

**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

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: **Hirsch Stevedoring, LLC**

(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 6701 NW 22<sup>nd</sup> Ter Fort Lauderdale, FL 33309  
Number / Street City/State/Zip

Phone # ( 954 ) 952-5991 E-mail: terry.hirsch@hirschstevedoring.com /

hs\_ops@hirschstevedoring.com

Fax #: ( ) \_\_\_\_\_

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

Name: Terrance L Hirsch

Title Owner, General Manager

Business Address 6701 NW 22<sup>nd</sup> Ter Fort Lauderdale FL 33309  
Number / Street City/State/Zip

Phone # (954) 952-5991 E-mail: terry.hirsch@hirschstevedoring.com /

hs\_ops@hirschstevedoring.com

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 General Manager

First Name Terrance Middle Name L

Last Name Hirsch

Business Street Address 6701 NW 22<sup>nd</sup> Ter

City, State, Zip Code Fort Lauderdale, Florida 33309

Phone Number (954) 952-5991 Fax Number ( ) \_\_\_\_\_

Email Address terry.hirsch@hirschstevedoring.com

Title Manager of Administration

First Name Michelle Middle Name \_\_\_\_\_

Last Name Hirsch

Business Street Address 6701 NW 22<sup>nd</sup> Ter

City, State, Zip Code Fort Lauderdale, FL 33309

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address michelle.hirsch@hirschstevedoring.com.

**Members: See attached sheet. (Section A - Members of Hirsch Stevedoring)**

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.

**Please see attached Resumes (Section A.2 – Resumes)**

**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.

**Please see attached (Section B - Articles of Organization, Section B - SunBiz Record Hirsch Stevedoring)**

**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\_ **X** 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\_ **X** If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida’s Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?  
Yes\_\_\_ No\_ **X** If "Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
New officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

**Section D**

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida’s Division of Corporations or other State agencies. If none, indicate “None” **NONE**\_\_\_\_\_.

**Section E**

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

**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.

**Applicant started operations in May 2020. Applicant was granted a restricted (new business only) Franchise license by Broward Board of Commissioners in December 2020. In its first year of operation, the applicant generated new business of over 50 vessel callings at Port Everglades, generating employment for over 25 people and revenue for the Port.**

**The manager and CEO of Applicant is Terry Hirsch, an innovative and experienced leader who brings over 30 years of diverse logistics management expertise to Hirsch Stevedoring. Terry emphasizes placing customers at the core of the business model. He has direct experience in leading terminal operations and managing strategy development for top tier institutions at ports around the country. He brings an exceptional safety record, while driving key phases of operational planning, technical oversight, human resource management, and assessment of end-user needs while efficiently resolving issues.**

**Please see attached Resume (Section A.2) for full employment history.**

**Section G**

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

**Terry Hirsch – General Manager**  
**Michelle Hirsch – Manager of Administration**

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.

**Terry Hirsch has worked in Port Everglades for the past eight years, all in Management roles. He effectively managed safety across several operations, ensuring low numbers of incidents and injuries during all terminal/vessel operations. In his roles as General Manager, he secured over \$2,000,000 of new business into Port Everglades, creating more than 100 jobs. He has continued to bring new customers to Port Everglades, with Hirsch Stevedoring having worked over 50 vessels for 14 customers who were new to Port Everglades.**

**Terry served on the Board of Directors for the Port Everglades Association in 2018.**

**Prior to working in Florida, Terry had several roles with Ports America and Stevedoring Services of America, in the Ports of Oakland, Long Beach, Los Angeles, Port Hueneme, San Diego, Portland, and San Francisco, notably managing a \$300M+ modular laboratory shipment for Genentech and completing successful operations discharging the San Francisco / Oakland Bay Bridge’s temporary “S” curve.**

**Please see attached Resume (Section A.2) for full employment history.**

**Section H**

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

If none, state “None” \_\_\_\_\_

Seaport Port Everglades, Ft. Lauderdale, FL Number of Years Operating at this Seaport 1

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

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Bahamas Ferries Ltd.	1
Island Site Development	1
RORO Company Ltd	1
Stoneline Group	1
United Sanitation Services	1

Bahamas Striping Group of Companies Ltd	1
Deans Shipping	1
Weeks Marine	1
Ellison Collie	1
Stefan Knowles	1
Knowles Construction & Development Co. Ltd	1
Global Cement Products	1
Cement-It	1
Otis McAllister	1
Quick Load Trucking	1
Shawn Bell	1
Government of Honduras (Humanitarian Aid)	1

**Section I**

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

The description must include all of the following:

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

If none, indicate "None" **NONE**.

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

Yes \_\_\_ No **X**

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

- a) A description of the case style and docket number
- b) The nature of the charge or indictment

**Section I**

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

The description must include all of the following:

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

If none, indicate "None" NONE.

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

Yes \_\_\_ No X

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

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

**Section J**

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

**Please see COI attached (Section J - Hirsch Stevedoring COI Broward)**

**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.

**P&L since operations began in May 2020 attached (Section K – Hirsch Stevedoring P&L 2020-2021). 2020 tax filings have yet to be made.**

**Bank Statements, Bank Credit Limit, and invoices showing credit terms attached (Section K - Bank and Credit Statements)**

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

Yes \_\_\_ No X

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

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

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

Yes \_\_\_ No X

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

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

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

Yes \_\_\_ No X

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

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

### Section L

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

Name of Reference \_\_\_\_\_ Nature of Business \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Legal Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

(Provide on a separate sheet.)

**Please see attached references (Section L - Hirsch Stevedoring - Credit References)**

### Section M

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an



Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.

2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?

Yes \_\_\_ No X

If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

**Section N**

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.

Make	Model	Capacity (tons/lbs)	Fuel Type	Tire Type	Year
Caterpillar	P6000	3.0/6000	Diesel	Pneumatic	2008
Caterpillar	P6000	3.0/6000	Diesel	Pneumatic	2008
Caterpillar	P6000	3.0/6000	Diesel	Pneumatic	2008
Caterpillar	2PD6000	2.7/5400	Diesel	Pneumatic	2008
Caterpillar	DP25	2.5/5000	Diesel	Pneumatic	2004
Caterpillar	P6000D	3.0/6000	Diesel	Pneumatic	2006
Caterpillar	DP80	4.0/8000	Diesel	Pneumatic	2005
Caterpillar	DP100	5.0/10000	Diesel	Pneumatic	2005
Caterpillar	P6000	2.7/5500	Diesel	Pneumatic	2008
Caterpillar	P6000	2.7/5400	Diesel	Pneumatic	2008
Lifting Bars (2)	Certified				
Polaris	Ranger	UAV/Gator	Gasoline	Cushion	
Life Ring					
Stokes Basket					
Multiple types of Soft Gear for different cargo scenarios					
TransCube	550 gallon DOT-certified Diesel Tanks for remote fueling (1993 DG Code)				

2. Identify the type of fuel used for each piece of equipment. **Diesel, Gasoline and Propane**

3. Indicate which equipment, if any, is to be domiciled at Port Everglades. **All equipment mentioned above.**

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 X

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.

**Labor Temp Agency will provide PIT certified operators (PIT, Power Industrial Trucks).**

**Section O**

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

**See Attached Tax Receipts (Section O - City Business\_Tax\_Receipt 2021 and Section O - 2021 Broward County Tax Receipt)**

**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.

**Please see Safety Manual and Procedures, including substance abuse and training policies, attached. (Section P - Hirsch Stevedoring Safety Manual and Policies)**

**Section Q**

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

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

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

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

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

**Hirsch Stevedoring LLC is committed to supporting the care and sustainability of our environment.**

**We are committed to complying with all applicable environmental laws and regulations and diligently addressing any instances or potential instances of non-compliance. We believe that by incorporating business best practice principles into our environmental compliance program, including pollution abatement and prevention, a focus on minimizing our carbon footprint, and**

**Hirsch Stevedoring, LLC, pledges to comply and follow the rule of law of Local, State and Federal regulations; to monitor, quantify, benchmark, record our environmental performance via annual assessments in accordance with Port Everglades' participation in the Green Marine initiative. We similarly pledge to maintain pollution prevention best practices in all of our operations.**

**We truly appreciate the opportunity to do business at Port Everglades, FL, and remain fully committed to continue working with you to meet our environmental and sustainability goals.**

See also attached (Section R - Enviros - Enforcement Action Advanced Search)

### **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.

**Terrance Hirsch, the manager of the Applicant, has been working in the maritime business since 1991, providing stevedoring and cargo handling services to maritime customers together with related agency services. He has worked with companies providing these services in Port Everglades for over 5 years. His work included handling all types of break bulk, containers and project cargoes. He has managed stevedore operations (as General Manager) handling over \$10,000,000 in annual volume.**

**The Applicant has brought fourteen new cargo customers to Port Everglades. These companies were either already calling at other ports in Florida or are new services. We primarily serve businesses that call the islands around the Caribbean region. We have worked RORO ships with smaller volumes (400-1200mt) as well as LOLO vessels with larger volumes of cement, rice, and marble. These services will provide a very much needed window not only for regular service calls to the islands but now, reconstruction to those devastated by the recent hurricane. We are also in talks with the Bahamian Government for long term contracts that will be critical for the islands' infrastructure.**

**Our services accommodate critically needed Caribbean cargo shippers. We will not interfere with daily cruise traffic nor container operations. We have worked very hard and at considerable expense to maintain dock conditions that meet the Harbormaster's requirements. Our operations are year round short window operations with consistent callings, steady work for laborers and essential cargoes.**

**Terry Hirsch has been a longtime supporter of Port Everglades and has advocated its advantages cargo customers over the last seven years. He has over 30 years of stevedore experience, has actively followed the development of the Port Master Plan and is known as a team player who works for the good of the port community. His philosophy is that standing and supporting the needs of not only the customers, but of the port community as a whole is a reflection of character.**

If you have checked an Applicant box for VESSEL BUNKERING, VESSEL OILY WASTE REMOVAL, VESSEL SANITARY WASTEWATER 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/development/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 \$ 11,000.00  
Annual Fee \$ 4,000.00

**Cargo Handler**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00  
Annual Fee \$ 4,000.00

**Steamship Agent**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00  
Annual Fee \$ 2,250.00

**Tugboat and Towing**

Initial processing fee, assignment fee, or reinstatement fee \$ 26,000.00  
Annual Fee By Contract

**Vessel Bunkering, Vessel Oily Waste Removal,**

**Vessel Sanitary Waste Water Removal**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00  
Annual Fee \$ 2,250.00

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 date, which is defined as the effective date of the franchise.

Note: Check(s) should be made payable to:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed with this application to:  
Port Everglades Business Administration 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: **6/23/2021**

Signature name and title - typed or printed: **Terrance L Hirsch – General Manager**

Witness Signature (\*Required\*) \_\_\_\_\_  
Witness name-typed or printed **Michelle Hirsch**

Witness Signature (\*Required\*)  \_\_\_\_\_  
Witness name-typed or printed **Ari Mukamal**

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

Name: **Terry Hirsch** Title: **Owner, General Manager**  
Address **6701 NW 22<sup>nd</sup> Ter., Fort Lauderdale, FL 33308** Phone **(954) 952-5991**  
Email: **terry.hirsch@hirschstevedoring.com**

cc: **Anitra Lanczi, 1512 E. Broward Blvd, Suite 101, Fort Lauderdale, FL 33301**  
Phone: **954-278-6723**  
Email: **Anitra@LancziLaw.com**

## Section A

### Members of Hirsch Stevedoring LLC

1) Hirsch Maritime LLC – 60 Units

Members of Hirsch Maritime LLC:

Terrance Hirsch  
Michelle Hirsch  
6701 NW 22<sup>nd</sup> Terrace  
Ft. Lauderdale, FL 33309  
[terry.hirsch@hirschmaritime.com](mailto:terry.hirsch@hirschmaritime.com)  
[michelle.hirsch@hirschmaritime.com](mailto:michelle.hirsch@hirschmaritime.com)

2) Embophonic LLC – 40 Units

Members of Embophonic LLC

Ari Mukamal  
2404 Hollywood Blvd.  
Hollywood, FL 33020  
[amukamal@embophonic.com](mailto:amukamal@embophonic.com)



## TERRANCE L. HIRSCH

6701 NW 22<sup>nd</sup> Terrace • Fort Lauderdale, FL 33309 • 954-592-5991 • terry.hirsch@hirschmaritime.com

### **MARINE OPERATIONS / TERMINAL MANAGEMENT**

*Effectively Integrating Business and Logistic Operations*

Innovative and an experienced leader with diverse logistics management expertise and a record of driving bottom line performance through emphasis on placing customers at the core of the business model. Direct experience in leading terminal operations and managing strategy development for top tier institutions. Exceptional safety record, while driving key phases of operational planning, technical oversight, human resource management, and assessment of end-user needs while efficiently resolving issues. Serve as a welcome addition to any operation/governmental team, with a demonstrated ability to deliver highly critical business objectives within tight schedules and budgets.

