

	<b>A</b>
Current Officers & Resumes	
	<b>B</b>
Official Documents	
	<b>C</b>
Change(s) in Ownership, Name, and/or Officers	
	<b>D</b>
Fictitious Name(s)	
	<b>E</b>
Acquired Business(es)	
	<b>F</b>
Business History	
	<b>G</b>
Managerial Work Histories	
	<b>H</b>
Affiliated Seaports	
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	<b>L</b>
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	<b>M</b>
Financial Security	
	<b>N</b>
Equipment	
	<b>O</b>
Broward County Business Tax Receipt (Occupational License)	
	<b>P</b>
Programs & Policies	
	<b>Q</b>
Environmental Documents, Environmental Commitment Statement	
	<b>R</b>
Promote and Develop Growth Statement	
	<b>S</b>
Certificate of Adequacy in Compliance with MARPOL directives (Vessel oily waste removal)	
	<b>T</b>
Letter of Adequacy from U.S. Coast Guard and approved Operations Manual (Vessel oily waste removal, vessel bunkering)	
	<b>U</b>
Waste Transporter License (Vessel Oily Waste removal; vessel sanitary waste water removal)	
	<b>V</b>
Copy of Oil Spill Contingency Plan approved by U.S. Coast Guard (Vessel oily waste removal, vessel bunkering)	
	<b>W</b>
Terminal Facility Discharge Prevention and Response Certificate (Vessel oily waste removal, vessel bunkering)	
	<b>X</b>
Used Oil Collector, Transporter, Recycler Certificate from the Florida DEP (Vessel oily waste removal)	
	<b>Y</b>
Identification Certificate from the U.S. Environmental Protection Agency (Vessel oily waste removal)	
	<b>Z</b>
Discharge Cleanup Organization Certificate from the Florida DEP (Vessel oily waste removal, vessel bunkering)	
	<b>Z1</b>
Operations Manual (Vessel sanitary waste water removal)	
	<b>Z2</b>
Septage Receiving Facility Waste Hauler Discharge Permit (Vessel sanitary waste water removal)	

December 1, 2022

Broward County Florida  
Port Everglades Department  
Business Development Division  
Paula Serpa, Franchise and Business Permit Manager  
1850 Eller Drive, Ste 603  
Fort Lauderdale, FL 33316

Re: Assignment of Stevedore and Cargo Handling Franchise from Host Terminals, LLC to Host at Port Everglades, LLC

Dear Ms. Serpa,

In accordance with your letter dated November 18, 2022, please find enclosed Stevedore and Cargo Handling applications for Host at Port Everglades, LLC, along with our check for \$23,100 representing the initial processing fee of \$11,550 for each franchise application.

In October 2022, Host Terminals, LLC formed a separate entity, Host at Port Everglades, LLC, to handle all terminal services operations in the State of Florida. Host Terminals, LLC is the 100% Sole Member of the new entity, and the officers and managers are the same. Upon the approval of the assignment of the two franchise applications, Host Terminals, LLC will assign all current employees, contracts, leases, and assets to Host at Port Everglades, LLC.

If you have any questions regarding the applications, or require additional information, please do not hesitate to give me a call at 757-641-1809.

Best regards,

  
Keri Jenkins  
Corporate Administrator

KDJ  
enclosures

## 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  
Dec. 1, 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

(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

Number /

Street

City/State/Zip

Phone # ( ) E-mail address @

Fax #: ( )

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

Name

Title

Business Address

Number /

Street

City/State/Zip

Phone # ( ) E-mail address @

Fax #: ( )

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

Representative's Title

Representative's Business Address

Number /

Street

City/State/Zip

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 \_\_\_\_\_  
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 \_\_\_\_\_@\_\_\_\_\_.

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 ( ) Corporation ( ) Partnership ( ) Joint Venture ( X ) 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\_\_\_ No\_\_\_ 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\_\_\_ No\_\_\_ 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. See Attached
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\_\_\_ No\_\_\_ 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" \_\_\_\_\_.

**Section E**

1. Has the Applicant acquired another business entity within the last five (5) years?  
Yes \_\_\_ No \_\_\_ 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" \_\_\_\_\_.
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.
3. Has the Applicant been acquired by another business entity within the last five (5) years? Yes \_\_\_ No \_\_\_ 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" \_\_\_\_\_.
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.

**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. See Attached

**Section G**

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons. See 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. See Attached

## 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" \_\_\_\_\_.

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\_\_\_

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>.

### 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. See Attached
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\_\_\_  
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\_\_\_  
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\_\_\_  
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\_\_\_  
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. See Attached.
2. Identify the type of fuel used for each piece of equipment.
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
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\_\_\_  
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).

**Section P**

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

### 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\_\_\_
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\_\_\_
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\_\_\_

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. See Attached

### 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. See 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



Date Signed 11/30/22

Signature name and title - typed or printed Matthew Mancheski, Authorized Signatory

Witness Signature (\*Required\*)



Witness name-typed or printed

Katy Wiltmann

Witness Signature (\*Required\*)



Witness name-typed or printed

JUDY SIRIT

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

Name Keri Jenkins

Title Corporate Administrator

Address 150 W. Main Street, Ste 1600, Norfolk, Phone (757) 627-6286

# HOST

## SECTION A1

### Host at Port Everglades, LLC

#### OFFICERS:

*G. Adam Anderson*                      *Board Manager, Chairman & CEO*  
150 West Main Street, Suite 1600, Norfolk, VA 23510  
Phone Number:                      757-627-6286  
Fax Number:                      757-627-2879  
Email Address:                      adam.anderson@tparkerhost.com

*Andrew J. Caplan*                      *Board Manager, Chief Operating Officer*  
150 West Main Street, Suite 1600, Norfolk, VA 23510  
Phone Number:                      757-627-6286  
Fax Number:                      757-627-2879  
Email Address:                      andrew.caplan@tparkerhost.com

*Matthew A. Mancheski*                      *Chief Financial Officer*  
150 West Main Street, Suite 1600, Norfolk, VA 23510  
Phone Number:                      757-627-6286  
Fax Number:                      757-627-2879  
Email Address:                      matt.mancheski@tparkerhost.com

*Patrick R. Callahan*                      *Senior Vice President of Operations*  
150 West Main Street, Suite 1600, Norfolk, VA 23510  
Phone Number:                      757-627-6286  
Fax Number:                      757-627-2879  
Email Address:                      patrick.callahan@tparkerhost.com

*Cees van de Mortel*                      *Vice President of Commercial*  
150 West Main Street, Suite 1600, Norfolk, VA 23510  
Phone Number:                      757-627-6286  
Fax Number:                      757-627-2879  
Email Address:                      cees.vandemortel@tparkerhost.com

*Kelsey Host Sarcone*                      *Secretary*  
150 West Main Street, Suite 1600, Norfolk, VA 23510  
Phone Number:                      757-627-6286  
Fax Number:                      757-627-2879  
Email Address:                      kelsey.sarcone@tparkerhost.com

# HOST

## **SECTION A2 – Resumes**

# HOST

**ADAM ANDERSON**  
*Chairman & Chief Executive Officer*



Adam Anderson attended the University of Richmond before joining the U.S. Army Reserve. He joined the company as a boarding agent in 1998, where he gained hands-on waterfront experience, and quickly became an influential part of business development for the company. By the age of 24, he developed and negotiated HOST's first terminal operation contract.

During his first 13 years with the company, he had many jobs including truck loader, stevedore, terminal manager, business development manager, marketing and regional manager. When he became Executive Vice President, he was able to take his first-hand knowledge developed on the docks and grow HOST's top and bottom lines by more than 600% in eight years.

In 2011, he was elected to his current role of Chairman and CEO. In this position, he is responsible for setting the vision for the HOST company and leading our team through rapid scalable growth across all of our platforms.

He currently sits on several maritime board associations and has become a recognized industry expert who shares his wealth of knowledge within the maritime industry through conferences, forums and events.

# HOST

**ANDREW CAPLAN**  
*Chief Operating Officer*



Andrew Caplan joined HOST in 2018 as Chief Operating Officer, overseeing all commercial activity and helping the company drive sustainable growth.

Andrew has over 25 years of experience in bulk cargo trading. He most recently worked for Glencore International AG, in Baar, Switzerland, where he was the sole director of the Aluminum Division and member of Glencore's Management Committee, responsible for overseeing both the global marketing business as well as the industrial assets, including strategy, operations and contract administration.

Andrew holds a bachelor's in Business Administration from Washington University's John M. Olin School of Business.



# HOST

MATTHEW MANCHESKI  
*Chief Financial Officer*



Matthew Mancheski joined HOST in 2020 as Chief Financial Officer.

Prior to HOST, Matthew spent over a decade in healthcare finance before joining Tidewater Marine, where he served as Vice President for almost 12 years. In this role, he was responsible for FP&A, strategic planning, information technology, corporate development and investor relations. Additionally, he was responsible for overall leadership of the Americas and Africa & Europe business units, for which he spent time living in Rio de Janeiro, Brazil and Amsterdam, Netherlands.

Matthew holds a bachelor's degree in finance from the University of New Orleans and an MBA from Tulane University.

# HOST

**PATRICK CALLAHAN**  
*Senior Vice President of Operations*



Patrick Callahan joined HOST in 2015 as the Vice President of Terminal Operations. He plays an integral role in the continual improvement of HOST's safety program and the sustained growth of our terminal operations.

Before joining HOST, Patrick spent 14 years with the Maersk Group, where he held several senior positions in marine terminal and vessel operations.

He is a graduate of James Madison University and Maine Maritime Academy.



# HOST

**CEES VAN DE MORTEL**  
*Vice President of Commercial*



In the fall of 2012, Cees van de Mortel joined Host in Norfolk as Chief Operating Officer, overseeing all aspects of the firm's operations. In 2016, he moved to our commercial team and now serves as our Senior Commercial Director. Cees' background in operations, commercial development, and management makes him uniquely suited to provide skilled and diversified services to Host clients.

Before joining Host, Cees spent 12 years with Kinder Morgan Terminals, most recently as Commercial Director, where he was responsible for the commercial activities for marine terminals in the Mid-Atlantic and Southeast regions, for sales and marketing of all coal and fertilizer movements nationwide, and for intermodal and packaging operations. Prior to Kinder Morgan, he was employed with the Dutch transportation and terminal company Vopak. There, he oversaw operations at the Elizabeth River

Terminals and Marine Port Terminals, Inc., handling general cargo and dry-bulk commodities.

Cees was born in the Netherlands and graduated with a bachelor's in mechanical engineering and master's in business administration from the Technical University of Delft in the Netherlands. He is currently serving as a director of the Virginia Maritime Association and regularly speaks at industry events and conferences.

# HOST

## **SECTION B2 – Articles of Organization and State of Florida Authorization**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOST AT PORT EVERGLADES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOST AT PORT EVERGLADES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7106911 8300

SR# 20223888702

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204731265

Date: 10-28-22

# *State of Florida*

## *Department of State*

I certify from the records of this office that HOST AT PORT EVERGLADES, LLC is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on October 31, 2022.

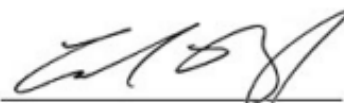
The document number of this limited liability company is M22000017552.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022 and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-eighth day of  
November, 2022*



  
*Secretary of State*

Tracking Number: 8688534663CU

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

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



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

## Detail by Entity Name

Foreign Limited Liability Company  
HOST AT PORT EVERGLADES, LLC

### Filing Information

<b>Document Number</b>	M22000017552
<b>FEI/EIN Number</b>	NONE
<b>Date Filed</b>	10/31/2022
<b>State</b>	DE
<b>Status</b>	ACTIVE

### Principal Address

150 W MAIN ST STE 1600  
NORFOLK, VA 23510

### Mailing Address

150 W MAIN ST STE 1600  
NORFOLK, VA 23510

### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301

### Authorized Person(s) Detail

**Name & Address**

Title MBR

ANDERSON, G. ADAM, CEO  
150 W MAIN ST STE 1600  
NORFOLK, VA 23510

Title MBR

MANCHESKI, MATTHEW A, CFO  
150 W MAIN ST STE 1600  
NORFOLK, VA 23510

Title MBR

CAPLAN, ANDREW J, COO  
150 W MAIN ST STE 1600  
NORFOLK, VA 23510

Title MBR

SARCONE, KELSEY HOST, SEC  
150 W MAIN ST STE 1600  
NORFOLK, VA 23510

**Annual Reports****No Annual Reports Filed****Document Images****No images are available for this filing.**

# HOST

## **SECTION C2 – Has the Applicant operated under a different name within the last five (5) years?**

Since 2012, Host Terminals has performed both Stevedore and Cargo Handling operations at Port Everglades. Host Terminals, LLC is the Sole Member of Host at Port Everglades, LLC and share the same officers and management.

