13-Apr-2023	Fort Lauderdale, FL	Viking Octantis
18-Apr-2023	Fort Lauderdale, FL	Viking Polaris
30-Sep-2023	Fort Lauderdale, FL	Viking Octantis
10-Oct-2023	Fort Lauderdale, FL	Viking Mars
11-Oct-2023	Fort Lauderdale, FL	Viking Polaris
24-Oct-2023	Fort Lauderdale, FL	Viking Star
30-Oct-2023	Fort Lauderdale, FL	Viking Mars
13-Nov-2023	Fort Lauderdale, FL	Viking Mars
27-Nov-2023	Fort Lauderdale, FL	Viking Mars
30-Nov-2023	Fort Lauderdale, FL	Viking Sky
17-Dec-2023	Fort Lauderdale, FL	Viking Mars
20-Dec-2023	Fort Lauderdale, FL	Viking Sky
23-Dec-2023	Fort Lauderdale, FL	Viking Neptune

Section R

20-Jan-2024	Fort Lauderdale, FL	Viking Mars
03-Feb-2024	Fort Lauderdale, FL	Viking Mars
17-Feb-2024	Fort Lauderdale, FL	Viking Mars
02-Mar-2024	Fort Lauderdale, FL	Viking Mars
18-Mar-2024	Fort Lauderdale, FL	Viking Star
28-Apr-2024	Fort Lauderdale, FL	Viking Polaris
06-May-2024	Fort Lauderdale, FL	Viking Octantis
05-Oct-2024	Fort Lauderdale, FL	Viking Octantis
10-Oct-2024	Fort Lauderdale, FL	Viking Mars
11-Oct-2024	Fort Lauderdale, FL	Viking Mars

SMS is a proud agent of Disney Cruise Line and played a critical role in Disney Cruise Line planning and support in deciding to move the operations to Port Everglades. SMS has been serving Disney Cruise Lines since the beginning of its operations out of Port Miami and will continue being a service provider out of Port Everglades. Disney Cruise Line is scheduled to begin year-round operations out of Port Everglades starting in 2023.

SMS International Shore Operations US, Inc. had successfully operated Disney Cruise Line emergency ports of call in Port Everglades over the last few years. The company has demonstrated a proven track of servicing various vessels out of the port.

Viking Cruises has successfully completed 2021 season and will be returning to 2022- 2023 season in Port Everglades. Disney Cruise Line are the new cruise lines to begin their service out of Port Everglades, Florida, and have not conducted full-turnaround services out of this port. SMS International Shore Operations has been officially appointed by the cruise lines to be a vendor of choice, providing Port Agency and Ground Services.