#### ***Signature Strengths Include:***

**Breakbulk-Bulk-Liquid / Heavy Lift/ RoRo/Lolo Operations • Container Operations • Autos / Military Operations • Terminal Operations Business Strategy • Resource Planning • Vendor Management • Organizational Development • Cost Controls Process Re-engineering & Improvement • Performance Optimization • LEAN Manufacturing Maintenance & Repair • Customer Relations • Project Management • Needs Assessment/Site Safety Manager & FSO • HS&E Representative • Claims Manager • Contract Negotiations • Budgetary Development & Management • Soft Skills**

#### **PROFESSIONAL EXPERIENCE**

**Hirsch Maritime LLC/Hirsch Stevedoring LLC**  
*Fort Lauderdale, FL. November 2019 -Current*  
*hirschmaritime.com/hirschstevedoring.com*

#### **President, November 2019**

After 28 years of continuous maritime employment for other stevedore companies, I began my own company's in 2019 to address a void in the market where I found an opportunity and a great deal of support. My services that are currently being offered and utilized at the current moment

- Contractual support
- Operational/Technical Planning
- Business Development
- Safety Consulting
- Terminal Development
- Port Captain Services
- Environmental Consulting

Currently, I have obtained a lease for property and a warehouse within the ports property (Matcon-Sierra Tanks Farm) to help aid in the companies continued development and entice of new services to call PEV.

#### **Host Terminals (South Florida)**

*Fort Lauderdale/West Palm Beach, Fl. April 2017 to October 2019*

#### **General Manager, July 2019**

I was responsible for a \$10 million dollar stevedore operation in South Florida. I oversaw a labor pool of 63 individuals, managing customer interaction, direct/indirect costs, and operational efficiencies for the South Florida region. Serve as subject matter expert for all operations, project, planning, preparing, and executing of various complex jobs.

Collaborate with customers and staff teams, executing contracts/rate proposals and effectively managing operations to deliver increased performance. Serve as the point of contact to government agencies, vessel port captains, owners, trucking companies and providing guidance on handling cargo and bulk commodities. Effectively manage safety across

**TERRANCE L. HIRSCH** • Page - 2 - • terry.hirsch@hirschmaritime.com

several operations, ensuring low numbers of incidents and injuries during all terminal/vessel operations. Served on the Board of Director for the Port Everglades Association 2018 year

**Select Accomplishments:**

- Stabilized losses to exceed companies previous revenue records for 2017 and 2018.
- Added \$1.4 million in new business to the operation in the two years since taking on role of General Manager.
- Recognized by the company as the most efficient/successful operating arm of the \$100 million company.
- Reduced budgetary labor related costs by 25% by increasing efficiencies in the operations (33.4% direct labor).
- Have introduced new operational procedures that resulted in higher efficient production that turned vessels around faster, saving both parties an average of 10-15% on costs.
- Positive reputation with both private and governmental organization resulting in new introductions and business opportunities.
- Successful direct operational involvement with moving humanitarian supplies to Puerto Rico/Region post Hurricane Maria
- Team building strength and labor retention abilities
- Developed the most diverse Stevedoring operation in Port Everglades.

**Portus LLC (Port Everglades)**  
*Fort Lauderdale, Fl. May 2014 -Current*

**General Manager, June 2014-April 2017**

I managed a \$6.5 million dollar stevedore operation in Port Everglades, Florida. My duties include managing a union / non-union labor pool of 55 individuals, managing customer interaction, direct/indirect costs, and operational efficiencies for the Port Everglades operation. Serve as subject matter expert for all operations, project, planning, preparing, and executing of various complex jobs. Collaborate with customers and staff teams, executing contracts/rate proposals and effectively managing operations to deliver increased performance. Serve as the point of contact to government agencies, ship's husbandry, port captains, trucking companies and providing guidance on handling cargo and bulk commodities. Managed safety across several operations, ensuring low numbers of incidents and injuries during all terminal/vessel operations.

**Select Accomplishments:**

- Responsible for turning the site operation around by reversing losses (CFO -\$512k-2014 to \$564k-2015)
- Replaced 61% of loss revenue from budget due to sale of shipping service customers in 2016
- Restructure rebar operation resulting from 20mt an hour to 80mt+ an hour on a continuous basis
- Reduced budgeted labor to labor related revenue by 5% by increasing efficiencies in the operations.
- Have brought in \$650k in new business for the site in 2016
- Captured 3 out of the 4 rebar carriers here in PEV
- Have been recognized by CEO for being the most efficient and positively perceived operation within the companies umbrella
- Over 400 days without a recordable LTI
- Team building strength and labor retention abilities
- Positive relationships with all our customers/charterers/port representatives and perspective customers.

**Ports America (Outer Harbor - Berth 22-25)**  
*Oakland, CA, 2005 – May 2014*

**Operations Manager, 2010 – May 2014**

Oversee union / Non-union labor of 50+ people daily, managing customer interaction, cost, and operational efficiencies for a variety of projects. Serve as subject matter expert for all heavy lift / project, planning, preparing, and executing of various complex jobs. Collaborate with customers and staff teams, executing contracts and effectively managing projects to deliver increased performance. Serve as the point of contact to government agencies, customers, port captains, and trucking companies, providing guidance on handling cargo and bulk commodities in addition to liner

**TERRANCE L. HIRSCH** • Page - 3 - • terry.hirsch@hirschmaritime.com

services and customer representatives who not only call Outer Harbor, but call other facilities. Effectively manage safety across operations, ensuring low numbers of incidents and injuries during all hands lifts and otherwise.

**Select Accomplishments:**

- Spearhead labor 30-55% "labor to revenue" ratio for containers.
- Recognized by senior management for building billable standby detention for many operations to the point of being asked to mentor many of the new employees on contract use.
- Maintains \$5.28 per box cost of the gate staff, well under the budget of \$5.50, earning 3.6 out of 4 on annual reviews.
- Holds stevedore production rate of 30.2 to 35.6 lifts per hour on 85% of vessel operations (When working Marine).
- Awarded with the company's "Employee of the Quarter" award for Q12013 (achieved a grade of 3.6 on a scale of 4 on the 2012 annual performance review).

**Container Yard Manager**, TransBay, Berth 25, 2008 - 2010

Maintained yard operations, managing a team of 40+ union members across a 40-acre facility. Put in place new yard operations that improved "turn times" on single and double gate transactions. Developed new SOPs to greatly improve customer relations and significantly reduce customer service failures. Maintained yard planning, deliveries, and customer service.

**Select Accomplishments:**

- Managed weekly revenue for net sales of up to \$45K, earning 3.5 out of 4 on annual reviews.
- Responsible for vessel planning and the management of vessel operations in addition to directing daily yard operations.
- Maintained Lost Time Incident Frequency Rate (LTIFR) under the goal of 3.75 for Transbay (Yard Operations).
- Recognized for consistently achieving safety benchmarks for lost days that was under the allotted goal of 4.25.

**Site Manager**, Pier 80, San Francisco, CA, 2005 – 2008 (ran under umbrella of Ports America)

Managed site operations across 69 acres, operating on an annual budget ranging from \$7M - \$10M. Maintained health and wellbeing of terminal, managing all labor (union and non-union), vessels, equipment, and operations. Oversaw profit and loss, monitoring expenses, capital requests, RFPs, and new business development. Assisted marketing department in launching various campaigns, and maintained successful operations for all lifts. Collaborated with the Port of San Francisco and other government agencies on issues that affected maritime business at Pier 80.

**Select Accomplishments:**

- Successfully managed a \$300M+ modular laboratory shipment for Genentech, netting \$45K in revenue for the terminal.
- Completed successful operations discharging the San Francisco / Oakland Bay Bridge's temporary "S" curve.
- Spearheaded labor to revenue percentages of 86-95% despite challenging contractual obligations.
- Recognized by senior management for superior performance and leadership abilities.
- Turned safety record around on Pier 80. Led the company's (General Stevedoring Line of Business) with a highly successful safety program (0 lost days due to injury in 2008).

**Stevedoring Services of America (SSA)**  
Southern California, 2000 - 2005

**Senior Superintendent**

Managed and oversaw Bulk/Break Bulk, Heavy Lift and Project operations in the Southern California Region, handling an enormous variety of commodities. Planned the vessel, manning, and multiple vessel locations at berth and other locations, executing vessel operations from beginning to end; planned floor layout for fruit operations, fumigation coordination (USDA), and delivery scheduling. Additionally, traveled to San Diego to run the Dole vessel/terminal operations, leading as sole Superintendent for the job at night. Resolved all issues and managed handling of Petroleum products which had special State and Federal handling procedures. Handled all billing and payroll responsibilities.

**TERRANCE L. HIRSCH** • Page - 4 - • terry.hirsch@hirschmaritime.com

**Select Accomplishments:**

- Served as effective problem solver, operational liaison, and increased productivity through continuous improvement.
- Handled the role of Relief Bulk Manager and Fruitdock Manager when necessary.
- Managed night operations in Los Angeles, Long Beach and San Diego.
- Operated up to 4 vessels independently, regularly with great success.
- I had the full confidence of the senior staff

**EDUCATION**

**Bachelor of Arts, Global Systems: International Security and Conflict Resolution**

San Diego State University

**Associates Degree, International Business**

Long Beach City College

***Paid Internship: Consultant – Superintendent, Stevedoring Services of America(1997-1999)***

**CERTIFICATIONS**

**Company/Vessel Facility Officer Certification Program, California Maritime Academy**

***Hazmat Identification***, Pacific Maritime Association (PMA)

First Aid, AED and CPR

Extensive certificates on a full spectrum of fields

Transportation Worker Identification Credential

**NATIONAL INCIDENT MANAGEMENT SYSTEMS**

ICS 100, 200, 300 (USCG), 400 (USCG), 700 & 800

**ORGANIZATIONA- GROUPS**

Pacific Transportation Association (Board of Directors 2008/9)

Port Everglades Association (Board of Director 2018)

***Technology:*** MS Office, Terminal Operating Systems, M21, numerous databases, Business Objects, Oracle, Prism, Kronos, Jade, Netsuite to name a few

**Michelle Hirsch**  
6701 NW 22<sup>nd</sup> Terrace  
Fort Lauderdale, FL 33309  
(650) 290-1249  
Mhirsch345@juno.com

## **SUMMARY OF QUALIFICATIONS**

10 plus years of office experience involving heavy customer service. Great organizational skills, attention to detail, computer knowledge, data entry, quick learner, ability to work independently. Strong people skills, proactive, dependable, friendly, enthusiastic, flexible and willing to work where needed.