Upon approval of Assignment of Franchise License, all Stevedore and Cargo Handling operations will be performed under the newly formed entity Host at Port Everglades, LLC

# HOST

## **SECTION F – Previous business history**

Host Terminals, LLC is the Sole Member of Host at Port Everglades, LLC and share the same officers and management.

Since 2012, Host Terminals has performed both Stevedore and Cargo Handling operations at Port Everglades.

Host Terminals has operated successfully as a stevedore and marine terminal operator since 2000. Both the company and its management have years of experience in stevedoring and handling all types of cargo. Host Terminals currently has dedicated operations in Fort Lauderdale, Palm Beach, Baltimore, Baton Rouge, Avondale, and Davant,

Upon approval of Assignment of Franchise License, all Stevedore and Cargo Handling operations at Port Everglades will be performed under the newly formed entity Host at Port Everglades, LLC



# HOST

## **SECTION G1 and G2 – Managerial Employees, including supervisors, superintendents, and forepersons.**

G. Adam Anderson Chairman & CEO	Been in the maritime industry since 1998
Andrew J. Caplan Chief Operating Officer	Been in the maritime industry since 1993
Patrick R. Callahan Senior Vice President Operations	Been in the maritime industry since 1998
Cornelis (Cees) van de Mortel Vice President of Commercial	Been in the maritime industry since 1998
Chris Holt Director of Environmental Health and Safety	Been in the maritime industry since 1999
Godfrey Wynter Terminal Manager	Been in the maritime industry since 1993
Matt White Operations Manager	Been in the maritime industry since 2008

# HOST

## **SECTION H – Applicant’s Current Clients** (The below represents Host Terminals’ clients who will become Host at Port Everglades’ clients upon approval of Franchise License)

**SEAPORT: Port Everglades, FL**  
**Seaport: 10**

**Number Years at this**

<b><u>NAME</u></b>	<b><u>NUMBER OF YEARS APPLICANT HAS PROVIDED SERVICE TO THIS CLIENT</u></b>
International Materials	10
SCB International Materials	10
Titan	10
Peters & May	9
United Yacht Transport	9
ZAG International	9
King Ocean Services Ltd.	8
Balearia	4
Florida Aggregates	4
Cemex USA	3
MACS Maritime	3
Cross Charter Yachts	2
Legend Yacht	1
SAL Heavy Lift	1

# HOST

## **SECTION J – Certificate of Insurance**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/22/2022

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

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

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 111 Veterans Boulevard, Suite 1130 Metairie LA 70005		<b>CONTACT NAME:</b> Amanda Theriot <b>PHONE (A/C No. Ext):</b> 504-872-3553 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> Amanda.theriot@ajg.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A : Ascot Insurance Company	23752
<b>INSURED</b> Host at Port Everglades, LLC c/o TP Host, LLC 150 W. Main St, Ste 1600 Norfolk VA 23510		INSURER B : StarNet Insurance Company	40045
		INSURER C : Illinois Union Insurance Company	27960
		INSURER D : Hartford Fire Insurance Company	19682
		INSURER E : Great American Spirit Insurance Company	33723
		INSURER F : American Longshore Mutual Association LTD	

**COVERAGES** **CERTIFICATE NUMBER:** 1049456213 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MAPL2210000953-03	1/1/2022	5/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
D	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			61 UEN DL0096	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			BOUM-A-22-2279	1/1/2022	5/1/2023	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
E F	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCE897066 ALMA-092222-023146-01	10/1/2022 10/1/2022	10/1/2023 10/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Environmental Liability			PPL G71476698 001	1/1/2019	1/1/2023	Limit: Per Claim Retention: \$22,000,000 See Attached

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

See Attached...

<b>CERTIFICATE HOLDER</b>  Broward County 1850 Eller Drive Fort Lauderdale FL 33316 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

AGENCY CUSTOMER ID: TPHOSTL-01

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Host at Port Everglades, LLC c/o TP Host, LLC 150 W. Main St, Ste 1600 Norfolk VA 23510	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

#### ADDITIONAL POLICY INFORMATION:

##### General Liability –

Comprehensive General Liability including Marine Liability, Contractual Liability, Marine Terminal Operations, Storage & Distribution, Chartering, Fleetings Operations, Marine Towing, Services Launch Service, Inventory Management, Warehouse Keepers, Ships Agents, Custom's Clearance, Stevedores, Transshipment, Contract Logistics, including but not limited to the policy's terms definitions, conditions and exclusions.

Carrier: Ascot Insurance Company (75%), Beazley Insurance Company, Inc. (25%)

##### Automobile –

Commercial Automobile including Liability and Physical Damage coverage for "Any Auto", "Hired Auto" and "Non-Owned Auto", including but not limited to the policy's terms definitions, conditions and exclusions. Liability Deductible: \$5,000 Per Occurrence | Physical Damage Deductible (Owned Vehicles): \$2,000 Per Occurrence | Physical Damage Deductible (Hired Autos): Comprehensive \$100 Per Occurrence / Collision \$ 1,000 Per Occurrence

##### Excess Automobile Liability –

Limit: \$4,000,000 excess of \$1,000,000 primary

Carrier: James River Insurance Company (NAIC # 12203)

Policy Number: 00098536-2

##### Workers Compensation/Employers Liability –

Workers Compensation policy includes Employers Liability and Voluntary Compensation. Workers Compensation USL&H coverage is covered under a separate policy, including but not limited to the policy's terms definitions, conditions and exclusions.

Maritime Employers Liability.

##### Bumbershoot Liability –

Limit: \$9,000,000 excess of scheduled underlying policies, including but not limited to Legal and/or Contractual Liability to Third Parties arising from the Insured's Marine Terminal Operations for both Owned and Managed Terminals, including Storage & Distribution, Chartering, Fleetings Operations, Marine Towing, Services Launch Service, Inventory Management, Warehouse Keepers, Ships Agents, Custom's Clearance, Stevedores, Transshipment, Contract Logistics, On Terminal Rail, Forwarding Agents, Rail and Highway Transportation Broker, etc.. Underlying policies include General Liability, Automobile Liability and Employers Liability.

Carriers: StarNet Insurance Company (35%), Ascot Insurance Company (25%), Navigators Insurance Company (20%), Liberty International Underwriters (20%)

##### Environmental Liability –

Premises Pollution Liability Insurance Policy, including but not limited to the policy's terms definitions, conditions and exclusions.

SIR Value: \$50,000 Per Pollution Condition or Indoor Environmental Condition

Deductible: \$5 Days Deductible for Business Interruption Loss Per Pollution Condition or Indoor Environmental Condition

RE: This certificate of insurance is issued evidencing liability coverage at the below mentioned locations – Leased Land Port Everglades, Broward County, FO Leased Warehouse Space of Building 28A – 2049 SE 35th Street, Fort Lauderdale, FL Certificate Holder is an Additional Insured as respects the General Liability and Excess Liability policies referenced herein, where required by contract, pursuant to and subject to the policy's terms, definitions, conditions and exclusions. Waiver of Subrogation applies to certificate holder, as respects the General Liability and Excess Liability policies referenced herein, where required by written contract, pursuant to and subject to the policy's terms, definitions, conditions, and exclusions. The insurance provided in the General Liability and Excess Liability policies referenced herein, where required by contract, is primary and any other insurance shall be excess only, and not contributing.

# HOST

## **SECTION K – Financial Responsibility**

Per e-mail from Paula Serpa received on Tuesday, November 29, 2022, Leah Brasso, Director of Finance, stated Host is not required to provide financials as Host is a long-term tenant with a good payment history.

**From:** [Brasso, Leah](#)  
**To:** [Serpa, Paula](#)  
**Cc:** [Hernandez, Jorge](#); [Elie, Jean](#)  
**Subject:** RE: Host at Port Everglades  
**Date:** Tuesday, November 29, 2022 8:41:39 AM  
**Attachments:** [image001.png](#)

---

I don't need to see the financials. They are a long term tenant with a good payment history.

---

**From:** Serpa, Paula <PSERPA@broward.org>  
**Sent:** Tuesday, November 29, 2022 8:39 AM  
**To:** Brasso, Leah <LBRASSO@broward.org>  
**Cc:** Hernandez, Jorge <jorhernandez@broward.org>; Elie, Jean <JELIE@broward.org>  
**Subject:** FW: Host at Port Everglades

Good morning, Leah.

I wanted to inform you that Host Terminals, LLC is changing its name to Host at Port Everglades, LLC., with a new EIN. We are processing the change as an Assignment and we need to bring it to the Board for consent, as per the Administrative Code. I gave Ms. Keri Jenkins your information as she would like to meet with you for the review of their audited financials.

Thank you,  
*Paula Serpa*  
*954-468-0185*

---

**From:** Serpa, Paula  
**Sent:** Tuesday, November 29, 2022 8:26 AM  
**To:** Keri Jenkins <[keri.jenkins@tparkerhost.com](mailto:keri.jenkins@tparkerhost.com)>  
**Cc:** Hernandez, Jorge <[jorhernandez@broward.org](mailto:jorhernandez@broward.org)>; Elie, Jean <[JELIE@broward.org](mailto:JELIE@broward.org)>  
**Subject:** RE: Host at Port Everglades

Good morning, Keri.

Yes, you could send the application and backup documentation electronically. However, I do need the original signature page. Could you please send the original signed page of the application when you send the check?

Here is Finance's Contact Information:  
Leah Brasso, Director of Finance  
Phone: 954-468-3513  
Address: 1850 Eller Dr. Suite 602. Ft. Lauderdale, FL 33316

Thank you,  
*Paula Serpa*  
*954-468-0185*

# HOST

## **SECTION L – Credit References**

### **BANK REFERENCE**

Hancock Whitney

Leonard H. Aucoin, Jr., Senior Vice President  
701 Poydras Street, Ste 3300  
New Orleans, LA 70139  
504-586-7456

### **TRADE REFERENCES (in name of Host Terminals, LLC)**

Port Consolidated, Inc.  
3141 SE 14<sup>th</sup> Ave  
Ft Lauderdale, FL 33335  
Contact: Ken Fletcher, Accounts Receivable  
Phone: 954-527-1191  
Email: kfletcher@portconsolidated.com

Kelly Tractor Co.  
8255 NW 58<sup>th</sup> Street  
Miami, FL 33166  
Contact: Mario Delgado, Sales  
Phone: 305-592-5360  
Email: mario\_delgado@kellytractor.com

People Ready, Inc.  
2843 Hollywood Blvd  
Hollywood, FL  
Contact: Samantha Perryman, Branch Manager  
Phone: 954-922-6913  
Email: sperryman@peopleready.com



# HOST

## **SECTION M – Bond**

Host Terminals, LLC currently has an Indemnity and Payment Bond, Bond #0473369, in the amount of \$40,000 for its Stevedore and Cargo Handling operations at Broward County, Port Everglades Department.

This Bond will be changed to the name of Host at Port Everglades, LLC upon acceptance of this Assignment of licenses.

A copy of the current bond is attached.

## VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

---

THIS IS TO CERTIFY that Bond No. 0473369, issued by Harco National Insurance Company, dated this 1st Day of June, 2012, in the amount of Forty Thousand Dollars and 00/100 Dollars (\$40,000.00), on behalf of Host Terminals, LLC (as Principal), and in favor of Broward County Port Everglades (as Obligee) for Indemnity and Payment Bond Other Financial Guarantee, covers a term which began on the 1st Day of June, 2022, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated\* (enter below)

Harco National Insurance Company  
(Name of Surety)

BY: \_\_\_\_\_

George V. Baus, Jr., Attorney-in-Fact

06/01/2022

\*Use current or renewal date.



## BOND RIDER

To be attached to and form a part of Bond No 0473369  
Dated The 1st Day of June, 2012 By and Between:  
Paradise Point Marine, Inc., as Principal, and  
International Fidelity Insurance Company as Surety, in favor of \_\_\_\_\_  
Broward County, as Obligee.

It is understood and agreed that the bond is changed or revised in the particulars checked below:

☒ Name of Principal changed to:

Host Terminals, Inc.

☐ Amount of Bond changed from \_\_\_\_\_  
to \_\_\_\_\_

☐ Other \_\_\_\_\_

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly  
modified. This bond Rider shall become effective as of June 1, 2015

IN WITNESS WHEREOF, International Fidelity Insurance Company has caused its  
corporate seal to be hereunto affixed this 24th day of June, 2015.

Principal: Host Terminal, Inc.

By: \_\_\_\_\_

International Fidelity Insurance Company

By: \_\_\_\_\_

Patti J. George

Attorney-in-Fact

## INDEMNITY AND PAYMENT BOND

BOND NO. 0473369

### KNOW ALL BY THESE PRESENTS:

That we, Paradise Point Marine, Inc. as INDEMNITOR and International Fidelity Insurance Co. 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 Forty Thousand DOLLARS (\$40,000), 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 G Adam Anderson, on this 1st day of June, 2012, 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 1st day of June, 2012, in its name, by its Attorney-in-Fact, duly authorized to do so.

**INDEMNITOR:**

ATTEST:

\_\_\_\_\_  
Corporate Secretary

Thomas C. Comer Jr  
(Print Name of Secretary)

(SEAL)

Company Name: Paradise Point Marine Inc

By: \_\_\_\_\_

G Adam Anderson  
(Print Name of Pres./Vice Pres.)

Title: Vice President  
(Print)

1st day of June, 2012

**SURETY:**

Company Name: International Fidelity Insurance (

By: Michael E Moore

Michael E. Moore

Title: Attorney In Fact  
(Print)

1st day of June, 2012

ATTEST:

Mary Kay Whitehead  
Mary Kay Whitehead  
(SEAL)

# HOST

## SECTION N – Equipment

Host at Port Everglades, LLC has the financial strength and commitment to acquire any/all equipment and facilities necessary to safely provide efficient and cost-effective stevedore and cargo handling services while utilizing best practices.

As policy, when equipment is required, Host at Port Everglades, LLC will purchase or lease new equipment, periodically replacing older equipment with new equipment to maintain optimal safety and reliability. While not a preference, Host at Port Everglades, LLC will also rent equipment to meet peak demands or urgent customer requirements.

All equipment listed below requiring fuel for operation uses diesel fuel. All equipment will be domiciled at Port Everglades.

The below equipment is owned by Host Terminals, LLC and ownership will be transferred to Host at Port Everglades upon acceptance of this Assignment of licenses.

Asset Name	Asset Description
Steel Frame	Steel Frame - 1K
Tank	Double Walled Steel Tank 500 Gal & Pump 12V
Steel Shed	Steel Shed (Aztec Steel)
Container Handler 1	2015 TYM THDC955 Container Handler
Top Loader Tires (4)	CEATS 1800 x 25 L5 40 Ply
Toplift Loader	Toplift Loader - 67K
Toplift Loader	Toplift Loader - 80K
Toplift Loader	Toplift Loader - 80K
Toplift Loader	Toplift Loader - 67K
Toplift Loader	Toplift Loader - 67K
Forklift	Forklift - 36K
Forklift	Taylor Industrial Truck X360L
Forklift Custom Racks (4)	Forklift Custom Racks (4)
Articulating Boom Lift	2007 JLG 450AJ Articulating Boom Lift
Forklift	Forklift - 6K
Forklift	Forklift - 8K
Forklift	Forklift - 8K

# HOST

## SECTION N – Equipment (continued)

Asset Name	Asset Description
Forklift	Forklift - 13K
Forklift	Forklift - 13K
Forklift	Forklift - 14K
Forklift	Forklift - 15K
Forklift	Forklift - 25K
Forklift	Forklift - 36K
30T Wheel Nets (2)	30T Wheel Nets (2)
Spill Plates (9)	Spill Plate Fabrication (9)
Spill Plate	Test Plate SFL Piers
Container Spreader Frames (2)	Tandemloc N3100 Fixed Autolock Container Spreader Frames
SMAG Grabs (4)	Grabs 10cm
Radios	Radios
CAT 4000W Light Tower Engine	Diesel Engine - Wacker Light Tower
Hopper 1	A-Frame, Luggage Cages (8), Skip Pan, Shields (2)
Loading Ramp	Loading Ramp
Hopper 4	A-Frame, Luggage Cages (8), Skip Pan, Shields (2)
Hopper 2	A-Frame, Luggage Cages (8), Skip Pan, Shields (2)
Hopper 3	A-Frame, Luggage Cages (8), Skip Pan, Shields (2)
Safety System	Safety System
Vinyl Tarps (3)	Vinyl Coated Polyester (40' x '60)
Debris Blower OLGH	2012 Buffalo KB4
2008 Multiquip Generator	Model DCA180SSJUC
Dust Suppression Equipment	Dust Suppression Equipment
Dust Boss Atom (9HP Diesel Engine)	Dust Boss Atom (9HP Diesel Engine)
Drop Deck Trailer	Drop Deck Trailer (DD-02)
Drop Deck Trailer	Drop Deck Trailer (DD-04)
Drop Deck Trailer	Drop Deck Trailer (DD-05)
Drop Deck Trailer	Drop Deck Trailer (DD-06)
Bomb Cart	Bomb Cart - 110K
Bomb Cart	Bomb Cart - 110K
Bomb Cart	Bomb Cart - 110K
Bomb Cart	Bomb Cart - 110K
Bomb Cart	Bomb Cart - 110K

# HOST

## SECTION N – Equipment (continued)

Asset Name ▼	Asset Description ▼
Bomb Cart	Bomb Cart - 110K
Bomb Cart	Bomb Cart - 110K
Bomb Cart	Bomb Cart
Bomb Cart	Bomb Cart
Bomb Cart	Bomb Cart
Bomb Cart	Bomb Cart
Bomb Cart	Bomb Cart
Bomb Cart	Bomb Cart
Bomb Cart	Bomb Cart
Chassis	Chassis
Chassis	GVWR 67K
Chassis	GVWR 67K
Chassis	GVWR 67K
Chassis	GVWR 65K



# HOST

## **SECTION O – Broward County Business Tax Receipt**

## BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023**

**DBA:**  
**Business Name:** HOST AT PORT EVERGLADES LLC

**Receipt #:** 329-331066  
**Business Type:** ALL OTHERS (TERMINAL SVCS/STEVEDORING)

**Owner Name:** HOST AT PORT EVERGLADES LLC  
**Business Location:** 2550 EISENHOWER BLVD STE 5  
FT LAUDERDALE  
**Business Phone:** 954-467-8317

**Business Opened:** 11/23/2022  
**State/County/Cert/Reg:**  
**Exemption Code:**

**Rooms                      Seats                      Employees                      Machines                      Professionals**

10

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
81.00	0.00	0.00	0.00	0.00	0.00	81.00

### THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

#### THIS BECOMES A TAX RECEIPT

#### WHEN VALIDATED

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.

#### Mailing Address:

HOST AT PORT EVERGLADES LLC  
150 W MAIN ST STE 1600  
NORFOLK, VA 23510-3400

**Receipt #** WWW-22-00117756  
**Paid** 11/29/2022 81.00

## 2022 - 2023

## BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023**

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**Receipt #** WWW-22-00117756  
**Paid** 11/29/2022 81.00

# HOST

**SECTION P1 – Provide a copy of Applicant’s safety program**

**SECTION P3 – Provide a copy of Applicant’s employee job training program/policy**



# Occupational Health and Safety

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## Program

<b>Issue Date:</b>	May 17, 2017
<b>Revision Date:</b>	December 16, 2021
<b>Revision Number:</b>	01
<b>Approved By:</b>	Chris Holt

## ENVIRONMENTAL, HEALTH, AND SAFETY POLICY

Host Terminals will conduct all operations in an environmentally compliant and safe manner. Environmental stewardship and the safety of our teammates are just as important to our success as operational and financial performance. We are committed to a process of continuous improvement in all we do and to the adoption of industry standards and safe practices. We fundamentally believe that all accidents/injuries are preventable. Essential to this belief is the setting of clear expectations, responsibilities, improvement of safe work practices, identification and control of workplace hazards, and a commitment to the safety of all teammates involved in our operations. Our efforts in the areas of environmental, health and safety shall be guided by the following:

**Accident Prevention:** We will strive to make our workplaces free of injuries and accidents with 100% safe work practices and safe conditions throughout our operations.

**Environmental Stewardship:** We are committed to protecting the environment and shall apply industry best practices as appropriate to minimize the generation of emissions and waste throughout our operations.

**Risk Assessment:** We will systematically identify potential hazards and establish controls to ensure that risks are minimized.

**Regulatory Compliance:** We will comply with all applicable laws, regulations, and, where any of these are inadequate, adopt and apply the highest standards that reflect Host Terminal's commitment to safety and protection of the environment.

**Emergency Preparedness:** Being properly prepared for an emergency is of vital importance and is the responsibility of management, supervisors and employees at all levels. We will maintain emergency plans in cooperation with local authorities and emergency services to ensure a prompt, effective and integrated response to minimize harmful effects from any incidents.

**Continuous Improvement:** Our management systems provide a framework for setting targets, measuring performance, managing risks, investigating incidents and reporting results. We will employ these systems and encourage and require employee involvement to achieve continual improvement in our overall EHS performance.

**Communication:** We will clearly communicate our EHS commitments, responsibilities and performance to our employees and the public. Additionally, we will provide information to all relevant parties on the safe use, handling, transportation, storage, recycling, reuse and disposal of materials, products and wastes we handle.

**Training:** We will ensure that employees understand their EHS responsibilities, that they have the right training for their jobs and are competent to perform their assignments safely, effectively and efficiently.

**Tools:** We will provide the required resources, facilities, tools, and equipment for our team to work safely.

  
\_\_\_\_\_  
J Chris Holt  
Director of Environmental, Health, and Safety

/ December 16, 2021  
\_\_\_\_\_  
Date

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## **1. Introduction**

At Host Terminals, our people are our greatest assets and their safety is our #1 priority. Our company is our people, and the service they provide is our only product. We work relentlessly to strengthen our safety culture, focusing on the relationship between our people and their work environment. A strong safety culture is complemented by our competent workforce.

It is Host Terminals belief that all injuries, damage to the environment, incidents and accidents are preventable. This document outlines our safety standards and requirements. These standards apply to all aspects of our operations.

The procedures described in this program are intended to protect employees, provide and maintain a safe workplace, preserve and protect the environment, and facilitate compliance with applicable governmental regulations. If there is a conflict between any part of a facility program and a governmental regulation, the governmental regulation will apply and the facility program will be modified.

### **Occupational Health and Safety Act**

Host Terminals shall:

- Furnish to each employee a place of employment free from recognized hazards that are likely to cause death or serious physical harm.
- Comply with occupational health and safety standards and rules, regulations and orders pursuant to the Act that are applicable to company business and operations.
- Comply with and require all employees to comply with occupational health and safety standards and regulations under the Act which are applicable to their actions and situations.
- Encourage employees to contact their supervisor for information that will help them understand their responsibilities under the Act.

## **2. Program Overview**

This program outlines responsibilities for Occupational Safety and Health and provides general safety requirements. The objective of the Program is to prevent losses to employees and the organization. This program is risk-based and designed to meet our continually evolving and dynamic business and operating model.

### **Mission:**

- To provide a safe and healthful work environment for all employees.
- To be a productive, responsible organizational citizen and the employer of choice in our industry.

**Goals:**

- Develop an accident-free work environment, which is safe, clean and productive for our employees.
- Minimize our workers' compensation insurance costs to enhance the organization's profitability.
- Provide continual training to employees and management such that an understanding of hazards and respective safety requirements are established and supported.
- Develop, implement, and manage effective loss prevention programs to assure a safe, healthful and productive workplace, and compliance with applicable state and federal regulations.
- Encourage the responsibility and participation of all employees and management in the organization's loss prevention efforts.

**2.1. Responsibilities****Employee Responsibilities**

All Company employees are responsible for:

- Complying with all company programs, procedures, rules, applicable laws, and regulations.
- Participating in safety, environmental, severe weather drills & exercises.
- Assisting in incident investigations and identifying areas for improvement.
- Attending training as required.
- Notifying management if training has not been provided or was inadequate.
- Correcting/reporting any substandard or unsafe conditions.
- Immediately reporting any injuries or spills.
- Participating in near miss investigations and development of job safety analysis (JSA's).
- Utilizing proper tools and protective equipment.
- Performing housekeeping to ensure work can be performed safely.
- Striving daily for incident-free work environment.
- Warning others of anything that could affect their safety.
- Minimizing distractions while performing operations and maintenance activities.
- Requesting clarity regarding roles, responsibilities or methods of complying with procedures if any are unclear.
- Stopping the job if a dangerous situation exists.

**Management Responsibility**

Company management includes supervisors, operations managers, general managers, and division managers.



Managers are responsible for:

- Leading by example by following all safety procedures and policies.
- Ensuring that each employee is adequately trained.
- Making any regulations or standards applicable to the work or work environment, available to all employees.
- Ensuring that all work is conducted in compliance with all environmental, safety, and health laws and regulations.
- Identifying training needs based on operational changes.
- Encouraging employee participation and involvement in safety decisions.
- Providing adequate safety equipment for all employees.
- Ensuring that all equipment is maintained.
- Correcting unsafe acts or conditions promptly.
- Communicating new and updated safety or regulatory information.
- Conducting safety meetings and training.
- Providing guidance to employees requesting information.
- Administering disciplinary action when necessary.