## **TECHNICAL SKILLS AND SPECIAL ABILITIES**

- Microsoft Office
- QuickBooks
- Data Management
- Online Banking
- Inventory Control
- Outlook
- Keyboarding 60 w.p.m.
- Order entry
- Adding machines
- Fax Machine
- AS400
- Multiple-line telephone systems
- Photocopiers
- UPS/FedEx/DHL

## **EDUCATION**

1998 LONG BEACH CITY COLLEGE, Associate of Arts Degree

1999 ISO TRAINING, Seminar and Certification

2001 Finger Print Classification and Identification Certificate

2003 ASP Tactical Baton Certification

2003 EAST TEXAS POLICE ACADEMY, Basic Peace Officer Certificate

## **EXPERIENCE**

March 2017 – May 2020 Office Manager/Personal Assistant, Light'N Up, Inc, Sunrise, FL

- Order processing via Email, Fax, Phone and Online platforms such as Amazon and Wayfair
- Invoicing customers
- Entering checks received into QuickBooks
- Doing online deposits to the bank
- Managing employee time clock, requests for time off and absences
- Managing inventory and inventory reconciliation
- Managing spreadsheets for Owner's other companies for tax accountant and bank reconciliation
- Managing Owners personal affairs such as reconciling checkbook with bank statements, managing spreadsheets for accountant, corresponding with attorney, updating his personal financial statement, maintaining, and ordering his prescriptions as well as other matters.

June 2016 – January 2017 ECONOMIC SELF-SUFFICIENCY SPECIALIST I, State of Florida, Fort Laud, FL

- Determining the eligibility of applicants and recipients for public assistance programs such as food assistance, Medicaid and temporary cash assistance.
- Analyzing a broad range of documentation and entering data into a computer-based eligibility system while adhering to time sensitive agency deadlines
- Gathering data from the customer by phone and their on-line application and entering it into the FLORIDA computer system. ESSIs are responsible for calculating and authorizing monthly benefit amounts based on financial information and household.

December 2014 – May 2016 OFFICE ADMINISTRATIVE, Superior Building Supplies, Fort Laud., FL

- Order processing via Email, Fax and Online
- Process all claims with UPS, FedEx, and major freight carriers
- Process all transportation documentation
- Interact with our distributors via phone and email
- Customer service

February 2007 – March 2014 IMPORT SPECIALIST, Liberty Gold Fruit Co., Inc., SSF, CA

- Process all paperwork for incoming freight containers
- Request and ship samples overseas
- Maintain extensive inventory control in all 10 of our 3<sup>rd</sup> Party Warehouses and reconcile any discrepancies each month
- Maintain weekly out of stock reports to insure sufficient inventory is kept on hand for customers
- Communicate with our suppliers regarding any discrepancies in the shipping schedule
- Keep Monthly spreadsheet of all updated freight rates
- Responsible for all incoming mail and outgoing shipments
- Responsible for all ISF information on each of our shipments (This is a U.S. Customs requirement).
- Proofread all of our labels and Nutrition Information for clarity and accuracy.
- Provide support to President for his projects on an ongoing basis

May 2006- February 2007 RETAIL ASSISTANT, Scrapbook Nook, San Bruno, CA

- Responsible for ordering product from vendors
- Answer all incoming emails and telephone inquiries regarding orders
- Do all online orders and shipping of those orders
- Troubleshoot problems of online orders
- Open/Close the store
- Receive and inventory all product that comes into the store

September 2005 – April 2006 OPERATIONS ASSISTANT, SSF Imported Auto Parts, SSF, CA

- Inventory Control
- Shipping and Receiving
- Tracking Packages
- Spreadsheet Analysis
- Monthly Sales Tracking
- Maintaining and Updating Intra-office Policies and Procedures

February 2005 – June 2005 EXECUTIVE ASSISTANT, AeroTechnology, Long Beach, CA

- Responsible for answering all customer service calls.
- Scheduled all travel itinerary for President and Vice President of Company
- Did all data entry of purchasing quotes
- Spreadsheet and summary reports for President/Vice President of Company
- Managed presidents financial accounts

July 2003 – December 2004 ASSISTANT MANAGER, Food Fast Corp., Mabank, TX

- Responsible for doing the daily close reports of the store.
- Handled all aspects of money handling including counting the deposit, reconciling any discrepancies, making deposits at the bank.
- Did the purchase orders every week, sent all paperwork to main office via computer on a daily basis, and worked with vendors to do individual orders.

November 2002 - June 2003 STUDENT, East Texas Police Academy, Athens, TX

June 1999 - June 2002 WAREHOUSE ACCOUNT SUPERVISOR, Mitsui-Soko Inc., Carson, CA

- Had extensive customer contact on a daily basis. Responsible for contact between our client, the trucker, and the clients' customers.
- Responsible for processing 500+ orders per week. The orders were processed individually and were separated by destination, trucking company, weight, etc.
- Did inventory control and reconciliation. Responsible for maintaining accurate inventory spreadsheets for beginning and end of each month. Matched inventory with the warehouse and reconciled any differences that may have occurred.
- Processed claims for the client concerning any shortages or damages that may have been reported by their customers.
- Bonded for U.S. Customs and kept U.S. Custom files for auditing purposes.

## Ari I. Mukamal

24 Cayuga Road, Sea Ranch Lakes, FL 33308 • (415) 723-3331 • mukamal@stanfordalumni.org

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### Summary of Qualifications

- 23+ years experience in strategic marketing, management, operations, and business development
  - Supply Chain, Regulatory Affairs, Quality Management, Quality Assurance, Direct and Relationship marketing, Market Research, and Customer Experience, including Customer Engagement, NPS, Online Advertising, DRTV, and Social Media
- 

### Experience

#### Puerto Rico Pharmaceutical, Inc., San Juan, PR

2012 -  
present

##### Director

*Lead PRP's Supply Chain, Quality Management, Regulatory Departments, and India Operations, ensuring supply of high quality pharmaceutical products throughout the Caribbean, Central America, and parts of South America. Directly manage orders for Dominican Republic and Haiti.*

- Founded PRP's Mumbai office, hiring General Manager and expanding to 16 staff, including QA, QC, RA, and Supply Chain, saving the company \$2MM+
- Achieved ISO 9000:2015 Certification for Mumbai office for Provision of Services for Testing, Assessment, and Certification of Pharmaceuticals and for Provision of Services for Review of Pharmaceutical Product Quality Dossiers
- Tested and released over 550 batches of pharmaceuticals TTM, Improved timely release of batches from 55% to 75% (SLA 15 business days)
- Created and rolled out prioritization methodology for business development in Caribbean and Central America markets, improving commercialization rate by 80%. Same initiative reduced duplicative regulatory work by 50% through development of Harmonized SOP for Registration across markets
- Developed new SOPs for vendor qualification and quality assurance, reducing product quality issues by 85% and saving over \$1,000,000 in product recall and destruction expenses
- Organized and led delegations from Bahamas, Barbados, and Haiti to India, including meetings with CDSCO (Central Drugs Standard Control Organization, New Delhi) and visits to manufacturing sites
- Created templates for managing inventory that included all relevant information including margin reducing stock outs and improving overall margin performance
- Restructured regulatory process to streamline and simplify product and company registration across PRP's territories. Reduced time to submission by up to 90%. Improved quality of regulatory submissions, reducing error rate and returns from MOH by 95%
- Identified 100+ low-potential products in regulatory and eliminated saving \$500,000 in expenses

#### Logitech, Inc., Fremont, CA

2010 – 2011

##### Director, Customer Experience & Relationship Marketing; Director, Consumer Insights

*Led Logitech's Global Customer Experience, Relationship Marketing, and Consumer Insights strategy and execution.*

- Founded Relationship Marketing department; developed short- and long-term strategies for RM and organizational structure, including interdepartmental support and team staffing plan
- Created and executed RM programs for Logitech Revue, Harmony, Alert, and other products, driving over \$6m in direct incremental revenue and driving direct ROI as high as 3,300%
- Developed Logitech consumer data strategy and launched executive-sponsored RM/IT project consolidating 12 siloed databases into a master source for consumer data and insights
- Renegotiated ESP services with agency, resulting in a 90% net cost reduction per email sent Led Customer Experience team; act as a leading customer advocate throughout the company
- Developed long term evaluation methodology and tools to measure and analyze the impact of the NPS and Voice of the Customer programs and their impact on Logitech customers and products
- Awarded direction of Consumer Insights and Customer Experience teams, developed and executed turnaround plans; 100% retention rate for existing team members



Ari I. Mukamal (page 2 of 3)

**G2 direct & digital**, San Francisco, CA

2005-2010

**Senior Vice President, Director of Strategic Planning**

*Led G2 West strategic planning practice, develop agency approach to CRM and loyalty, marketing measurement, social media, Rich Internet Applications, and marketing technology*

- Created innovative, addictive Flash video game for awareness and lead generation, showcasing NetApp's products, driving over 8,700 hours of gameplay and 52,000 pageviews
- Developed prospect and customer communications streams for Adobe that increased customer lifetime value by over 7% and contributed to a 55% increase in trial conversion rate

**Vice President, Account Director**

*Managed 25+ person team and \$6 million budget for Adobe Systems, NetApp, and others*

- Led Adobe's Customer Engagement Marketing programs, including Consumer, Design, Print, Web, Video, Developer, Enterprise, and Vertical segments
- Led G2's NetApp Demand Generation team, creating turnkey programs for partners and field, generated over \$1.25MM in revenue with 3 FTE
- Drove direct marketing strategy and execution across seven global product launches; oversaw development of email, online advertising, landing pages, microsites, and direct mail
- Managed team that implemented Adobe's use of engagement metrics to drive to end-actions, driving deep consumer interaction, response, and Lifetime Value
- Grew agency budget by 25% per year organic growth
- Created internal training courses and mentorship; 9 promotions within team in 4 years

**Publicis Dialog**, San Francisco, CA

2004-2005

**Senior Strategic Planner**

*Managed cross-functional teams including account, creative, media, and production groups to create and implement multi-million dollar marketing campaigns for Fortune 100 companies*

- Developed direct response marketing, customer lifecycle management, lead generation and nurturing plans for Sprint and Hewlett Packard
- Generated over 5% response for HP direct mail and email campaigns
- Managed tactical execution of programs including online advertising, partnerships, direct mail, email, trade show strategy and marketing, customer communications, and telemarketing

**McCann Worldgroup**, San Francisco, CA

2000-2004

**Senior Marketing & Business Development Manager**

*Drove new business development across six McCann Worldgroup companies: online/web marketing, experiential marketing, traditional advertising, direct marketing, branding, and PR*

- Secured new business wins totaling over \$6M in annual revenue, including Nestle Carnation Instant Breakfast, Oakland Athletics, and LSI Logic Storage Systems

**Strategic Planner (MRM Partners)**

*Created agency-wide data management discipline for online, direct marketing, and lead generation programs*

- Formed and implemented process for tracking campaign elements to individual contact, enabling more effective measurement of results and subsequent improvements in strategy
- Developed strategic marketing plans driving revenue and retention for Nestle, Sony, and Microsoft through optimization of creative, media, production, database, and segmentation

**Manager, Strategy (Zentropy Partners)**

*Led strategic engagements for clients implementing online marketing and business initiatives*

**NextPlanetOver.com**, San Francisco, CA

1999-2000

**Associate Director, Business Development,**

*Developed and implemented strategic co-marketing partnerships with online content providers and entertainment enthusiast organizations*

**A. T. Kearney, Financial Institutions Group**, San Francisco, CA

1997-1999

**Associate, Business Analyst**

*Analyzed strategic business opportunities for financial services, insurance, technology and media companies looking for new sources of top-line growth*

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Ari I. Mukamal (page 3 of 3)

## **Education**

**Stanford University**, Palo Alto, California

Master of Arts in Organizational Sociology, 1997

Bachelor of Arts in Political Science, with Honors and Distinction, 1996

**Oxford University, Stanford-in-Oxford**, Oxford, England

Conducted Honors Thesis research: *Britain's Official Secrets Acts: History and Persistence of a Disputed Law*

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## **Additional Information**

MarketingSherpa Silver Award – Best Automated Campaign – Adobe CS Trial Follow-up, 2009

Manager, Coach, Second Baseman, San Francisco Men's Adult Baseball League Red Giants, 2000 – 2012; South Florida Baseball League Broward Mariners, 2012-present