### **Environmental Health and Safety (EHS) Personnel**

EHS personnel are responsible for:

- Functioning as a safety & health advisor/resource and technical expert.
- Communicating new & updated safety or regulatory information.
- Developing, maintaining, and communicating environmental programs, procedures, and policies.
- Communicating changes to procedures, plans, programs, and policies.
- Coordination of state and local permitting/licensing efforts.
- Tracking environmental compliance measures and trends.
- Identifying core training curriculums.
- Training employees on safety and environmental topics.
- Conducting audits/assessments and providing corrective measures to any findings.
- Assisting in the annual review of safety procedures.
- Providing guidance on procuring and maintaining new safety equipment.
- Managing Terminals Spill Prevention Control and Countermeasure Plans.
- Assisting with regulatory agency inspections and investigations.
- Managing waste generation and disposal.

## **2.2. Workers Comp**

The following actions will be taken/followed on all accidents/injuries being submitted as a Workers' Compensation claim:

- Injured employees must report all accidents/injuries to their supervisor immediately.

- All accidents/incidents will be investigated by the EHS management to determine the facts and take corrective action to prevent recurrence.
- Employees must complete the Worker Information section of the Workers' Safety and Compensation Report of Occupational Injury or Disease forms, Human Resources will complete the Employer's Information section.
- Human Resources will ensure that the Workers' Safety and Compensation Division is notified as appropriate by filing the report.
- The accident investigation must confirm that the injury was job related for the claim to be valid.
- Injured employees will enter a modified job program, i.e., light duty, restricted duty, when such is recommended by the attending physician.

### **2.3. Drug Free Workplace**

- The unlawful use, possession, transfer, or sale of illegal drugs or controlled substances and the misuse of alcohol by employees during work hours are prohibited. The consequences for violation of the drug-free policy may include, but are not limited to, a referral for therapeutic help, discipline and/or discharge.
- A list of community resources that provide substance abuse treatment and prevention services is posted at the bulletin board where they may be regularly viewed by employees.
- The Department of Health also provides information on their website, or may be contacted directly.
- Host Terminals encourages the designation of a totally or partially smoke free workplace.

### **2.4. Driving Safety**

Vehicle operations are an integral part of our business. Therefore, the following rules shall apply to all business vehicle operations:

- All vehicle operators are required to have a current and valid drivers' license for the vehicle to be operated, i.e., motorcycles, trucks, commercial drivers' license.
- No unauthorized use of company vehicles shall be permitted.
- Prior to entering the vehicle, visually inspect the entire vehicle. Look for broken windows, light covers, low tire pressure, etc. Report all damage to your supervisor.
- Adjust all mirrors for the proper vision of the operator.
- All occupants shall fasten their seat belts.
- Check all gauges and switches for proper function and location, i.e., cruise control, windshield wipers, and lights.
- Test the brakes to determine their effectiveness.
- Obey all traffic laws while operating the vehicle, this includes the speed limit.
- Vehicles shall NOT be operated while under the influence of alcohol or drugs which may impair your driving ability. Some prescription drugs and over-the-counter drugs also may affect your driving and decision-making abilities.
- Cell phone operation must be conducted ONLY while stopped and out of traffic.
- Always maintain a safe following distance.
- If your vehicle becomes disabled, call for help on your cell phone.
- Report all incidents/accidents to supervision immediately.

## **2.5. OSHA 300**

The OSHA Form 300 log of all recordable occupational injuries and illnesses is maintained for each work facility. In some cases, the log may be kept at the main office. The summary section of the OSHA Form 300 must be posted at each work facility/site by February 1st of the following year and remain in place until April 30th.

## **2.6. Hazard Communication Program**

Host Terminals has a Hazardous Communication Program in place because of our work with and exposure to hazardous chemicals in the workplace. Important elements of this program are: captured in our written program explaining the program; a master listing of hazardous chemicals in the workplace; safety data sheets (SDSs) of those chemicals; labeling requirements of chemicals containers; and training for all employees on the program and its elements. Employees are encouraged to review this program at any time.

## **3. Management Leadership**

Host Terminals Leadership is committed to providing employees with a safe and healthful workplace. Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Leadership will give top priority to, and provide the financial resources for, the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules.

Senior leaders are actively involved with employees in establishing and maintaining an effective safety program. Ongoing safety and health program activities include:

- Promoting safety committee participation.
- Providing safety and health education and training.
- Reviewing and updating workplace safety rules.

This statement serves to express management's complete commitment to and involvement in, providing our employees a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

## **4. Hazard ID and Assessments**

### **4.1. Identification**

Hazard identification and elimination is not only an inherent responsibility of supervision in providing a safe workplace for employees, but also requires employee involvement. As such, hazard evaluation and control shall be an on-going concern for all. It is the responsibility of everyone to identify, report, and correct, all possible hazards. Employees are particularly important in this process as they are in the best position to identify hazards in the workplace and day-to-day operations.

All injuries, accidents, incidents, and near misses must be reported. Accidents and incidents are investigated so that measures can be taken to prevent a recurrence of similar events. Investigation represents an "after-the-fact" response for any incident. However, a thorough investigation may uncover hazards or problems that can be eliminated "before-the-fact" for the future. After root causes have been determined, prompt follow-up action is required to achieve the purpose of the investigation.

**Reporting hazards is a protected activity and no action will be taken against anyone for identifying unsafe conditions.**

Host terminals has a procedure for conducting inspections of workplaces/jobsites for compliance with health and safety rules. The purpose of this inspection is to identify hazards and unsafe practices before they cause an injury or accident.

The company's health and safety program will be reviewed at least annually and formal safety and health inspections will be conducted in all fixed facilities and shops.

After completion of jobsite or facility inspections, the individual performing the inspection will:

- Discuss findings with employees/persons responsible for creating the condition. Invite their comments, suggestions and aid.
- Ensure recommended corrections/changes are transmitted to and discussed with the proper supervisor/person for correction.
- Follow up on changes, corrections, and other actions necessary.
- Provide copy of checklist to company health and safety person, along with statement of corrective actions taken or still required.

## **4.2. Assessments**

Items, areas, and categories that may be examined during health and safety inspections of the workplace:

- First aid safety and lifesaving equipment
- Required posters and signs
- Accident reporting records
- Employee training records
- Equipment and tools (hand, power, welding, etc.): condition, use, etc.
- Protective guards and devices
- Housekeeping: maintaining clean work areas, free of trash/debris accumulation, tripping, and slipping hazards
- Lighting: for adequacy and safety
- Sanitation: water, toilets for cleanliness and proper operation
- Noise hazards, hearing protection
- Ventilation for gases, vapors, fumes, dusts
- Availability of personal protective equipment: Hard hats/head protection, respirators, safety belts, life lines, safety shoes, eye protection, gloves
- Fire protection, prevention and control, use of fire protection equipment
- Temporary buildings, trailers, sheds

- Open yard storage
- Storage of flammable and combustible liquids including service and refueling areas for vehicles
- Fall protection requirements: in place and in use
- Electrical system and devices; condition and use of cords; ground fault protection; circuit breaker panels; receptacles and switches
- Rigging
- Openings: floor, wall, safety railings
- Materials: handling equipment and elevators
- Ladders: condition and use
- Hazard communication program and material safety data sheets (MSDS)
- Stairways: safety railings, condition
- Scaffolds: safety railings, secured
- Lockout/Tagout procedures
- Machines and equipment: condition, guards in place
- Forklifts: condition, operation
- Preventive maintenance program: all inclusive, up to date
- Other items as appropriate

### **4.3. Accident Investigations**

#### **Accident and Incident Investigation**

- All near misses and incidents where someone else could be injured from the same task, condition, behavior, design, etc. shall be reviewed using the Incident Investigation Form referenced in this program.
- Investigations are to be performed immediately and corrective actions put into place to abate any recognized hazard to prevent a recurrence.
- All investigations are to be documented and retained.

#### **Procedures for investigating workplace accidents and exposures include:**

- Interviewing injured workers and witnesses
- Examining the workplace for factors associated with the accident/exposure
- Determining the cause(s) of the accident/exposure
- Taking corrective action to prevent the accident/exposure from reoccurring
- Reviewing training for affected staff

### **4.4. Rules**

#### **4.4.1. General**

Compliance with all governmental regulations/rules and all company safety rules in the following sections are required:

- Report unsafe conditions to your immediate supervisor.
- Promptly report all accidents/injuries/incidents to your supervisor.

- Use eye and face protection where there is danger from flying objects or particles, (such as when grinding, chipping, burning and welding, etc.) or from hazardous chemical splashes.
- Dress properly. Wear appropriate work clothes, gloves, and shoes or boots. Loose clothing and jewelry shall not be worn.
- Keep all equipment in safe working condition. Never use defective tools or equipment. Report any defective tools or equipment to supervision.
- Properly care for and be responsible for all personal protective equipment (PPE). Wear or use any such PPE when required.
- Lockout/tagout or disconnect power on any equipment or machines before any maintenance, unjamming, and adjustments are made.
- Do not leave materials in aisles, walkways, stairways, work areas, or other points of egress.
- Practice good housekeeping at all times.
- Do not operate equipment if you have not received training.
- Horseplay, scuffling, and other acts that tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
- No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.
- Do not enter any confined spaces, i.e. manholes, tanks, etc., unless it has been determined that is safe to enter.
- Ensure that all guards and other protective and safety devices are in proper places and adjusted, and report deficiencies promptly to the foreman or superintendent.
- Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
- All injuries shall be reported promptly.
- When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
- Enclosed top, composite toe anti-slip soled shoes shall be worn.
- Do not throw materials, tools, or other objects from elevations until proper precautions are taken to protect others from the falling objects.
- Everyone entering an operational area must wear the protective equipment.
- Do not attempt to cleanup any spilled material unless you are properly trained.
- Keep all exits, aisles, emergency equipment and electrical panels unblocked (36-inch clearance is required).
- All electrical panels are to be clearly marked to indicate equipment/circuits controlled by specific breakers.
- Never walk across any moving parts, or place any body part in a hazard zone of machinery or equipment.

- Never stand near any suspended load (crane or lift).
- Assure that ladders are solid and well based.
- Only use chemicals if you have been trained on their safe use, and that they are in labeled containers.
- Unless welding, stay away from welding and grinding areas, assure that curtains are used.
- Do not use compressed air to clean your clothing.
- Use cranes, hoist, or forklifts as opposed to manually lifting items.
- Never work alone in the facility.
- Never distract another worker when operating equipment.
- Do not drive yourself if you are injured, notify your supervisor.
- Know where the assembly point, Emergency Evacuation maps are located, emergency eye wash stations, and first aid supplies are kept and who the first aid providers are.
- When working with electrical hand tools, make sure ground is intact and that all insulation is sound.
- Use ground fault circuit interrupters in wet areas.
- Bay doors are to be completely open or closed, not partially open.
- Only certified forklift operators are to use the equipment.
- Only one person is permitted per seat on equipment.
- During transport, loads are always to be kept low and weights within limits.
- Always wash hands with soap and water after handling any chemicals.
- Eating, drinking or smoking is not permitted in any chemical use/storage area.

#### **4.4.2. Housekeeping**

Proper housekeeping is the foundation for a safe work environment. It helps prevent accidents and fires, as well as creating a professional appearance in the work area.

Adhere to the following:

- All work areas, floors, aisles, and stairways will be kept clean and orderly, and free of tripping and slipping hazards. Oils, greases, and other liquids will be immediately cleaned up if spilled.
- Combustible scrap, debris, and garbage shall be removed from the work area at frequent and regular intervals.
- Stairways, walkways, exit doors, in front of electrical panels, or access to firefighting equipment will be kept clear of storage, materials, supplies, trash, and other debris at all times.
- Overhead storage areas will be marked as to maximum load rating.

#### **4.4.3. Fire Prevention**

- All portable fire extinguishers will be conspicuously located, accessible, and maintained in operating condition. Portable fire extinguishers will receive an annual service check and a monthly visual inspection. These will be documented on the tag on the extinguisher or other form.
- All employees must know the location of firefighting equipment in the work area and have knowledge of its use and application.
- Exits will be marked as such by a readily visible sign. Other doors likely to be mistaken for an exit will be marked as "Not an Exit".
- Only approved safety cans shall be used for handling or storing flammable liquids in quantities greater than one gallon. For one or less gallon, only the original container or a safety can will be used.
- When heat producing equipment is used, the work area must be kept clear of all fire hazards and all sources of potential fires will be eliminated.
- Fire extinguishers will be available at all times when utilizing heat-producing equipment.

#### **4.4.4. IH Monitoring**

- Employees exposed to noise levels above the permissible noise level will be included into the hearing conservation program. Hazardous noise areas will be posted and hearing protection worn in those areas as required.
- Employees exposed to harmful gases, fumes, dust, and similar airborne hazards will be furnished protection through proper ventilation or personal respiratory equipment.
- Any demolition or renovation will be assessed for lead exposure, particularly if drywall or any painted surfaces or abrasive blasting/grinding is involved, and asbestos exposure.

#### **4.4.5. PPE**

Personal protective equipment must be worn as required for each job in all operations where there is an exposure to hazardous conditions. This exposure is determined by a personal protective equipment hazard assessment of the workplace by the supervisor. Equipment selection and wearing requirements are determined from this assessment.

##### **PPE Guidelines:**

- Safety glasses, goggles or face shields, hard hats, reflective vests and foot protection will be worn in all operational areas.
- Hand protection is required when hands are exposed to severe cuts/abrasions, chemical/thermal burns, or chemical absorption.
- The use of safety harnesses and lanyards are required when working at heights that expose a worker to a fall of more than four (4) feet.
- Personal flotation devices (PFD's) shall be worn when working within three (3) feet of the water's edge.



#### **4.4.6. LOTO**

Before any work or maintenance is performed on any machine, equipment, tool, or electrical system, they will be made totally safe before work starts by removing any source of energy or power to them, such as electrical, air/hydraulic pressure, spring/stored energy, or thermal (heat/cold). The Lockout/Tagout Program provides for a safe method of working on, near, or in machinery or equipment that can cause serious injury.

This program will be used by all employees to ensure that the machine or equipment is stopped, isolated from all potentially hazardous energy sources, and locked out before employees perform any servicing or maintenance where the unexpected energization or start-up of the machine or equipment, or release of stored energy, could cause injury.

#### **4.4.7. Electrical Safety**

- Live electrical parts shall be guarded against accidental contact by cabinets, enclosures, location, or guarding.
- Open circuit breaker openings or knock out holes, broken receptacles/switches, missing covering plates, etc., will be reported to supervision for repair or replacement.
- Working and clear space around electric equipment and distribution boxes will be kept clear and assessable.
- Circuit breakers, switch boxes, etc. will be legibly marked to indicate its purpose.
- All extension cords and electric powered tools (except double insulated) will be grounded. Ground prongs will not be removed.
- Electric cords and their strain relief devices will be in good condition, with no splices.
- Electric wiring/cords entering/exiting any panel/control/junction box will be secured with clamps or other appropriate strain relief device.
- Extension cords and other flexible cords will not be used in lieu of permanent wiring and receptacles. Cords will not be run through holes in doors, walls, windows, nor will they be fastened to walls, poles, equipment, etc.
- All lamps below seven feet used for general illumination will have the bulbs protected against breakage.

#### **4.4.8. Machine Guarding**

- All flywheels, shafting, pulleys, belts, gears, sprockets, chains, and fan blades will be guarded/enclosed when located below seven feet above the floor or work platform.
- Guards installed on machinery and equipment, such as air compressors, conveyors, drill presses, etc., will not be removed when operating.
- Guards removed for servicing or other work on the machine or equipment will be immediately replaced upon completion of the work.

#### **4.4.9. Compressed Gas**

- All gas cylinders shall have their contents clearly marked on the outside of each cylinder.
- Cylinders must be transported, stored, and secured in an upright position. They will never be left lying on the ground or floor, nor used as rollers or supports.
- Cylinder valves must be protected with caps and closed when not in use.
- Oxygen cylinders and fittings will be kept away from oil and grease.
- Oxygen cylinders will be stored at least 20 feet from any fuel gas cylinder, or separated by a fire barrier at least five feet high.
- When cylinders are hoisted, they will be secured in a cradle, sling-board, or pallet.
- Valve protection caps will not be used for lifting cylinders from one vertical level to another.

#### **4.4.10. Ladders and Scaffolding**

##### **Ladders**

- Ladders will be inspected frequently to identify any unsafe conditions. Those ladders which have developed defects will be tagged, removed from service, and repaired or replaced.
- Portable ladders will be placed as to prevent slipping, or if used on other than stable, level, and dry surfaces, will be tied off or held.
- Portable ladders will extend at least three feet above the upper level to which the ladder is used to gain access.
- Face ladders when climbing.
- The top of a stepladder will not be used as step.
- Only one person will be on a ladder at a time.

##### **Scaffolds**

- Scaffold platforms more than ten feet above the ground, floor, or lower level will have standard guardrails (consisting of top rail, mid rail, and toe board) installed on all open sides and ends of platforms.
- Planking will be laid tight; overlap at least 12 inches, and extend over end supports 6 - 12 inches.
- Mobile scaffolds will be erected no more than a maximum height of four times their minimum base dimension.
- Scaffolds will not be overloaded beyond their design loadings.

#### **4.4.11. Flammable and Combustible Liquids**

- Only approved safety cans, original containers, or portable tanks will be used to store flammable or combustible liquids.
- No more than 25 gallons of Class IA and 120 gallons of Class IB, IC, II, or III liquids may be stored outside a storage cabinet or an inside storage room.
- An emergency shut off switch located 15 - 75 feet from the pumps and a fire extinguisher will be provided at company fuel servicing areas.

#### **4.4.12. Cranes & Hoists**

- All cranes/hoists will be inspected prior to each use to make sure it is in safe operating condition.
- A monthly inspection of hooks, running ropes, and hoist chains will be made and a certification record to include date, inspector signature, and hook/rope/chain identifier will be maintained.
- Inspections of frequent (daily-monthly) and periodic (1-12 months) intervals, depending on severity of use, will be made of all cranes.
- The rated load of the crane/hoist will be plainly marked on each side of the crane. If the crane has more than one hoisting unit, each rating will be marked on the unit or its load block.
- Loads will never be swung over the heads of workers in the area.
- Loads, booms, and rigging will be kept at least 10 feet from energized electrical lines rated 50 KV or lower unless the lines are de-energized.

#### **4.4.13. Welding and Cutting**

- Combustible material will be cleared for a radius of 35 feet from the area around cutting or welding operations. If the combustible material cannot be cleared or the work cannot be moved, then the welding/cutting will not be performed.
- Welding helmets and goggles will be worn for eye protection and to prevent flash burns. Eye protection will be worn to guard against slag while chipping, grinding and dressing of welds.
- Welding screens will be used and in proper position to protect nearby workers from welding rays.
- Cables, leads, hoses, and connections will be placed so that there is no fire or tripping hazards.
- Oxygen cylinders will be stored at least 20 feet from fuel gas cylinders, or separated by a noncombustible fire wall with a one-half hour rating at least five high.
- Ventilation is a prerequisite for welding in any confined spaces.

#### **4.4.14. Fall Protection**

- All open sided floors and platforms four feet or more above adjacent floor/ground level will be guarded by a standard railing (top and mid rail, toe board if required).
- All stairways of four or more risers will be guarded by a handrail, or stair rails on the open side.
- Handrails or stair rails will be provided on both sides if the stairs are more than 44 inches wide.
- When a hole or floor opening is created during a work activity, a cover or a barricade must be installed immediately.
- Safety harnesses, belts, lanyards, lines, and lifelines may be used in lieu of other fall protection systems to provide the required fall protection.
- Adjustment of lanyards must provide for a not more than a four foot fall, and all tie off points must be at least waist high.

#### **4.4.15. Forklifts**

- Only authorized and trained employees will operate forklifts and other industrial trucks.
- Safe speeds, load handling, turning, and other safe driving practices will be followed at all times.
- Operators will ensure loads are stable and/or secure before moving.
- Employees will not operate any forklift that is in need of repairs, defective, or unsafe. Such forklifts will be removed from service for repair.

#### **4.4.16. Aerial Lifts**

- Only trained employees will operate aerial lifts (cherry pickers, extensible and articulating boom platforms).
- A body belt or harness will be worn and a lanyard attached to the boom or basket when working from an aerial lift.
- Employees will stand firmly on the basket floor, and not sit/stand/ climb on the edge of the basket. Planks, ladders, or other devices will not be used for additional elevation.
- Aerial lift trucks will not be moved with workers in an elevated basket.
- Lift controls will be tested each day prior to use.

#### **4.4.17. Excavations, Trenching and Shoring**

- Any excavation or trench five feet or more in depth (or less than five feet and showing potential of cave-in) will be provided cave-in protection through shoring, sloping, benching, or the use of trench shields. Additional requirements are dependent upon the soil classification.
- A competent person will inspect each excavation/trench daily prior to start of work, after every rainstorm or other hazard increasing occurrence, and as needed throughout the shift.
- Means of egress will be provided in trenches of four feet or more in depth. No more than 25 feet of lateral travel for each employee.
- Spoil piles and other equipment will be kept at least two feet from the edge of the trench or excavation.

#### **4.4.18. Dockside Safety**

- All dockside operations taking place within three feet of the water's edge requires a personal floatation device (PFD).
- All operators working on the dock shall be trained in Man overboard procedures.

#### **4.4.19. Equipment Tire Servicing**

- Only trained employees will service large truck wheels. A cage or other restraining device plus an airline assembly consisting of a clip-on chuck, gauge, and hose will be used to inflate tires.
- Any inspection, disassembly, or assembly of vehicle brakes or clutches must address the hazard of asbestos exposure.

#### **4.4.20. Tools**

- Hand tools with broken/cracked handles, mushroomed heads, or other defects will be removed from service
- Power tools will be turned off and motion stopped before setting tool down.
- Tools will be disconnected from power source before changing drills, blades or bits, or attempting repair or adjustment. Never leave a running tool unattended.
- Power saws, table saws, and radial arm saws will have operational blade guards installed and used. Anti-kickback teeth and spreaders will be used when rip sawing.
- Pedestal grinders will be permanently mounted, tool rests installed and adjusted to within 1/8 inch of the wheel, tongue guards installed and adjusted to within 1/4 inch of the wheel, and side spindle/nut guards installed.
- Air compressor receivers will be drained frequently to prevent buildup of water in the tank.

#### **4.5. Additional Plans/Programs**

In addition to the Occupational Health and Safety Program, Host Terminals has developed the following programs:

- Hazcom
- PPE
- Confined Space
- Respiratory Protection
- Hearing Conservation
- Lockout / Tagout
- Emergency Response
- Emergency Action
- Fire Prevention
- Asbestos
- Lead Exposure
- Spill Prevention, Countermeasures, and Controls (SPCC)

#### **4.6. Standard Operating Procedures**

Additional SOPs to include the elements of OH&S programs discussed so far apply to all basic health and safety programs developed are but not limited to:

- PPE
- Lockout / Tagout
- Confined Space
- Hot-Work
- Walking/ Working Surfaces
- Emergency Plan
- Man Overboard

- Fall Protection
- Heat Stress
- Accident / Incidents
- Electrical Safety
- Machine Guarding
- PIT's
- Hand and Power Tools
- Overhead Cranes and Hoists
- Hearing Protection
- Bloodborne Pathogens
- First Aid / CPR
- Fire Prevention
- Vehicle Safety

## **5. Emergency**

Emergency procedures are plans for dealing with emergencies such as fires, explosions, major releases of hazardous materials, violent occurrences, or natural hazards. When such events occur, the urgent need for rapid decisions, shortage of time, lack of resources, and trained personnel can lead to chaos.

The objective of the plan is to prevent or minimize fatalities, injuries, and damage. The organization and procedures for handling these sudden and unexpected situations must be clearly defined.

The development of the plan follows a logical sequence.

- Compile a list of possible hazards or scenarios (for example: fires, explosions, floods).
- Identify the possible major consequences of each (for example: casualties, damage).
- Determine the required countermeasures (for example: evacuation, rescue, firefighting).
- Inventory the resources needed to carry out the planned actions (for example: medical supplies, rescue equipment, training personnel).

Based on these considerations, establish the necessary emergency organization and procedures. Communication, training, and periodic drills are required to ensure adequate performance when the plan must be implemented.

### **5.1. Medical and First Aid**

First aid facilities and the provision of medical aid is generally prescribed under health and safety legislation or workers' compensation legislation. When no medical facility is reasonably accessible (time and distance) to the workplace, a person who has a valid certificate of first aid training and first aid supplies will be available at the workplace to render first aid.

## **6. Inspections**

### **6.1. Audit Procedures**

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in all areas of our workplace. Management and facility reviews and audits will occur to address safety conditions.

Annual audits will evaluate safety and health training, safety evaluations conducted, and all necessary follow-up actions to assure abatement of loss sources, and control of potential hazards.