Alumni Advisor, Member of House Corporation Board of Directors, Phi Kappa Psi Fraternity – Grand Chapter of Phi Kappa Psi - 2002, 2005, 2007, 2010 Stanford University

A.T. Kearney Great Client Work Award; A.T. Kearney Intellectual Capital Award

Member of Stanford Marching Band, Fort Lauderdale Symphonic Winds – trombone and mellophone

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L19000282213  
FILED 8:00 AM  
November 12, 2019  
Sec. Of State  
dlokeefe

**Article I**

The name of the Limited Liability Company is:

HIRSCH STEVEDORING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL. 33309

The mailing address of the Limited Liability Company is:

6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL. 33309

**Article III**

The name and Florida street address of the registered agent is:

TERRANCE L HIRSCH  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL. 33309

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

Registered Agent Signature: TERRANCE L. HIRSCH

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
TERRANCE L HIRSCH  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL. 33309

**L19000282213**  
**FILED 8:00 AM**  
**November 12, 2019**  
**Sec. Of State**  
dlokeefe

Signature of member or an authorized representative

Electronic Signature: TERRANCE L. HIRSCH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

[Previous On List](#)   [Next On List](#)   [Return to List](#)

hirsch stevedoring

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**No Events   No Name History**

## Detail by Entity Name

Florida Limited Liability Company  
HIRSCH STEVEDORING, LLC

### Filing Information

<b>Document Number</b>	L19000282213
<b>FEI/EIN Number</b>	84-3904903
<b>Date Filed</b>	11/12/2019
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL 33309

### Mailing Address

6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL 33309

### Registered Agent Name & Address

HIRSCH, TERRANCE L  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL 33309

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

HIRSCH, TERRANCE L  
6701 NW 22ND TERRACE  
FORT LAUDERDALE, FL 33309

### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2020	04/10/2020
2021	04/07/2021

### Document Images

<a href="#">04/07/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/12/2019 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2021

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).

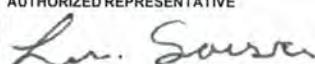
<b>PRODUCER</b> United States SEA-LAND INSURANCE CORPORATION 1880 N CONGRESS AVE STE 227 BOYNTON BEACH FL 33426	<b>CONTACT NAME:</b> Lori Sousa <b>PHONE (A/C, No, Ext):</b> 5614414833 <b>E-MAIL ADDRESS:</b> lsousa@sealandins.com	<b>FAX (A/C, No):</b> 561-634-2143
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> HIRSSTE-01 Hirsch Stevedoring LLC 6701 NW 22nd Ter Fort Lauderdale FL 33309	<b>INSURER A :</b> Argonaut Insurance Co <span style="float:right">NAIC # 19801</span>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1198757485 **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.

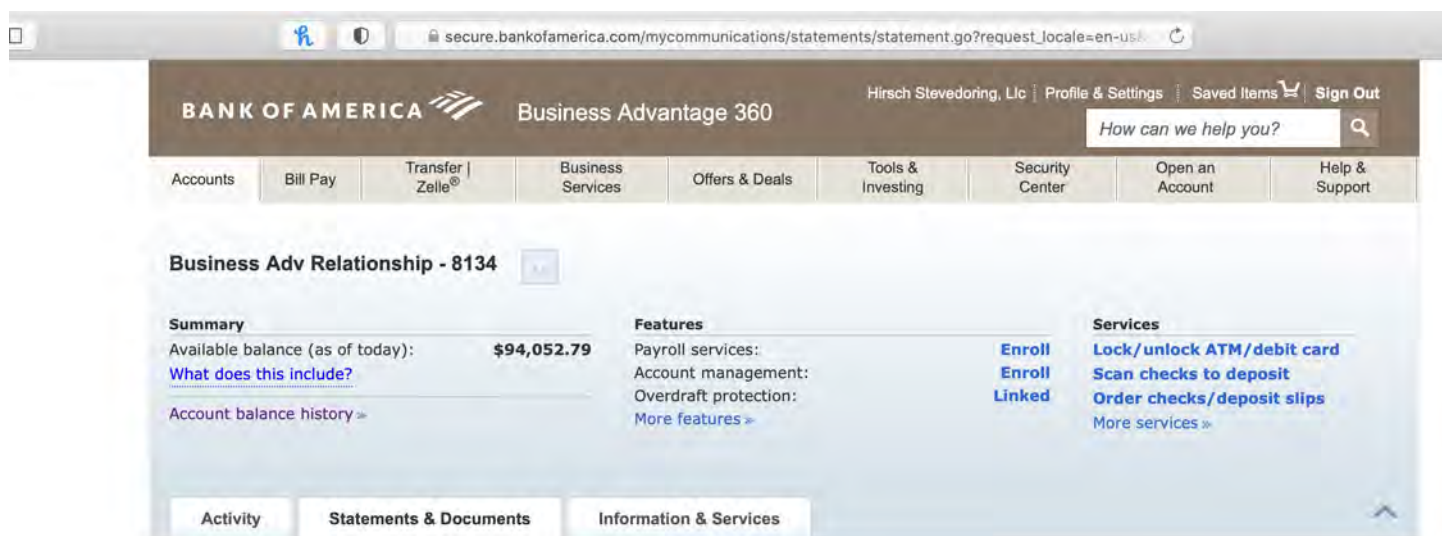
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> TOLL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		726OM3845-01	5/22/2021	5/22/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			726OM3845-01	5/22/2021	5/22/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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 <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution Liability			726OM3845-01	5/22/2021	5/22/2022	\$1,000,000 Agg

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

<b>CERTIFICATE HOLDER</b>  Broward County 1850 Eller Dr Suite #603 Fort Lauderdale FL 33316	<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 
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Hirsch Stevedoring, LLC Profit and Loss Basis: Accrual From 01 May 2020 To 02 Jul 2021	
Account	Total
<b>Operating Income</b>	
General Income	\$ 10,053.30
Sales	\$ 685,682.33
Total Operating Income	\$ 695,735.63
<b>Gross Profit</b>	<b>\$ 695,735.63</b>
<b>Operating Expense</b>	
Advertising And Marketing	\$ 71.88
Agency Fees	\$ 109,699.48
Automobile Expense	\$ 2,705.05
Bank Fees and Charges	\$ 30.00
Broward County	\$ 41,383.98
Broward Tax/Licensing	\$ 53.63
Bryant Surety - Broward County Bond	\$ 400.00
Computer	\$ -
Software	\$ 574.94
Total for Computer	\$ 574.94
Consultant Expense	\$ 8,580.00
Accountant	\$ 3,860.00
Attorney Fees	\$ 13,015.00
LSN Partners, LLC	\$ 16,050.00
Total for Consultant Expense	\$ 41,505.00
Contract Labor	\$ 99,385.33
Crane Usage	\$ 13,470.00
Credit Card Charges	\$ 2,450.00
Customs Clearance	\$ 5,565.00
Dock Cleanup	\$ 9,392.45
Equipment	\$ 7,739.30
Equipment Rental	\$ 50,337.60
Equipment Transportation	\$ 810.00
Fence (Labor) for Grid Rental	\$ 5,511.00
SOL Rental Charges - Franchise, Grid Space & Equipment	\$ 87,368.00
Fuel	\$ 5,779.20
Gifts	\$ 81.30
Insurance and Bond	\$ 26,632.01
License/Permit Fees	\$ 180.00
Maintenance and Repair	\$ 7,836.49
Management Expense	\$ 46,486.90
Meals and Entertainment	\$ 3,113.41
National Motor Freight Association SCAC	\$ 77.00
Office Equipment & Supplies	\$ 3,520.18
Other Equipment	\$ 2,716.36
Other Expenses	\$ 598.74
Passports	\$ 214.73
PEA Dues	\$ 1,160.00
Phone Bill	\$ 1,813.29
PPE Gear	\$ 42.31
Rent	\$ 10,392.96
Security	\$ 14,042.01
Ship Operating Supplies	\$ 503.07
Soft Gear	\$ 2,714.70
Taxes and Licenses	\$ 1,626.30
Telephone Expense	\$ 3,387.34
Travel	\$ 713.46
Utilities and Trash Box	\$ 1,461.90
Total Operating Expense	\$ 613,546.30
<b>Operating Profit</b>	<b>\$ 82,189.33</b>
<b>Net Profit/Loss</b>	<b>\$ 82,189.33</b>



The screenshot shows the Bank of America Business Advantage 360 account page. At the top, the browser address bar displays the URL: [secure.bankofamerica.com/mycommunications/statements/statement.go?request\\_locale=en-us](https://secure.bankofamerica.com/mycommunications/statements/statement.go?request_locale=en-us). The page header includes the Bank of America logo, the account name "Business Advantage 360", and the user name "Hirsch Stevedoring, Llc". Navigation links for "Profile & Settings", "Saved Items", and "Sign Out" are present. A search bar asks "How can we help you?". A main navigation menu contains: Accounts, Bill Pay, Transfer | Zelle®, Business Services, Offers & Deals, Tools & Investing, Security Center, Open an Account, and Help & Support. The main content area is titled "Business Adv Relationship - 8134" and is divided into three sections: Summary, Features, and Services. The Summary section shows an available balance of \$94,052.79 and includes links for "What does this include?" and "Account balance history >". The Features section lists "Payroll services:", "Account management:", and "Overdraft protection:", with a "More features >" link. The Services section lists "Lock/unlock ATM/debit card", "Scan checks to deposit", "Order checks/deposit slips", and "More services >". At the bottom, there are three tabs: "Activity", "Statements & Documents", and "Information & Services".

Statements & Documents in [2021](#) ▾

[What documents are available?](#)

[Enable screen reader-formatted PDFs](#)





P.O. Box 15284  
Wilmington, DE 19850

HIRSCH STEVEDORING, LLC  
6701 NW 22ND TER  
FORT LAUDERDALE, FL 33309-1424

BANK OF AMERICA

Preferred Rewards  
For Business

Customer service information

1,888.BUSINESS (1,888,287,4637)

bankofamerica.com

Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Your Business Advantage Relationship Banking Preferred Rewards for Bus Platinum

for May 1, 2021 to May 31, 2021

Account number: 2290 5873 8134

HIRSCH STEVEDORING, LLC

### Account summary

Beginning balance on May 1, 2021	\$5,187.76
Deposits and other credits	225,024.73
Withdrawals and other debits	-59,863.05
Checks	-56,996.52
Service fees	-0.00

**Ending balance on May 31, 2021** **\$113,352.92**

Your account is enrolled in overdraft protection. You can manage your overdraft protection preferences, including linked accounts, in Online Banking.

# of deposits/credits: 13

# of withdrawals/debits: 93

# of items-previous cycle<sup>1</sup>: 14

# of days in cycle: 31

Average ledger balance: \$38,774.72

<sup>1</sup>Includes checks paid, deposited items & other debits

BANK OF AMERICA

Preferred Rewards  
For Business

## Don't lose your program benefits

You're currently not meeting the program requirements to continue receiving benefits and rewards for your tier, but there are steps you can take to address the situation.

**Please act now to retain your benefits.** Call **866.953.2481** today to speak with a specialist about how you can keep earning rewards.

55M07-20-0575B | 3175842

HIRSCH STEVEDORING, LLC | Account # 2290 5873 8134 | May 1, 2021 to May 31, 2021

## IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

**How to Contact Us** - You may call us at the telephone number listed on the front of this statement.

**Updating your contact information** - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

**Deposit agreement** - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

**Electronic transfers: In case of errors or questions about your electronic transfers** - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.