### **6.2. Safety Observations**

- Periodic will be completed monthly by all supervisors and documented.
- The results will be communicated to staff outlining areas for improvement.
- The Safety Process will be POSITIVE BASED.
- People will be recognized that perform well.
- Managers and Supervisors that emphasize the JSA and Safety efforts, and employees that receive excellent Safety Observations will be recognized.
- Audits will be documented and retained.
- Corrective actions will be given and reviewed to ensure the continued improvement of the Safety Process.
- Any safety conditions noted during normal work periods are to be documented and reported to the supervisor.
- Safety issues noted during audits are to be documented and reported to the facility manager.
- Safety Work Order will be developed for each safety issue to be corrected.
- Safety Suggestion Form is to be posted and available for people to report any hazardous conditions or issues as well.

## **7. Training, Documentation and Systems**

### **7.1. Training**

Training and education cannot be over emphasized as a means of learning a healthful and safe approach to employee work effort. Knowledge of the safety rules and how and when to function under the rules, supplemented by compliance, is essential to safety.

- Employees scheduled for any safety and health training will attend such training.
- New employees will be provided orientation training and will be furnished information and literature covering the company health and safety policies, rules, and procedures. This orientation training must be provided prior to the employee's exposure to the work environment.

Individual job/task training will be provided to all employees. Included in this training are:

- The applicable regulations/standards for their job; the recognition, avoidance, and prevention of unsafe conditions; areas and activities that require personal protective equipment; and how to use protective equipment
- Monthly/quarterly on-going safety training sessions will be conducted to provide information and training on new equipment, new procedures, new chemicals, refresher/remedial training in specific areas, or meet annual requirements.

Examples of specified training include but not limited to:

- Fire extinguisher training
- Confined space entry
- Respirator care and use
- Hazard communication
- Lockout/tagout procedures
- Industrial truck/forklift operation
- Electrical work

Training addressed above will be documented in the employees' personnel records and/or in a master training record.

## **7.2. Documentation**

The following records shall be kept:

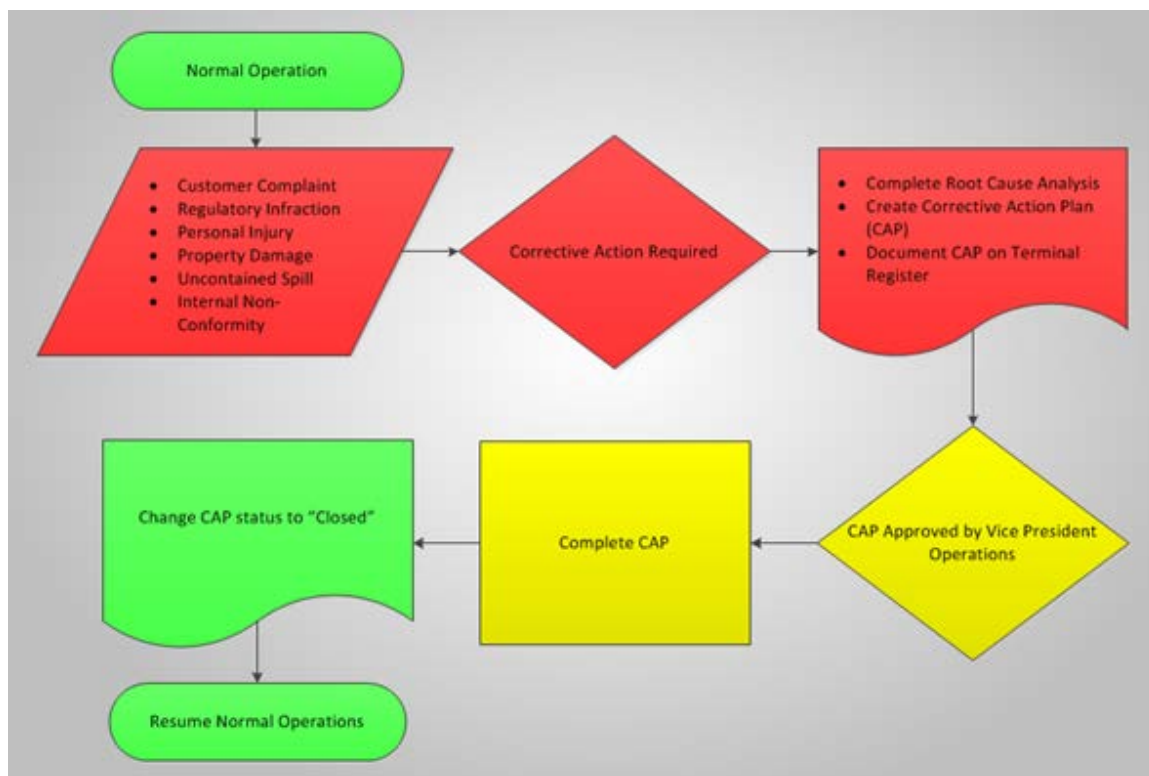
- Records of hazard assessment inspections, and accident/incident investigations including the person(s) conducting the inspection.
- Records of the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form.
- Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers, is recorded on a worker training and instruction form.
- Inspection records and training documentation will be maintained for one year.
- Any exposure or medical records are to be retained for the duration of employment plus 30 years.



### 7.3. Systems

Documents	Risk Management Center Location
Written Safety and Health Program	Safety Toolbox (Shapreoint)
Training Documentation including: - Classroom training and training course completed - Sign-in sheets - Quizzes - Skills evaluations - Operator Certificates	Safety Plus
Pre-shift Inspection Checklists	On-Site
Safety Observations	Safety Plus
Near misses	Safety Plus
Accidents and claims	Safety Plus
Supplier and manufacturer Certificates of Insurance	Netsuite
Safety Data Sheets	SDS Track™

### 8. Continuous Improvement



## **9. Forms**

SAF-F-905 Incident Report Form  
SAF-F-904 Workplace Hazard Assessment

## **10. References**

OSHA 1910  
OSHA 1917  
OSHA 1918

# HOST

## **SECTION P2 – Provide a copy of Applicant’s substance abuse policy**

The following excerpts are taken from the Host Member Handbook dated January 2020:

### ***Pre-Employment Physicals & Drug Tests***

All Host Agency Operations and Host Terminals team members are required to pass a pre-employment drug test and pre-employment physical. Team members are not permitted on-site until results have been received and they have been approved by HR.

### ***Drug-Free / Alcohol-Free Environment***

In compliance with the **Drug-Free Workplace Act of 1988**, and in furtherance of its objective of having safe and productive work places throughout, Host adopts the following Drug Policy consisting of four components, as follows: (1) Drug-Free Awareness Program; (2) Company Rules and Discipline; (3) Testing of Applicants and Team Members; and (4) Rehabilitation Program.

#### **Drug-Free Awareness Program**

Host will implement a drug-free awareness program. Its purpose is to deter drug abuse by educating team members. This program will inform team members about; (1) the dangers of drug abuse in the work place; (2) the contents of this policy; (3) available drug counseling, rehabilitation, and employee assistance programs; and (4) the discipline that may be imposed upon team members for involvement with illegal drugs. The program will include communication measures that are suitable to the circumstances of the work unit, such as group meetings, newsletters, video, and written materials.

#### **Company Rules and Discipline**

- Any team members who manufactures, distribute, or dispenses any illegal drug or controlled substance at any place or location, or any team members who uses, conceal, or possesses any illegal drug or controlled substance except for lawfully prescribed substance at any place or location, will be subject to discharge, without notice or other warning, in accordance with the principle of employment-at-will.
- It is a condition of employment for all team members to submit to searches of their persons, work areas, Company vehicles, lockers, personal property (such as clothing, lunch boxes, handbags and luggage) and personal vehicles for the presence of illegal drugs or other controlled substances or alcohol while at work, or on Host business. Searches may be conducted in the manner and under such circumstances as Host may direct when the Company suspects, in the exercise of its discretion, that a team member is possessing or is under the influence of any illegal drugs, controlled substances, or alcohol.

# HOST

## **SECTION P2 – Provide a copy of Applicant’s substance abuse policy – Continued**

- It also is a condition of employment for all team members to submit to breath, blood and/or urine tests for determining the presence of alcohol, illegal drug, or controlled substances under the circumstances and for the reasons stated under the heading entitled **Testing of Applicants and Team Members**, unless otherwise prohibited by applicable state law.
- Refusal to consent to, or failure to cooperate in, a search or test, as described above and as directed by Host, may result in the team members being discharged, without notice or other warning, in accordance with the principles of employment-at-will.

### **Testing of Applicants and Team Members**

- All Host Agency and Host Terminals applicants are required to submit to Host’s designated drug and/or alcohol tests before being employed. Applicants who refuse to take such test, refuse or fail to cooperate in their administration, test positive, or who attempt to alter, conceal or compromise test results, will not be given further consideration for employment.
- It is a condition of employment that team members may be required to submit to Host’s approved drug and/or alcohol tests under circumstances that include the following:
  - As part of Company-mandated physical examinations;
  - As part of physical examinations mandated by the United State Department of Transportation;
  - Incident to investigations of accidents resulting in bodily injury or property damage;
  - Where, in Host’s discretion, drug or alcohol involvement is suspected, including, but not limited to:
    - Observed drug or alcohol use;
    - Arrest or conviction for involvement with illegal drugs, other controlled substances or alcohol abuse;
    - Abnormal, or erratic, behavior or changes in the team member’s work, performance, or attendance;
    - Where there is information satisfactory to Host, in its discretion, that a team member has caused or contributed to an accident at work where illegal drugs, controlled substances or alcohol may have been consumed or otherwise were present;

# HOST

## **SECTION P2 – Provide a copy of Applicant’s substance abuse policy – Continued**

- Where there is information satisfactory to Host that a team member has been or is manufacturing, distributing, dispensing, using concealing, possessing or under the influence of any illegal drug, controlled substance or alcohol, on property owned or controlled by Host, in Company vehicles, or while off the premises performing work for Host;
- On a periodic or random basis, as directed by Host; and
- Random or periodic follow-up testing for all team members who have participated in the rehabilitation program described below.

### **Rehabilitation Program**

- Team Members who use or abuse illegal drugs or controlled substances or abuse alcohol, have the opportunity to participate in Host’s Employee Assistance Program (EAP). They are encouraged to seek assistance on a voluntary basis.
- Participation in a Company-approved counseling, treatment or rehabilitation program for drug or alcohol use or abuse may not be grounds for discharge provided:
  - The team members voluntarily enters such a program prior to being identified as a drug or alcohol user or abuser by means such as test, or before the team member becomes suspected under circumstances satisfactory to Host of being a drug user or abuser; and
  - The team member has not completed a similar voluntary program in the previous calendar year.
- Any team member in a rehabilitation program who is actively working will be subject to such drug tests as Host may direct.
- Any team member in a rehabilitation program who is not actively working will be required to submit to such as Host may direct upon completion of the program.
- Applicable Host leave of absence and insurance policies may be utilized with respect to the rehabilitation program.

# HOST

## **SECTION P4 – Provide information regarding frequency of training**

In addition to the training outlined in Section 7 of our Occupational Health and Safety Training program (copy provided as P1, Host also provides:

- 1) Daily Safety briefings before all operations based on the JSA's.
- 2) Stand down safety meetings if there is a near miss or incident.
- 3) Training/Orientation for all new hires.
- 4) All employees are certified for all equipment that they operate and are recertified annually.

# HOST

## **SECTION P5 – Equipment Operator Certificates**





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## *Certificate of Training*

*Certificate No.: 092-2018*

*Miguel Fernandez*

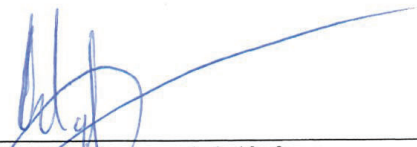
*of HOST TERMINALS, LLC*

*has completed a*

*Hazardous Materials Training Program*

*on May 1, 2018*

*Comprised of training and testing in  
General Awareness/ Familiarization on various parts of 49 CFR Sub-Chapters A and C including;  
Enforcement; Marking; Labeling; Placarding; Training;  
Security Awareness; DOT Wall Chart No. 16; and use of the Emergency Response Guidebook*

  
\_\_\_\_\_  
Godfrey Wynter on behalf of  
**HOST TERMINALS**

  
\_\_\_\_\_  
**Edward Hays**, For the Corporation  
American Nautical Services, Inc.  
3311 S. Andrews Ave, Ste. 11, Ft. Lauderdale, FL 33316







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NAUTICAL  
SERVICES

## *Certificate of Training*

*Certificate No.: 090-2018*

*Johnny Taylor*

*of HOST TERMINALS, LLC*

*has completed a*

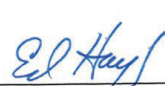
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Godfrey Wynter on behalf of  
**HOST TERMINALS**

  
Edward Hays, For the Corporation  
American Nautical Services, Inc.  
3311 S. Andrews Ave, Ste. 11, Ft. Lauderdale, FL 33316



AMERICAN  
NAUTICAL  
SERVICES

## *Certificate of Training*

*Certificate No.: 205-2019*

*Shaon James*

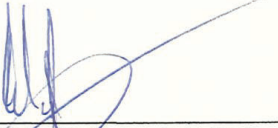
*of HOST TERMINALS, LLC*


*has completed a*

*Hazardous Materials Training Program*

*on February 19, 2019*

*Comprised of training and testing in  
General Awareness/ Familiarization on various parts of 49 CFR Sub-Chapters A and C including;  
Enforcement; Marking; Labeling; Placarding; Training;  
Security Awareness; DOT Wall Chart No. 16; and use of the Emergency Response Guidebook*

  
\_\_\_\_\_  
Godfrey Wynter on behalf of  
**HOST TERMINALS, LLC**

  
\_\_\_\_\_  
**Edward Hays**, For the Corporation  
American Nautical Services, Inc.  
3311 S. Andrews Ave, Ste. 11, Ft. Lauderdale, FL 33316







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SERVICES

## *Certificate of Training*

*Certificate No.: 203-2019*

*Levi Gilcrease Jr.*

*of HOST TERMINALS, LLC*

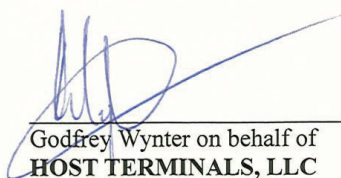
*has completed a*

*Hazardous Materials Training Program*

*on February 19, 2019*

*Comprised of training and testing in  
General Awareness/ Familiarization on various parts of 49 CFR Sub-Chapters A and C including;  
Enforcement; Marking; Labeling; Placarding; Training;  
Security Awareness; DOT Wall Chart No. 16; and use of the Emergency Response Guidebook*



  
Godfrey Wynter on behalf of  
**HOST TERMINALS, LLC**

  
Edward Hays, For the Corporation  
American Nautical Services, Inc.  
3311 S. Andrews Ave, Ste. 11, Ft. Lauderdale, FL 33316



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## *Certificate of Training*

*Certificate No.: 200-2019*

*Debra McDonald*

*of HOST TERMINALS, LLC*

*has completed a*

*Hazardous Materials Training Program*

*on February 19, 2019*

*Comprised of training and testing in  
General Awareness/ Familiarization on various parts of 49 CFR Sub-Chapters A and C including;  
Enforcement; Marking; Labeling; Placarding; Training;  
Security Awareness; DOT Wall Chart No. 16; and use of the Emergency Response Guidebook*

Godfrey Wynter on behalf of  
**HOST TERMINALS, LLC**

**Edward Hays**, For the Corporation  
American Nautical Services, Inc.  
3311 S. Andrews Ave, Ste. 11, Ft. Lauderdale, FL 33316







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## *Certificate of Training*

*Certificate No.: 199-2019*

*David Ceva*

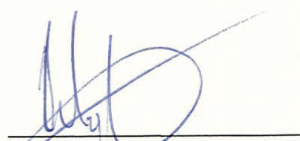
*of HOST TERMINALS, LLC*

*has completed a*

*Hazardous Materials Training Program*

*on February 19, 2019*

*Comprised of training and testing in  
General Awareness/ Familiarization on various parts of 49 CFR Sub-Chapters A and C including;  
Enforcement; Marking; Labeling; Placarding; Training;  
Security Awareness; DOT Wall Chart No. 16; and use of the Emergency Response Guidebook*

  
\_\_\_\_\_  
Godfrey Wynter on behalf of  
HOST TERMINALS, LLC

  
\_\_\_\_\_  
Edward Hays, For the Corporation  
American Nautical Services, Inc.  
3311 S. Andrews Ave, Ste. 11, Ft. Lauderdale, FL 33316





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NAUTICAL  
SERVICES

## *Certificate of Training*

*Certificate No.: 210-2019*

***John Roberts***

***of HOST TERMINALS, LLC***

*has completed a*

***Two-Day Hazardous Materials Training Program***

*on February 26 & 27, 2019*

*comprised of training and testing in safety and security awareness and  
general awareness/familiarization concerning the requirements of  
The International Maritime Dangerous Goods (IMDG) Code Amdt. 39 provisions  
and*

***Title 49, Code of Federal Regulations, Subchapter C***

*including specific training on use of the hazmat tables / appendices,  
hazard communication, segregation, shipping papers, and emergency response*

Godfrey Wynter on behalf of  
HOST TERMINALS, LLC



Edward Hays, For the Corporation  
American Nautical Services, Inc.  
3311 S. Andrews Ave, Ste. 11, Ft. Lauderdale, FL 33316





**AMERICAN  
NAUTICAL  
SERVICES**

## ***Certificate of Training***

***Certificate No.: 196-2019***

***Santana Spaulding***

***of HOST TERMINALS, LLC***


***has completed a***


***Hazardous Materials Training Program***

***on February 13, 2019***

***Comprised of training and testing in  
General Awareness/ Familiarization on various parts of 49 CFR Sub-Chapters A and C including;  
Enforcement; Marking; Labeling; Placarding; Training;  
Security Awareness; DOT Wall Chart No. 16; and use of the Emergency Response Guidebook***



  
\_\_\_\_\_  
**Godfrey Wynter on behalf of  
HOST TERMINALS, LLC**

  
\_\_\_\_\_  
**Edward Hays, For the Corporation  
American Nautical Services, Inc.  
3311 S. Andrews Ave, Ste. 11, Ft. Lauderdale, FL 33316**



AMERICAN  
NAUTICAL  
SERVICES

## *Certificate of Training*

*Certificate No.: 191-2019*

*Allande Pierre*

*of HOST TERMINALS, LLC*

*has completed a*

*Hazardous Materials Training Program*

*on February 13, 2019*

*Comprised of training and testing in  
General Awareness/ Familiarization on various parts of 49 CFR Sub-Chapters A and C including;  
Enforcement; Marking; Labeling; Placarding; Training;  
Security Awareness; DOT Wall Chart No. 16; and use of the Emergency Response Guidebook*



Godfrey Wynter on behalf of  
**HOST TERMINALS, LLC**

**Edward Hays**, For the Corporation  
American Nautical Services, Inc.  
3311 S. Andrews Ave, Ste. 11, Ft. Lauderdale, FL 33316





No. 236161786

## *Certificate of Training*

*Angel Hernandez*

of **HOST TERMINALS INC.**

*has completed a*

***hazardous materials training program***

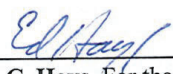
*on JUNE 20, 2016*

*comprised of training and testing in security awareness and  
general awareness/familiarization concerning the requirements of subchapter C,*

***Title 49, Code of Federal Regulations***

*and function specific training on hazard recognition and use of the  
North American Emergency Response Guidebook.*

  
\_\_\_\_\_  
Godfrey Wynter on behalf of  
**HOST TERMINALS INC.**

  
\_\_\_\_\_  
**Edward C. Hays**, For the Corporation  
Amer. Nautical Svcs. Inc. as Non-Exclusive Survey Agents for  
**National Cargo Bureau, Inc.**  
3311 S. Andrews Ave, Ste. 11, Fr. Lauderdale, FL 33316





No. 236161789

## *Certificate of Training*

*Angel Garcia*

of **HOST TERMINALS INC.**

*has completed a*

***hazardous materials training program***

*on JUNE 20, 2016*

*comprised of training and testing in security awareness and  
general awareness/familiarization concerning the requirements of subchapter C,*

**Title 49, Code of Federal Regulations**

*and function specific training on hazard recognition and use of the  
North American Emergency Response Guidebook.*

A blue ink signature of Godfrey Wynter.

Godfrey Wynter on behalf of  
**HOST TERMINALS INC.**

A blue ink signature of Edward C. Hays.

**Edward C. Hays**, For the Corporation  
Amer. Nautical Svcs. Inc. as Non-Exclusive Survey Agents for  
**National Cargo Bureau, Inc.**  
3311 S. Andrews Ave, Ste. 11, Fr. Lauderdale, FL 33316





No. 236161803

## *Certificate of Training*

*Tim Williams*

*of* **HOST TERMINALS INC.**

*has completed a*


***hazardous materials training program***


*on* **JUNE 21, 2016**

*comprised of training and testing in security awareness and  
general awareness/familiarization concerning the requirements of subchapter C,*

***Title 49, Code of Federal Regulations***

*and function specific training on hazard recognition and use of the  
North American Emergency Response Guidebook.*

  
\_\_\_\_\_  
Godfrey Wynter on behalf of  
**HOST TERMINALS INC.**

  
\_\_\_\_\_  
**Edward C. Hays**, For the Corporation  
Amer. Nautical Svcs. Inc. as Non-Exclusive Survey Agents for  
**National Cargo Bureau, Inc.**  
3311 S. Andrews Ave, Ste. 11, Fr. Lauderdale, FL 33316





No. 236161805

## *Certificate of Training*

*Levi Gilcrease*

of **HOST TERMINALS INC.**

*has completed a*

***hazardous materials training program***


*on JUNE 21, 2016*

*comprised of training and testing in security awareness and  
general awareness/familiarization concerning the requirements of subchapter C,*

***Title 49, Code of Federal Regulations***

*and function specific training on hazard recognition and use of the  
North American Emergency Response Guidebook.*

  
\_\_\_\_\_  
Godfrey Wynter on behalf of  
**HOST TERMINALS INC.**

  
\_\_\_\_\_  
**Edward C. Hays**, For the Corporation  
Amer. Nautical Svcs. Inc. as Non-Exclusive Survey Agents for  
**National Cargo Bureau, Inc.**  
3311 S. Andrews Ave, Ste. 11, Fr. Lauderdale, FL 33316





No. 236161802

## *Certificate of Training*

*Shaon James*

*of* **HOST TERMINALS INC.**

*has completed a*

***hazardous materials training program***

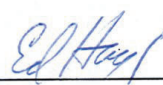
*on JUNE 21, 2016*

*comprised of training and testing in security awareness and  
general awareness/familiarization concerning the requirements of subchapter C,*

***Title 49, Code of Federal Regulations***

*and function specific training on hazard recognition and use of the  
North American Emergency Response Guidebook.*

  
\_\_\_\_\_  
Godfrey Wynter on behalf of  
**HOST TERMINALS INC.**

  
\_\_\_\_\_  
**Edward C. Hays**, For the Corporation  
Amer. Nautical Svcs. Inc. as Non-Exclusive Survey Agents for  
**National Cargo Bureau, Inc.**  
3311 S. Andrews Ave, Ste. 11, Fr. Lauderdale, FL 33316



**Material Handling Business Solutions, Inc.**  
**Certificate of Completion**

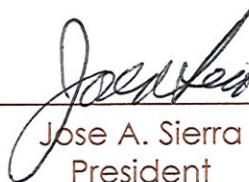
is hereby granted to

**Miguel Fernandez**

to certify that he/she has completed to satisfaction

**FORKLIFT DRIVER OSHA  
CERTIFICATION COURSE**

GRANTED ON: January 3, 2017

  
\_\_\_\_\_  
Jose A. Sierra  
President





**Material Handling Business Solutions, Inc.**  
**Certificate of Completion**

is hereby granted to

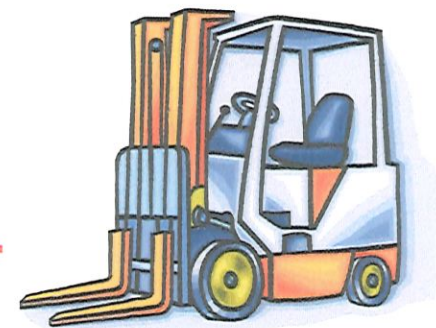
**Angel Garcia**

to certify that he/she has completed to satisfaction

**FORKLIFT DRIVER OSHA  
CERTIFICATION COURSE**

GRANTED ON: January 3, 2017

  
\_\_\_\_\_  
Jose A. Sierra  
President



**Material Handling Business Solutions Inc.**

**Certificate of Completion**

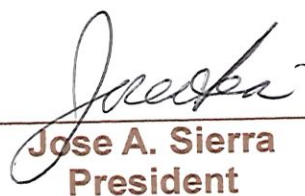
is hereby granted to

**Fritz St Peirre**

to certify that he/she has completed to satisfaction

**FORKLIFT DRIVER OSHA  
CERTIFICATION COURSE**

**GRANTED ON: April 17, 2018**

  
\_\_\_\_\_  
**Jose A. Sierra**  
**President**





**Material Handling Business Solutions, Inc.**

**Certificate of Completion**

is hereby granted to

**Frank Fernandez**

to certify that he/she has completed to satisfaction

**CONTAINER HANDLER FORKLIFT  
DRIVER OSHA CERTIFICATION  
COURSE**

**GRANTED ON: January 3, 2017**

A handwritten signature in black ink, appearing to read "Jose A. Sierra", written over a horizontal line.