For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

**Reporting other problems** - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

**Direct deposits** - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and  Equal Housing Lender



Your checking account

HIRSCH STEVEDORING, LLC | Account # 2290 5873 8134 | May 1, 2021 to May 31, 2021

Deposits and other credits

Date	Description	Amount
05/03/21	BKOFAMERICA ATM 05/02 #000001856 DEPOSIT PORT EVERGLADES FORT LAUDERDA FL	18,896.92
05/05/21	WIRE TYPE:WIRE IN DATE: 210505 TIME:1048 ET TRN:2021050500291384 SEQ:210505104524X102/001725 ORIG:ARI I MUKAMAL ID:4280539871 SND BK:TD BANK, N A ID:011103093 PMT DET:EAAE-C2QJSN	12,000.00
05/05/21	BKOFAMERICA MOBILE 05/05 3820184148 DEPOSIT *MOBILE FL	11,744.55
05/07/21	Online Banking advance from CRD 3443 Confirmation# 0639433991	1,500.00
05/07/21	Online Banking transfer from IHL 0600 Confirmation# 1143423989	250.00
05/10/21	WIRE TYPE:WIRE IN DATE: 210510 TIME:1337 ET TRN:2021051000451302 SEQ:1934065130FS/008624 ORIG:ISLAND SITE DEVELOPMENT ID:057151294263 SND BK:JPMORGAN CHASE BANK, NA ID:021000021 PMT DET:SWF OF 21/05/10 /RFB/PAYMENT ON INVOICE 00	2,748.50
05/11/21	Counter Credit	5,460.00
05/11/21	Online Banking transfer from IHL 0600 Confirmation# 7475478605	1,500.00
05/12/21	WIRE TYPE:WIRE IN DATE: 210512 TIME:0938 ET TRN:2021051200256836 SEQ:210512093250X100/001158 ORIG:ARI I MUKAMAL ID:4280539871 SND BK:TD BANK, N A ID:011103093 PMT DET:EAAE-C2XH9Q	21,000.00
05/12/21	WIRE TYPE:WIRE IN DATE: 210512 TIME:1445 ET TRN:2021051200386143 SEQ:4008395132FS/011275 ORIG:BAHAMAS FERRIES LIMITED ID:056252890002 SND BK:JPMORGAN CHASE BANK, NA ID:021000021 PMT DET:SWF OF 21/05/12 /RFB/BAHAMAS FERRIES LIMIT	16,969.88
05/24/21	Deposit	101,588.46
05/24/21	OTISMAL3039CD DES:CORP PAY ID: INDN:HIRSCH STEVEDORING LLC CO ID:XXXXXXXXXX CCD	20,787.67
05/28/21	Counter Credit	10,578.75
<b>Total deposits and other credits</b>		<b>\$225,024.73</b>

Withdrawals and other debits

Date	Description	Amount
05/03/21	Online Banking transfer to CHK 3452 Confirmation# 2204395273	-2,500.00

continued on the next page

Did you know your business may have a credit score?

It's important to have access to tools that help you understand your business credit.  
That's why we've partnered with Dun & Bradstreet to provide free access to a business credit score.<sup>1</sup>

To learn more visit [bankofamerica.com/BusinessCreditScore](http://bankofamerica.com/BusinessCreditScore).

<sup>1</sup>The Dun & Bradstreet Business Credit Score Program is for educational purposes and for your non-commercial, personal use only. This benefit is available only for U.S.-based Bank of America Small Business clients with an open and active Small Business account who have properly enrolled to access the Dun & Bradstreet business credit score in Business Advantage 360 and have a Dun & Bradstreet business credit score available. Dun & Bradstreet's business credit score (also known as "The D&B" Delinquency Predictor Score") is based on data from Dun & Bradstreet and may be different from other business credit scores. Dun & Bradstreet is a third party not affiliated with Bank of America and Bank of America makes no representation or warranty related to Dun & Bradstreet's business credit score.

SSM-01-21-2462 R | 3/3/2021

HIRSCH STEVEDORING, LLC | Account # 2290 5873 8134 | May 1, 2021 to May 31, 2021

**Withdrawals and other debits - continued**

Date	Description	Amount
05/03/21	PORT CONSOLIDATE DES:EFT 05/03 ID:17487 INDN:HIRSCH STEVEDORING LLC CO ID:2591173292 CCD	-72.16
05/06/21	Online Banking transfer to CHK 8231 Confirmation# 1330739799	-150.00
05/06/21	Online Banking transfer to CHK 3452 Confirmation# 2430744843	-75.00
05/06/21	ESSG (400) DES:*Direct CI ID:AHC INDN:Hirsch Stevedoring CO ID:XXXXXXXXX CCD	-13,872.28
05/10/21	ALLY DES:ALLY PAYMT ID:228006225024 INDN:Terrance Hirsch CO ID:9833122002 CCD	-484.01
05/10/21	BANK OF AMERICA BUSINESS CARD Bill Payment	-300.00
05/10/21	PORT CONSOLIDATE DES:EFT 05/10 ID:17487 INDN:HIRSCH STEVEDORING LLC CO ID:2591173292 CCD	-138.36
05/12/21	Online Banking transfer to CHK 3452 Confirmation# 6284728585	-500.00
05/13/21	ESSG (400) DES:*Direct CI ID:AHC INDN:Hirsch Stevedoring CO ID:XXXXXXXXX CCD	-17,809.59
05/13/21	PORT CONSOLIDATE DES:EFT 05/13 ID:17487 INDN:HIRSCH STEVEDORING LLC CO ID:2591173292 CCD	-445.34
05/14/21	PORT CONSOLIDATE DES:EFT 05/14 ID:17487 INDN:HIRSCH STEVEDORING LLC CO ID:2591173292 CCD	-183.47
05/17/21	Online Banking transfer to CHK 8231 Confirmation# 2316634881	-250.00
05/20/21	ESSG (400) DES:*Direct CI ID:AHC INDN:Hirsch Stevedoring CO ID:XXXXXXXXX CCD	-2,741.70
05/24/21	Online Banking transfer to CHK 3452 Confirmation# 6269125544	-250.00
05/24/21	PORT CONSOLIDATE DES:EFT 5/24 ID:17487 INDN:HIRSCH STEVEDORING LLC CO ID:2591173292 CCD	-329.69
05/26/21	Online Banking transfer to CHK 3452 Confirmation# 1502327056	-1,000.00
05/26/21	VERIZON WIRELESS DES:PAYMENTS ID:074238257700001 INDN:0000000074238257700001 CO ID:6223344794 CCD	-194.19
05/27/21	ESSG (400) DES:*Direct CI ID:AHC INDN:Hirsch Stevedoring CO ID:XXXXXXXXX CCD	-6,245.49
<b>Card account # XXXX XXXX XXXX 5258</b>		
05/03/21	CHECKCARD 0430 TACO BELL #26472 FORT LAUDERDAFL 55263521121837007206907 CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-14.50
05/03/21	CHECKCARD 0430 CERTEX - POMPANO 9549615533 FL 55480771121207603900097 CKCD 5039 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-350.43
05/03/21	CHECKCARD 0501 DOUGHBOYS PIZZERI FORT LAUDERDAFL 25247801121000111240938 CKCD 5812 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-27.95
05/03/21	BKOFAMERICA ATM 05/01 #000002354 WITHDRWL PORT EVERGLADES FORT LAUDERDA FL	-180.00
05/03/21	CHECKCARD 0501 ARBYS #195 FOR FORT LAUDERDAFL CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-14.51
05/03/21	CHECKCARD 0502 MCDONALD'S F13 FT LAUDERDALEFL CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-32.17
05/03/21	CHECKCARD 0502 TACO BELL #26472 FORT LAUDERDAFL 55263521123837008089805 CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-16.68
05/04/21	CHECKCARD 0503 BURGER KING #4235 FORT LAUDERDAFL 55431801124400203071532 CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-12.27
05/05/21	CHECKCARD 0504 CERTEX - POMPANO 9549615533 FL 55480771125207603100090 CKCD 5039 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-1,578.91
05/05/21	7-ELEVEN 05/04 #000969920 PURCHASE 7-ELEVEN POMPANO BEACH FL	-12.51
05/05/21	LOWE'S #754 05/05 #000476218 PURCHASE 1001 W OAKLAND PA OAKLAND PARK FL	-53.46
05/06/21	CHECKCARD 0505 STAR CLEANING USA HIALEAH FL 55310201125207328600030 CKCD 7349 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-2,800.00
05/06/21	CHECKCARD 0505 CHIPOTLE 2111 FORT LAUDERDAFL 55310201126400541001966 CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-25.31

continued on the next page



Your checking account

HIRSCH STEVEDORING, LLC | Account # 2290 5873 8134 | May 1, 2021 to May 31, 2021

Withdrawals and other debits - continued

Date	Description	Amount
05/06/21	PUBLIX SUPER M 05/06 #000098796 PURCHASE 1940 CORDOVA ROAD FT LAUDERDALE FL	-128.05
05/07/21	CHECKCARD 0507 MCDONALD'S F50 FORT LAUDERDAFL CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-19.00
05/10/21	PUBLIX SUPER M 05/08 #000075089 PURCHASE 1140 SW 36TH AVE POMPANO BEACH FL	-62.92
05/10/21	CHECKCARD 0508 IDENTOGO-IDEMIA T BILLERICA MA 55457021129083381956028 CKCD 9399 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-85.00
05/12/21	CHECKCARD 0511 STAR CLEANING USA HIALEAH FL 55310201131207328800020 CKCD 7349 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-4,527.65
05/12/21	BKOFAMERICA ATM 05/12 #00001435 WITHDRWL HARRISBURG AND W HOUSTON TX	-100.00
05/17/21	CHECKCARD 0514 ZOHO CORPORATION 9259249500 CA 55429501134637109952665 RECURRING CKCD 7372 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-29.00
05/18/21	CHECKCARD 0517 TACO BELL #26472 FORT LAUDERDAFL 55263521138837003982155 CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-15.81
05/18/21	CHECKCARD 0517 BURGERFI-17TH STR FORT LAUDERDAFL 52704871138206188100707 CKCD 5812 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-25.23
05/19/21	CHECKCARD 0518 CHIPOTLE 2111 FORT LAUDERDAFL 55310201139400544002024 CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-28.15
05/19/21	PUBLIX SUPER M 05/19 #000039533 PURCHASE 1140 SW 36TH AVE POMPANO BEACH FL	-34.12
05/21/21	CVS/PHARMACY # 05/21 #000132883 PURCHASE 03285--1700 SOUTH FT. LAUDERDAL FL	-36.39
05/24/21	CHECKCARD 0521 CERTIFIED SLINGS& 4073316677 FL 55547501141636000123994 CKCD 5085 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-264.40
05/24/21	CHECKCARD 0521 TACO BELL #26472 FORT LAUDERDAFL 55263521142837004853342 CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-15.81
05/24/21	WAL-MART #1851 05/23 #000416800 PURCHASE 7300 WEST MCNAB R NORTH LAUDERD FL	-183.91
05/24/21	RACETRAC057 05/23 #000195527 PURCHASE 7350 WEST MCNAB R N LAUDERDALE FL	-8.32
05/24/21	CHECKCARD 0524 AMZN MKTP US*2R46 AMZN.COM/BILLWA 55310201144083759460765 CKCD 5942 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-53.93
05/24/21	BKOFAMERICA ATM 05/24 #000007897 WITHDRWL PORT EVERGLADES FORT LAUDERDA FL	-300.00
05/25/21	CHECKCARD 0524 BURGERFI-17TH STR FORT LAUDERDAFL 52704871145206188100625 CKCD 5812 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-25.63
05/25/21	CHECKCARD 0525 5Q *17ST THAI SUS Fort LauderdaFL 55432861145200955744932 CKCD 5812 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-42.37
05/25/21	CHECKCARD 0525 MCDONALD'S F13 FT LAUDERDALEFL CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-16.22
05/26/21	CHECKCARD 0525 AMZN MKTP US*2R0A AMZN.COM/BILLWA 55310201145083779667133 CKCD 5942 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-71.44
05/26/21	CHECKCARD 0525 CERTEX - POMPANO 9549615533 FL 55480771146207603600128 CKCD 5039 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-364.34
05/26/21	CHECKCARD 0526 MCDONALD'S F13 FT LAUDERDALEFL CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-19.34
05/27/21	CHECKCARD 0526 TACO BELL #26472 FORT LAUDERDAFL 55263521147837007700834 CKCD 5814 XXXXXXXXXXXX5258 XXXX XXXX XXXX 5258	-15.81