**Jose A. Sierra  
President**



**Material Handling Business Solutions, Inc.**

**Certificate of Completion**

is hereby granted to

**Miguel Fernandez**

to certify that he/she has completed to satisfaction

**CONTAINER HANDLER FORKLIFT  
DRIVER OSHA CERTIFICATION  
COURSE**

**GRANTED ON: January 3, 2017**

A handwritten signature in blue ink, appearing to read "Jose A. Sierra", written over a horizontal line.

**Jose A. Sierra  
President**



**Material Handling Business Solutions, Inc.**

**Certificate of Completion**

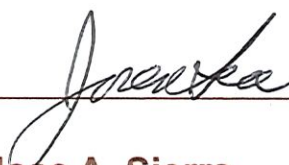
is hereby granted to

**Angel Garcia**

to certify that he/she has completed to satisfaction

**CONTAINER HANDLER FORKLIFT  
DRIVER OSHA CERTIFICATION  
COURSE**

**GRANTED ON: January 3, 2017**

  
\_\_\_\_\_  
**Jose A. Sierra**  
**President**





**Material Handling Business Solutions, Inc.**

**Certificate of Completion**

is hereby granted to

**Miguel Fernandez**

to certify that he/she has completed to satisfaction

**CONTAINER HANDLER FORKLIFT  
DRIVER OSHA CERTIFICATION  
COURSE**

**GRANTED ON: March 19, 2019**

A handwritten signature in black ink, appearing to read "Jose A. Sierra". The signature is written over a horizontal line.

**Jose A. Sierra  
President**



**Material Handling Business Solutions, Inc.**

**Certificate of Completion**

is hereby granted to

**Angel Garcia**

to certify that he/she has completed to satisfaction

**CONTAINER HANDLER FORKLIFT  
DRIVER OSHA CERTIFICATION  
COURSE**

**GRANTED ON: March 19, 2019**

A handwritten signature in black ink, appearing to read 'Jose A. Sierra', written over a horizontal line.

**Jose A. Sierra  
President**



**Material Handling Business Solutions, Inc.**  
**Certificate of Completion**

is hereby granted to  
**Hector Tamburi**  
to certify that he/she has completed to satisfaction  
**CONTAINER HANDLER FORKLIFT  
DRIVER OSHA CERTIFICATION  
COURSE**

GRANTED ON: March 18, 2019

A handwritten signature in black ink, appearing to read "Jose A. Sierra", written over a horizontal line.

**Jose A. Sierra**  
**President**





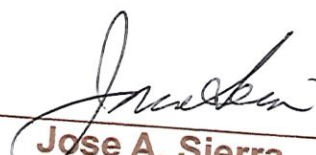
**Material Handling Business Solutions Inc.**  
**Certificate of Completion**

is hereby granted to

**Johnny Taylor**

to certify that he/she has completed to satisfaction  
**FORKLIFT DRIVER OSHA  
CERTIFICATION COURSE**

**GRANTED ON: April 17, 2018**

  
\_\_\_\_\_  
**Jose A. Sierra**  
**President**

**Material Handling Business Solutions, Inc.**  
**Certificate of Completion**



is hereby granted to  
**Bill Mann**

to certify that he/she has completed to satisfaction

**CONTAINER HANDLER FORKLIFT  
DRIVER OSHA CERTIFICATION  
COURSE**

**GRANTED ON: January 3, 2017**

A handwritten signature in black ink, appearing to read "Jose A. Sierra", written over a horizontal line.

**Jose A. Sierra**  
**President**



**KELLY TRACTOR**



# **FORKLIFT OPERATOR SAFETY TRAINING**

- ☒ Counter Balance Forklift
- ☐ Reach Truck
- ☐ Order Picker
- ☐ Powered Pallet Jack

- Marina Forklifts ☐
- Truck Mounted Rough Terrain ☐
- Aerial Manlift (Cherry Picker) ☐
- Walkie Stacker ☐

*This is to certify that*

**John Roberts**

*Has successfully completed the OSHA compliant Forklift Operator Safety Training Course for*

***Host Terminals/ South Florida***

*and has met all the requirements for being a certified forklift operator.*

*Date of Written, Evaluation, and Observation:* July 5, 2016  
*Instructor:* Roberto Hernandez

**I hereby authorize this associate for this specific equipment as indicated above.**

**Date of Authorization:** July 5, 2016, by: \_\_\_\_\_





**KELLY TRACTOR**



# **FORKLIFT OPERATOR SAFETY TRAINING**

- ☒ Counter Balance Forklift
- ☐ Reach Truck
- ☐ Order Picker
- ☐ Powered Pallet Jack

- Marina Forklifts ☐
- Truck Mounted Rough Terrain ☐
- Aerial Manlift (Cherry Picker) ☐
- Walkie Stacker ☐

*This is to certify that*

**Tim Williams**

*Has successfully completed the OSHA compliant Forklift Operator Safety Training Course for*

***Host Terminals/ South Florida***

*and has met all the requirements for being a certified forklift operator.*

*Date of Written, Evaluation, and Observation:* July 5, 2016  
*Instructor:* Roberto Hernandez

I hereby authorize this associate for this specific equipment as indicated above.

Date of Authorization: July 5, 2016, by: \_\_\_\_\_





**KELLY TRACTOR**



# **FORKLIFT OPERATOR SAFETY TRAINING**

- ☒ Counter Balance Forklift
- ☐ Reach Truck
- ☐ Order Picker
- ☐ Powered Pallet Jack

- Marina Forklifts ☐
- Truck Mounted Rough Terrain ☐
- Aerial Manlift (Cherry Picker) ☐
- Walkie Stacker ☐

*This is to certify that*

**Angel Hernandez**

*Has successfully completed the OSHA compliant Forklift Operator Safety Training Course for*

***Host Terminals/ South Florida***

*and has met all the requirements for being a certified forklift operator.*

**Date of Written, Evaluation, and Observation:** July 5, 2016

Instructor: Roberto Hernandez

**I hereby authorize this associate for this specific equipment as indicated above.**

**Date of Authorization:** July 5, 2016, by: \_\_\_\_\_





**KELLY TRACTOR**



# **FORKLIFT OPERATOR SAFETY TRAINING**

- ☒ Counter Balance Forklift
- ☐ Reach Truck
- ☐ Order Picker
- ☐ Powered Pallet Jack

- Marina Forklifts ☐
- Truck Mounted Rough Terrain ☐
- Aerial Manlift (Cherry Picker) ☐
- Walkie Stacker ☐

*This is to certify that*

**Shoan James**

*Has successfully completed the OSHA compliant Forklift Operator Safety Training Course for*

***Host Terminals/ South Florida***

*and has met all the requirements for being a certified forklift operator.*

*Date of Written, Evaluation, and Observation:*    **October 1, 2015**  
Instructor: Roberto Hernandez

I hereby authorize this associate for this specific equipment as indicated above.

Date of Authorization: October 1, 2015, by: \_\_\_\_\_





**KELLY TRACTOR**



# **FORKLIFT OPERATOR SAFETY TRAINING**

- ☒ Counter Balance Forklift
- ☐ Reach Truck
- ☐ Order Picker
- ☐ Powered Pallet Jack

- Marina Forklifts ☐
- Truck Mounted Rough Terrain ☐
- Aerial Manlift (Cherry Picker) ☐
- Walkie Stacker ☐

*This is to certify that*

**Cesar Lopez**

*Has successfully completed the OSHA compliant Forklift Operator Safety Training Course for*

***Host Terminals/ South Florida***

*and has met all the requirements for being a certified forklift operator.*

**Date of Written, Evaluation, and Observation:** July 5, 2016  
**Instructor:** Roberto Hernandez

**I hereby authorize this associate for this specific equipment as indicated above.**

**Date of Authorization:** July 5, 2016, by: \_\_\_\_\_



### Lift Truck Operator I.D. Card



This is to certify that **Austin Merius** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Marina Forklifts   |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **Robert Breitigan** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Marina Forklifts   |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **Herbert ATwell** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **Qushandra Fields** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **William Mann** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **Christopher Antonio** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **John Roberts** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **Joshua Sarmiento** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Marina Forklifts   |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **Michael Velez** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Marina Forklifts   |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

FOLD BACK AND FORTH ALONG PERFORATION FOR EASY SEPARATION

FEED THIS END

FEED THIS END



Ink Jet Busi



↑  
FEED THIS END

### Lift Truck Operator I.D. Card



This is to certify that **Tim Williams** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Marina Forklifts   |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **Cesar Lopez** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Marina Forklifts   |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

↑  
FEED THIS END

### Lift Truck Operator I.D. Card



This is to certify that **Angel Hernandez** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

### Lift Truck Operator I.D. Card



This is to certify that **Antonio Dobao** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

EASY SEPARATION

### Lift Truck Operator I.D. Card



This is to certify that **James Poole** has successfully completed the Lift Truck Operator Safety Training Course.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Counter Balance Forklift | <input type="checkbox"/> Telehandler        |
| <input type="checkbox"/> Reach Truck                         | <input type="checkbox"/> Truck Mounted      |
| <input type="checkbox"/> Order Picker                        | <input type="checkbox"/> Bendi Narrow Aisle |
| <input type="checkbox"/> Powered Pallet Jack                 | <input type="checkbox"/> Walkie Stacker     |

Operator Signature  
Host Terminals/ SF  
Company

Instructor: Bob Hernandez  
**July 5, 2019**  
Expires

[Skip Navigation](#)

Information Portal  
Nexus  
*Enterprise Solutions*

[Search Home](#) » Facilities Search Results

## Facilities Search Results

### Criteria selected:

Facility Name = Host at Port Everglades, LLC

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*  
**Java 8** [Site Map](#) — For Assistance Please Contact — (850) 245-7555 — [Contact Us](#)





[Home](#) | [County Commission](#) | [Doing Business](#) | [Visiting](#) |

## ENVIROS

## Enforcement Action Advanced Search

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

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

Screen ID: 23473469



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## Establishment Search

### Reflects inspection data through 12/01/2022

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 (</ords/imis/inspectionNr.html>) or inspections within a specified SIC (</ords/imis/industry.html>).

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

Search By:

**Your search did not return any results.**

Establishment  
(</help/establishment-search#est>)

Host at Port Everglades, LLC

(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  
(</help/establishment-search#case>)

☒ All ☐ Closed ☐ Open

Violation Status

☒ All ☐ With Violations ☐ Without Violations

Inspection Date  
(</help/establishment-search#inspec>)

Start Date

October



1



2022



End Date

December

5

2022

Submit

Reset

**Can't find it?**

Wildcard use %

Basic Establishment Search Instructions (/help/establishment-search)

Advanced Search Syntax (/help/search-basics)

**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

<https://www.dol.gov>

Occupational Safety and Health  
Administration  
200 Constitution Ave NW  
Washington, DC 20210  
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(OSHA)  
TTY  
(<https://www.dol.gov/general/contact-phone-call-center#tty>)  
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White House  
(<https://www.whitehouse.gov>)  
Severe Storm and Flood Recovery  
Assistance  
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Disaster Recovery Assistance  
(<https://www.dol.gov/general/disasterrecovery>)  
DisasterAssistance.gov  
(<https://www.disasterassistance.gov/>)  
USA.gov (<https://www.usa.gov>)  
No Fear Act Data  
(<https://www.dol.gov/agencies/oasam/civil-rights-center/resports/notification-and-federal-employee-antidiscrimination-retaliation-act-of-2002>)  
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# HOST

## **SECTION Q4 – Commitment to Environment**

Just as Host Terminals, LLC, Host at Port Everglades, LLC is fully committed to protecting, preserving, and enhancing the environment at Port Everglades, and all locations where Host Terminals and Host at Port Everglades will operate and/or provides services; complying fully with all state, local and federal environmental rules, regulation, statutes, and laws.

Land, water, and air quality are the upmost concern to Host Terminals and Host at Port Everglades.



# HOST

## **SECTION R – Ability to promote and develop Growth**

It is our intention to look for ways to increase revenue stream and business development for Host at Port Everglades by using Host's long-standing relationships with principles both locally and commercially in Port Everglades.

Current Port Everglade Customers of Host Terminals, LLC will be assigned to Host at Port Everglades, LLC. Our team's commitment to servicing Host's current customers and dedication to providing them exceptional service and solutions while adding value instead of cost will be the tool that we will use to grow our business within the port.

Host will continue to serve both the community and port stakeholders as a partner in order to also increase overall growth of both our business in Port Everglades and that of the port itself.