Subtotal for card account # XXXX XXXX XXXX 5258

**-\$11,591.54**

*continued on the next page*

HIRSCH STEVEDORING, LLC | Account # 2290 5873 8134 | May 1, 2021 to May 31, 2021

### Withdrawals and other debits - continued

Date	Description	Amount
<b>Card account # XXXX XXXX XXXX 5324</b>		
05/03/21	CHECKCARD 0502 DRI*UPRINTING 888-888-4211 CA 55432861122200579748175 CKCD 5111 XXXXXXXXXXXX5324 XXXX XXXX XXXX 5324	-453.11
05/21/21	CHECKCARD 0520 AMAZON.COM*2L2AYO AMZN.COM/BILLWA 55310201140083740644000 CKCD 5942 XXXXXXXXXXXX5324 XXXX XXXX XXXX 5324	-98.54
05/24/21	CHECKCARD 0523 DRI*UPRINTING 888-888-4211 CA 55432861143200477117080 CKCD 5111 XXXXXXXXXXXX5324 XXXX XXXX XXXX 5324	-176.59
05/27/21	PURCHASE 0527 MICROSOFT *ONEDRI MSBILL.INFO WA	-1.99
<b>Subtotal for card account # XXXX XXXX XXXX 5324</b>		<b>-\$730.23</b>
<b>Total withdrawals and other debits</b>		<b>-\$59,863.05</b>

### Checks

Date	Check #	Amount	Date	Check #	Amount
05/03/21	1210	-220.00	05/13/21	1225	-522.00
05/04/21	1211	-6,420.57	05/13/21	1226	-324.00
05/06/21	1212	-2,204.00	05/13/21	1227	-680.00
05/05/21	1214*	-900.00	05/13/21	1228	-880.00
05/05/21	1215	-600.00	05/13/21	1229	-367.50
05/05/21	1216	-414.00	05/13/21	1230	-1,686.00
05/06/21	1217	-612.00	05/21/21	1231	-551.72
05/05/21	1218	-2,611.00	05/25/21	1232	-450.00
05/17/21	1219	-100.00	05/17/21	1233	-770.00
05/10/21	1220	-10,392.96	05/17/21	1234	-7,537.48
05/10/21	1221	-1,287.00	05/20/21	1235	-75.00
05/19/21	1222	-114.76	05/20/21	1236	-80.00
05/18/21	1223	-345.57	05/24/21	1238*	-1,037.00
05/13/21	1224	-4,250.00	05/27/21	1239	-11,563.96
<b>Total checks</b>				<b>-\$56,996.52</b>	
<b>Total # of checks</b>				<b>28</b>	

\* There is a gap in sequential check numbers

### Service fees

The Monthly Fee on your primary Business Advantage Relationship Banking account was waived for the statement period ending 04/30/21. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- \$15,000+ combined average monthly balance in linked business accounts has not been met
- Become a member of Preferred Rewards for Business has been met

For information on how to open a new product, link an existing service to your account; or about Preferred Rewards for Business please call 1.888.BUSINESS or visit [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).

Date	Transaction description	Amount
05/05/21	Prfd Rwd for Bus-Wire Fee Waiver of \$15	-0.00
05/10/21	Prfd Rwd for Bus-Wire Fee Waiver of \$15	-0.00

continued on the next page



**Your checking account**

HIRSCH STEVEDORING, LLC | Account # 2290 5873 8134 | May 1, 2021 to May 31, 2021

**Service fees - continued**

Date	Transaction description	Amount
05/12/21	Prfd Rwds for Bus-Wire Fee Waiver of \$15	-0.00
05/12/21	Prfd Rwds for Bus-Wire Fee Waiver of \$15	-0.00
<b>Total service fees</b>		<b>-\$0.00</b>

*Note your Ending Balance already reflects the subtraction of Service Fees.*

**Daily ledger balances**

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
05/01	5,187.76	05/11	10,167.61	05/20	3,715.12
05/03	20,203.17	05/12	43,009.84	05/21	3,028.47
05/04	13,770.33	05/13	16,045.41	05/24	122,784.95
05/05	31,345.00	05/14	15,861.94	05/25	122,250.73
05/06	11,478.36	05/17	7,175.46	05/26	120,601.42
05/07	13,209.36	05/18	6,788.85	05/27	102,774.17
05/10	3,207.61	05/19	6,611.82	05/28	113,352.92



**BANK OF AMERICA**

**Business Advantage 360**

Hirsch Stevedoring, Llc | Profile & Settings | Saved Items | **Sign Out**

How can we help you?

Accounts

Bill Pay

Transfer | Zelle®

Business Services

Offers & Deals

Tools & Investing

Security Center

Open an Account

Help & Support

**CORP Account - Business Adv Customized Cash Rewards - 0952**

**Account Summary as of 07/03/2021**

**Total current balance:** **\$6,378.84**  
 Total cash balance: \$0.00  
 Available credit for purchases: \$9,621.16  
 Available credit for cash advances: \$3,200.00  
 Pending transactions: \$0.00

[View activity summary](#)

**Account Details**

**Credit limit:** **\$16,000.00**  
 Cash credit line: \$3,200.00  
 Total amount over limit: \$0.00  
 Last payment date: 06/30/2021  
 Last payment: \$250.00

**Pay This Account**

**Bank of America**

**View your statements**

Statement balance: **\$6,185.68**  
 Statement closing date: **06/09/2021**  
 Payment due date: **07/06/2021**  
 Total minimum payment due: **\$0.00**

**Make payment**

[Make transfer](#)

**Rewards**

Total Cash Rewards:  
**\$124.62 Cash Rewards**  
 3% choice: **Gas Stations**  
[View/Redeem](#)

Activity

Statements & Documents

Information & Services

Rewards

Go to:

[Download](#) | [Print](#)

**Corporate Account**

There are no transactions to display.

**Card Accounts**

Cardholder Name

[Show all cardholder transactions >>](#)

**TERRANCE L HIRSCH JR**  
 xxxx-xxxx-xxxx-3443

**Current balance:** **\$193.16**  
 Available credit: \$9,621.16  
 Credit limit: \$16,000.00  
 Available cash: \$3,200.00

**Cash Back Deals**

Cash back deals on top of rewards you already earn.

[See how deals work](#)

 <b>15%</b>	 ONLINE ONLY <b>10%</b>
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**Icon Legend**



**Section L - Credit References**

**Name of Reference:** Port Consolidated  
**Contact Name:** Munir Gloria  
**Legal Business Street Address:**  
**City, State, Zip Code:**  
**Phone Number:**

**Nature of Business:** Fuel & Oil  
**Title:** Sales Representative  
PO Box 350430  
Fort Lauderdale, FL 33335  
(954) 522-1182

**Name of Reference:** Kelly Tractor  
**Contact Name:** Jim M. Van Putten  
**Legal Business Street Address:**  
**City, State, Zip Code:**  
**Phone Number:**

**Nature of Business:** Equipment Rental  
**Title:** Industrial Division - Davie  
2801 Reese Rd.  
Davie, FL 33314  
(954) 581-8181

**Name of Reference:** Sims Crane & Equipment  
**Contact Name:** Matthew Bozza  
**Legal Business Street Address:**  
**City, State, Zip Code:**  
**Phone Number:**

**Nature of Business:** Equipment Rental  
**Title:** Foreman  
10400 NW South River Dr  
Miami, FL 33178  
(954) 609-8130

**Name of Reference:** Bank of America  
**Contact Name:** Karen Bent Heeralal  
**Legal Business Street Address:**  
**City, State, Zip Code:**  
**Phone Number:**

**Nature of Business:** Banking  
**Title:** Officer, Small Business Consultant  
4803 Coconut Creek Pkwy  
Coconut Creek, FL 33063  
(954) 516-2808

**INDEMNITY AND PAYMENT BOND**

BOND NO. 723230084  
Effective Date: Dec 01, 2020

KNOW ALL BY THESE PRESENTS:

That we, HIRSCH STEVEDORING as INDEMNITOR and Western Surety Company as SURETY, a surety company authorized to do business in the State of Florida, are held and firmly bound unto BROWARD COUNTY, as OBLIGEE, a political subdivision of the State of Florida, in the full sum of forty thousand dollars DOLLARS (\$\$40,000.00), for the payment of which we bind ourselves, our heirs, successors, assigns and personal representatives for the performance of the obligations hereinafter set forth:

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

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

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

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

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

IN WITNESS WHEREOF, INDEMNITOR has caused this Bond to be executed by John D. Weisbrot, Attorney-In-Fact on this 25th day of November, 2020, 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 25th day of November, 2020, in its name, by its Attorney-in-Fact, duly authorized to do so.

**INDEMNITOR:**

Company Name: HIRSCH STEVEDORING

ATTEST:

Michelle Hirsch  
Corporate Secretary

By: [Signature]

Michelle Hirsch  
(Print Name of Secretary)

TERRANCE HIRSCH  
(Print Name of Pres./Vice Pres.)

(SEAL)

Title: PRESIDENT  
(Print)

15<sup>th</sup> day of December, 2020

**SURETY:**

Company Name: Western Surety Company

ATTEST:

See Power of Attorney

By: [Signature]

John D. Weisbrot  
(Print Name of Pres./Vice Pres.)

Title: Attorney-In-Fact  
(Print)

25th day of November, 2020



# Western Surety Company

## POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

**John D Weisbrot, Patricia A Tinsman, Steven Michael Varga, Melissa Lynn Mc Dade, Individually**

of Pipersville, PA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

**- In Unlimited Amounts -**

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 22nd day of October, 2018.



WESTERN SURETY COMPANY

*Paul T. Bruflat*

Paul T. Bruflat, Vice President

State of South Dakota }  
County of Minnehaha } ss

On this 22nd day of October, 2018, before me personally came Paul T. Bruflat, to me known, who being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires  
June 23, 2021



*J. Mohr*

J. Mohr, Notary Public

### CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereto subscribed my name and affixed the seal of the said corporation this 25th day of November, 2020.



WESTERN SURETY COMPANY

*L. Nelson*

L. Nelson, Assistant Secretary

Form F4280-7-2012

Go to [www.cnsurety.com](http://www.cnsurety.com) > Owner / Oblige Services > Validate Bond Coverage, if you want to verify bond authenticity.

To verify the bond please visit <https://www.suretybond.org/validate/?code=XVRY0SXw7FVwZ+BEVYwZ+Rw>

**Authorizing By-Law**

**ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY**

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

Western Surety Bond at  
suretybond.org

**WESTERN SURETY COMPANY**  
Sioux Falls, South Dakota  
**Statement of Net Admitted Assets and Liabilities**  
December 31, 2019

ASSETS

Bonds	\$ 1,943,152,245
Stocks	27,166,227
Cash, cash equivalents, and short-term investments	27,903,793
Receivables for securities	-
Investment income due and accrued	17,854,019
Premiums and considerations	56,706,652
Amounts recoverable from reinsurers	1,307,522
Current federal and foreign income tax recoverable and interest hereon	2,678,469
Net deferred tax asset	11,798,536
Receivable from parent, subsidiaries, and affiliates	12,821,583
Other assets	601
Total Assets	\$ 2,101,389,646

LIABILITIES AND SURPLUS

Losses	\$ 206,051,147
Loss adjustment expense	52,124,445
Commissions payable, contingent commissions and other similar charges	9,862,381
Other expenses (excluding taxes, license and fees)	3,624
Taxes, License and fees (excluding federal and foreign income taxes)	3,875,999
Federal and foreign income taxes payable	-
Unearned premiums	248,521,840
Advance premiums	6,112,006
Ceded reinsurance premiums payable (net of ceding commissions)	1,673,524
Amounts withheld or retained by company for account of others	5,332,206
Provision for reinsurance	290,516
Payable to parent, subsidiaries and affiliates	2905
Payable on security transactions	-
Other liabilities	97,836
Total Liabilities	\$ 533,948,430

Surplus Account:	
Common stock	\$ 4,000,000
Gross paid in and contributed surplus	280,071,837
Unassigned funds	1,283,369,380
Surplus as regards policyholders	\$ 1,567,441,217
Total Liabilities and Capital	\$ 2,101,389,646

I, Amy Smith, Senior Vice President of Western Surety Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2019, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.

Western Surety Company

By Amy Smith  
Senior Vice President

Subscribed and sworn to me this 11th day of March, 2020.

My commission expires:



By Yolanda Jimenez  
Notary Public

### BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000  
VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021

**DBA:**  
**Business Name:** HIRSCH STEVEDORING LLC

**Owner Name:** TERRNACE HIRSCH  
**Business Location:** 6701 NW 22 TER  
FT LAUDERDALE  
**Business Phone:** 954 952 5991

**Receipt #:** 326-306067  
**Business Type:** COURIER/TRANSPORT/DLVRY/TOWING  
(WAREHOUSING )

**Business Opened:** 11/18/2019  
**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals

1

Tax Amount	Number of Machines:			Vending Type:			Total Paid
	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost		
33.00	0.00	0.00	0.00	0.00	0.00		33.00

**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:**

HIRSCH STEVEDORING LLC  
6701 NW 22 TER  
FORT LAUDERDALE, FL 33309

**Receipt #** WWW-19-00193484  
**Paid** 07/07/2020 33.00

**2020 - 2021**

### BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000  
VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021

**DBA:**  
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(WAREHOUSING )

**Business Opened:** 11/18/2019  
**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals

1

Signature	Number of Machines:			Vending Type:			Total Paid
	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost		
	0.00	0.00	0.00	0.00	0.00		33.00

**Receipt #** WWW-19-00193484  
**Paid** 07/07/2020 33.00



# RECEIPT

Receipt No.: **1955086**

Receipt Date: 07/01/2021

Cashier:

Paid Online

Payer: Terry Hirsch

Payment Method:

Credit Card

Check No. / Payment Reference: 6251495742566841104260

Total Paid:

**\$157.50**

Business ID No.: **BT-GEN-20050079**

Record Type: **General Business Tax Receipt**

Address: **6701 NW 22 TER, FORT LAUDERDALE 333091424**

Fee Description	Fee Amount	Prior Paid	Paid
HOME OFFICE - RESTRICTED	\$157.50	\$0.00	\$157.50
<b>Totals:</b>	<b>\$157.50</b>	<b>\$0.00</b>	<b>\$157.50</b>

*Thank you for using LauderBuild, the City of Fort Lauderdale online permitting self-service portal*

**CITY HALL**

100 North Andrews Avenue, Fort Lauderdale, FL 33301

**WWW.FORTLAUDERDALE.GOV**

Equal Opportunity Employer







# **Hirsch Stevedoring LLC**

## **Safety & Company Policy**

**PORT EVERGLADES SAFETY,  
POLICIES AND PROCEDURES.  
PROMOTING A SAFETY CONSCIOUS WORK  
ENVIRONMENT.**

### **Employee Safety Responsibilities**

The primary responsibility of the employees of Hirsch Stevedoring of Port Everglades is to perform his or her duties in a safe manner to prevent injury to themselves and others.

As a condition of employment, employees **MUST** become familiar with, observe and obey Hirsch Stevedoring of Port Everglades rules and established policies for health, safety, and preventing injuries while at work. Additionally, employees **MUST** learn the approved safe practices and procedures that apply to their work.

Before beginning special work or new assignments, an employee should review applicable and appropriate safety rules.

If an employee has any questions about how a task should be done safely, he or she is under instruction **NOT** to begin the task until he or she discusses the situation with his or her immediate supervisor. Together they will determine the safe way to do the job.

If, after discussing a safety situation with his or her supervisor an employee still has questions or concerns, he or she is required to contact the Safety Coordinator.

**NO EMPLOYEE IS EVER REQUIRED** to perform work that he or she believes is unsafe or that he or she thinks is likely to cause injury or a health risk to themselves or others.



## EMPLOYEE SAFETY RULES

1. **Conduct:** Horseplay, 'practical jokes', etc. are forbidden. Employees are required to work in an injury free manner displaying accepted levels of behavior. Conduct which places the employee or others at risk, or which threatens or intimidates others is forbidden.
2. **Drugs & Alcohol:** Use and/or possession of illegal drugs or alcohol on company property or on company time is forbidden. Reporting for work while under the influence of illegal drugs or alcohol is forbidden.
3. **Housekeeping:** The following areas must remain clear of obstructions:
  - Aisles/Exits
  - Fire extinguishers and emergency equipment
  - All electrical breakers, controls, and switches
  - Eye wash station and first aid

You are responsible for keeping your work area clean and safe. Clean-up several times throughout the day disposing of trash and waste in approved containers, wiping up any drips/spills immediately, and putting equipment and tools away as you are finished with them.

4. **Injury Reporting:** All work injuries must be reported to your supervisor immediately. Failure to do so may result in loss of Workers' Compensation benefits. After all medical appointments, resulting from a work-related injury, you must contact Management to discuss your progress. You must also give Management any paperwork that you received at the appointment.
5. **Personal Protective Equipment (PPE):** Inspect PPE prior to each use. Do not use damaged PPE. You are required to maintain and keep PPE clean.
  - a) Safety Glasses – **must be worn at all times** in designated areas.
  - b) Hard Hats – **must be worn at all times** in designated areas.
  - c) Gloves – work gloves **must be worn at all times** when handling sharp or rough stock, welding, or performing other jobs which could cause hand injuries. Synthetic gloves must be worn when handling chemicals.
  - d) Welding – appropriate filter lens, welding helmet, gloves, and sleeves are required for welders at all times.
  - e) Respirators – only employees trained and authorized to use respirators are allowed to do so.
  - f) Hearing Protection – is required in areas where noise exposure is more than 90dBA (85dBA if you already have experienced hearing loss.)

g) Fall Arrest – PPE which includes working at heights ***must be worn at all times***, no exceptions. Inspect gear to ensure it is in good working order.

**6. Equipment Operation:** You must be specifically trained and authorized by the Management to operate the following:

- Company vehicles
- Forklifts (variable capacities)
- Machine and power tools
- Welding
- Cranes/hoists

When operating machines: do not wear loose clothing, long hair should be tied up and back, remove jewelry, and sleeves should either be rolled all the way up or all the way down.

Never operate damaged or defective equipment. Turn the machine off and report it to your supervisor immediately.

Never tamper with, remove, or deactivate machine guards or controls designed to ensure safe operations.

Never reach into an operating machine or moving machine part.

Cell phone usage is forbidden on all vessel/terminal operations.

**7. Ladders:**

- Inspect all ladders prior to each use
- Ladders must be placed on secure footing
- Only one person is allowed on a ladder at one time
- Never stand on the top two steps of a stepladder
- Always maintain 3-point contact when working on ladders
- Never reach beyond arm length when working off of a ladder
- Never use metal ladders when working on or around electrical equipment

**8. Cranes/Hoists/Lifting Devices:**

- Inspect all cranes, hoists and lifting devices (slings, hooks, etc.) prior to each use. Never use damaged equipment
- Never walk under a load suspended from a hoist or a crane
- Keep all personnel clear of the 'fall zone' of a crane/hoist
- Know the weight of material being lifted. Never overload a crane/hoist
- Stay out of the "bight" at all times during the vessel/terminal operation.

- 9. Lockout/Tagout:** Prior to working on any machinery when guards are removed, every energy source (electrical, hydraulic, chemical, mechanical, etc.) must be deactivated, stored energy dissipated, and the control locked in the off (safe) position (if required).

Never remove or tamper with a lockout performed by another employee or contractor. A lockout could consist of a lock applied to a control such as a switch, breaker, or valve. A tag containing words such as “DANGER DO NOT OPERATE” may also be used for lockout. If you see the lock, the tag, or both applied to an energy control device it means, “keep your hands off”.

**10. Hazard Communication:**

- a) All DG containers must be labeled to identify contents and hazards. All labels use numbers the rank the hazard level in all 4 sides of container 3' from the bottom of container.
- b) A Material Safety Data Sheet (MSDS) must be secured for all chemical purchased or brought on site. You have a right to access MSDSs – ask your supervisor.
- c) Follow all label and MSDS instructions – including amount instructions.
- d) Store all flammable liquids in safety cabinets or safety cans. Never use flammable chemicals around ignition sources such as smokers, pilot lights, or arcing/sparking electrical equipment (if required).
- e) Wear required PPE.

- 11. Confined Space Entry:** only trained and authorized employees are permitted to enter confined spaces. If you believe that your job requires confined space entry, contact your supervisor prior to undertaking the work. (Confined spaces are areas not meant for human occupancy, have limited means of entry/exit, and have electrical, chemical, thermal, atmosphere, or entrapment hazards.)

**12. Emergencies:**

- a) In the event of any serious injury or fire call 911. Send someone to the facility entrance to meet the Emergency Responder. If in doubt, call 911.
- b) Upon discovering a fire, alert others in immediate danger and initiate facility wide fire alarm.
- c) When the evacuation signal is given, all employees should immediately turn off equipment, close doors, and evacuate to their designated evacuation areas. Attendance will be taken to account for all personnel. Stay together in the group until further instructions are received.
- d) Do not attempt to fight any fire which is uncontained, or source is unknown, unless manageable. Human life and everyone's safety takes precedence.

- e) Do not touch blood or any other bodily fluid during or following an incident. Gloves and other barriers should be used. If you think that you have been exposed to bodily fluid notify your supervisor immediately.

## FIRST-AID PROCEDURES

### 13. Emergency Phone Numbers:

Safety Coordinator: 954-952-5991

First Aid Response: 954-359-9900

Ambulance: 954-359-9900

Poison Control: 800-222-1222

Fire Department: 954-828-6800

Police: 954-765-4321

Clinic Name/Address: Memorial Regional Hospital 954-987-2000.

### 14. Minor First-Aid Treatment

First-aid kits are kept in the front office and in the service vehicles. If you sustain an injury or are involved in an accident requiring minor first-aid treatment:

- Inform your supervisor.
- Administer first-aid treatment to the injury or wound.
- If a first-aid kit is used, indicate usage on the accident investigation report.
- Access to a first-aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

### 15. Nonemergency Medical Treatment

For nonemergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

- Inform your supervisor.
- Proceed to the posted medical Facility. Your supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.

#### *Emergency Medical Treatment*

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted on the first-aid kit to request assistance and transportation to the local hospital emergency room.
- Provide details for the completion of the accident investigation report.

### *First-Aid Training*

Each employee will receive training and instructions from his or her supervisor regarding our first-aid procedures. Full time managers/foreman will have certified first aid training in the field of CPR, AED and First Aid

## **FIRST-AID INSTRUCTIONS**

**In all cases requiring emergency medical treatment, immediately call or have a co-worker call to request emergency medical assistance. Inform Management with haste, if manager is not already present. Use required bloodborne pathogen procedures while administering first aid.**

### **Wounds:**

Minor: *Cuts, lacerations, abrasions or punctures.*

- Wash the wound using soap and water; rinse it well.
- Cover the wound using a clean dressing.

Major: *Large, deep and bleeding wounds*

- Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
- Keep pressure on the wound until medical help arrives.

### **Broken Bones:**

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard or rolled newspaper as a splint.

### **Burns:**

Thermal (Heat)

- Rinse the burned area without scrubbing it, keep immerse in water.
- *Do not use ice water!*
- Blot dry the area and lightly cover it using sterile gauze or a clean cloth. Chemical
- Immediately flush the exposed area with cool water for 15 to 20 minutes.

### **Eye Injury:**

Small particles:

- Do not rub your eyes.
- Use the corner of a soil clean cloth to draw particles out or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles:

- If a particle is stuck in the eye, do not attempt to remove it.
- Cover both eyes with a bandage.



Chemical

- Immediately irrigate the eyes and under the eyelids with water for 30 minutes.

**Neck or Spine Injury:**

- If the victim appears to have injuries his or her neck or spine or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

**Heat Exhaustion:**

- Loosen the victim's tight clothing.
- Give the victim sips of cool water.
- Make the victim lie down in a cooler place.

**16. Lifting:** If you need help moving material, ask for it. When you lift, use your leg muscles by squatting close to the load, preserving the curve in your back, spreading your feet, and lifting with your legs, keeping the load close to your body. When you turn holding an object, move your feet, do not twist.

**17. Specific Training:** Dependent upon assignment, employee may be required to complete (and pass) additional pre-employment testing and safety training. Including but not limited to Workplace Injuries, Hazard Communication, General Safe Work Practices, Working under the influences, and Power Industrial Truck training (PIT).

These rules have been established to help you stay safe and injury free. Violation of the above rules or conduct that does not meet minimum accepted work standards, will result in discipline up to and including termination.

When working at a customer location, employees are required to follow the above rules as well as customer rules and procedures and work in a manner which reflects positively on the company. Before operating any equipment at a customer location, permission must be secured from the customer contact.

## **COMPANY'S COMMITMENT TO SAFETY**

In compliance with the Drug-Free Workplace Act of 1988, Hirsch Stevedoring has a commitment to providing a safe, quality oriented and productive work environment consistent with the standards of the community in which we operate. Alcohol and drug abuse pose a threat to the health and safety of Hirsch Stevedoring employees and to the security of our equipment and facilities. For these reasons, Hirsch Stevedoring is committed to the elimination of drug and/or alcohol use and abuse in the workplace.

This policy outlines the practice and procedure designed to correct instances of identified alcohol and/or drug use in the workplace. This policy continues to apply to all employees and all applicants for employment of Hirsch Stevedoring. The Human Resources Department is responsible for policy administration.

## **EMPLOYEE ASSISTANCE AND DRUG-FREE AWARENESS**

Illegal drug use and alcohol misuse have a number of adverse health and safety consequences. Information about those consequences and sources of help for drug/alcohol problems is available from the Human Resources Department, who has been trained to make referrals and assist employees with drug/alcohol problems.

Hirsch Stevedoring will assist and support employees who voluntarily seek help for such problems before becoming subject to discipline and/or termination under this policy. Such employees will be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Such employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety-sensitive or require driving or have violated this policy previously. Once a drug test has been scheduled, the employee will have forfeited their right to be granted a leave of absence for treatment and possible discipline, up to and including discharge, will be unavoidable.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely and promptly disclose any work restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions unless directed to do so.

## **WORK RULES**

1. Whenever employees are working, are operating any Hirsch Stevedoring vehicle, are present on Hirsch Stevedoring premises, or are conducting Company related work off-site, they are prohibited from:

- using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia);
  - being under the influence of alcohol or an illegal drug as defined in this policy; and
  - possessing or consuming alcohol.
2. The presence of any detectable amount of any illegal drug or illegal controlled substance in an employee's body system, while performing company business or while in a company facility, is prohibited.
  3. Hirsch Stevedoring will also not allow any employee to perform their duties while taking prescribed drugs that are adversely affecting the employee's ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce this if asked.
  4. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

### REQUIRED TESTING

**Pre-employment:** All applicants must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification of further employment consideration.

**Reasonable Suspicion:** Employees are subject to testing based upon (but not limited to) observations by the supervision of apparent workplace use, possession, or impairment. Human Resources, the Plant Manager, or the Director of Operations shall be consulted before sending an employee for testing. All levels of supervision making this decision must utilize the "Observation Checklist" to document specific observations and behaviors that create a reasonable suspicion that the person is under the influence of illegal drugs and/or alcohol. If the results of the "Observation Checklist" indicate further action is justified, the manager/supervisor should confront the employee with the documentation and with a union representative present (for all unionized employees) and/or with another member of management (for all non-unionized employees). *Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of supervision/management and a union rep (if appropriate) must escort the employee; the supervisor/manager will make arrangements for the employee to be transported home.*

**Post-accident:** Employees are subject to testing when they cause or contribute to accidents that seriously damage a Hirsch Stevedoring vehicle, machinery, equipment, or property and/or result in an injury to themselves or another employee requiring offsite medical attention. A probable belief circumstance will be presumed to arise in any instance involving a work-related accident or injury in which an employee who was operating a motorized vehicle (including, but not limited to, forklift, Company pickup trucks, overhead cranes, Top Picks, Hoppers, Gearmen, Foremen and management.

The investigation and subsequent testing must take place within two (2) hours following the accident, if not sooner.

*Under no circumstances will the employee be allowed to drive himself or herself to the testing facility*

**Follow-up:** Employees who have tested positive, or otherwise violated this policy, are subject to discipline, up to and including discharge. Depending upon the circumstances and the employee's work history/record, Hirsch Stevedoring may offer an employee who violates this policy or tests positive the opportunity to return to work on a last chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies determined by Hirsch Stevedoring for a minimum of one (1) year but not more than two (2) years as well as a waiver of the right to contest any termination resulting from a subsequent positive test. If the employee either does not complete their rehabilitation program or tests positive after completing the rehabilitation program, they will be subject to immediate discharge from employment.

## **COLLECTION AND TESTING PROCEDURES**

Employees subject to alcohol testing shall be driven to a Hirsch Stevedoring designated facility and directed to provide breath specimens. Breath specimens shall be tested by trained technicians using federally approved breath alcohol testing devices capable of producing printed results that identify the employee. If an employee's breath alcohol concentration is .04 or more, a second breath specimen shall be tested approximately 20 minutes later. The results of the second test shall be determinative. Alcohol tests may, however, be a breath, blood or saliva test, at the Company's discretion. For purposes of this Policy, test results generated by law enforcement or medical providers may be considered by the Company as work rule violations.

Applicants and employees subject to drug testing shall be driven to a Hirsch Stevedoring designated medical facility and directed to provide urine specimens. Applicants and employees may provide specimens in private unless they appear to be submitting altered,

adulterated or substitute specimens. Collected specimens shall be sent to a federally certified laboratory and tested for evidence of marijuana, cocaine, opiates, amphetamines, PCP, benzodiazepines, methadone, methaqualone and propoxyphene use. (Where indicated, specimens may be tested for other illegal drugs.) The laboratory shall screen all specimens and confirm all positive screens. There shall be a chain of custody from the time specimens are collected through testing and storage.

The laboratory shall transmit all positive drug test results to a Medical Review Officer ("MRO") retained by Hirsch Stevedoring, who shall offer persons with positive results a reasonable opportunity to rebut or explain the results. Persons with positive test results may also ask the MRO to have their split specimen sent to another federally certified laboratory to be tested at the applicant's or employee's own expense. Such requests must be made within 48 hours of notice of test results. If the second facility fails to find any evidence of drug use in the split specimen, the employee or applicant will be treated as passing the test. In no event shall a positive test result be communicated to Hirsch Stevedoring, until such time that the MRO has confirmed the test to be positive.

### **CONSEQUENCES**

Applicants who refuse to cooperate in a drug test or who test positive will not be hired and will not be allowed to re-apply/retest in the future.

Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture or dispense an illegal drug in violation of this policy will be terminated. *If the employee refuses to be tested yet we believe they are impaired, under no circumstances will the employee be allowed to drive himself or herself home.*

The first time an employee tests positive for alcohol or illegal drug use under this policy, the result will be discipline up to and including discharge.

Employees will be paid for time spent in alcohol/drug testing and then suspended pending the results of the drug/alcohol test. After the results of the test are received, a date/time will be scheduled to discuss the results of the test; this meeting will include a member of management/supervision, a union representative (if applicable and requested), and Human Resources. When an individual is suspected to be under the influence of an illegal foreign substance, a drug test will be demanded by the suspected individual. If the results prove to be negative, the employee will receive backpay for the times/days of suspension.

## **CONFIDENTIALITY**

Information and records relating to positive test results, drug and alcohol dependencies and legitimate medical explanations provided to the MRO shall be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed where relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

## **INSPECTIONS**

Hirsch Stevedoring reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband; affected employees may have union representation involved in this process. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas, and property that might conceal a drug, alcohol, or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including discharge.

## **CRIMES INVOLVING DRUGS**

Hirsch Stevedoring prohibits all employees, including employees performing work under government contracts, from manufacturing, distributing, dispensing, possessing, or using an illegal drug in or on Hirsch Stevedoring premises or while conducting company business. Hirsch Stevedoring employees are also prohibited from misusing legally prescribed or OTC drugs. Law enforcement personnel shall be notified, as appropriate, where criminal activity is suspected.

## EMPLOYEE ACKNOWLEDGEMENT FORM

Hirsch Stevedoring of Port Everglades is firmly committed to your safety. We will do everything possible to prevent workplace accidents and are committed to providing a safe working environment for you and all employees.

You are encouraged to report any unsafe work practices or safety hazards encountered on the job. All accidents/incidents (no matter how slight) are to be reported immediately to the supervisor on duty.

A key factor in implementing this policy will be strict compliance to all applicable federal, state, local, and Workforce Resources of Miami policies and procedures.

Failure to comply with these policies may result in disciplinary actions.

Additionally, Hirsch Stevedoring of Port Everglades subscribes to these principles:

5. All accidents are preventable through implementation of effective Safety and Health Control policies and programs.
6. Safety and Health controls are a major part of our work week every day.
7. Accident prevention is good business. It minimizes human suffering, promotes better working conditions for everyone, holds Workforce Resources of Miami in higher regard with customers, and increases productivity.
8. Management is responsible for providing the safest possible workplace for Employees. Consequently, management is committed to allocating and providing the resources needed to promote and effectively implement this safety policy.
9. Employees are responsible for following safe work practices, company rules, and for preventing accidents and injuries.
10. Our safety program applies to all employees and persons affected or associated in any way by the scope of this business.

By signing this document, I confirm receipt of Hirsch Stevedoring of Port Everglades Employee Safety Handbook and acknowledge that I have read and understood all policies, programs, and actions as described and agree to comply with these policies.

**Employee Signature**

**Date**

## **Training Policy**

Hirsch Stevedoring is committed to supporting all of its staff in developing their careers, helping them to fulfil their potential and ensuring they get as much out of working life as they possibly can. Our Training & Development Policy is based on the following principles:

- Hirsch Stevedoring thinks of its workforce as an asset, as well as a cost, and believes that it should invest in that asset.
- Hirsch Stevedoring's investment in training and development opportunities should seek to support the achievement of business goals, and will be directed accordingly.
- Hirsch Stevedoring will support individuals in their personal and professional development, but expects employees to share in the responsibility for this.
- Hirsch Stevedoring will ensure that appropriate procedures are in place to plan, deliver and evaluation and training and development activity.
- Hirsch Stevedoring believes that line managers have a key role to play in people development.
- Hirsch Stevedoring regularly reviews its overall level of investment in staff training and development to ensure that adequate and appropriate resources are provided.
- Hirsch Stevedoring is committed to equality of opportunity in its training and development activities and elsewhere, and believes that decisions relating to training and development should be made fairly, consistently and without reference to race, gender, disability, nationality, religion, age, sexual orientation, family status or any other irrelevant factor.

## **Training & Development Activity**

Hirsch Stevedoring provides a range of training and development opportunities for staff.

- **Health and safety training.** This includes risk assessment, fire safety and first aid.
- **Technical training.** Dependent upon assignment, employee may be required to complete (and pass) additional pre-employment testing and safety training. Including but not limited to Workplace Injuries, Hazard Communication, General Safe Work Practices, Working under the influences and Power Industrial Truck training (PIT).
- **Skills training.** This includes internal and external courses on skills relevant to employees' roles. This includes management and leadership development.

## **Responsibility for Training**



In line with the Company's expectation that employees share in the responsibility for their own development, by requesting training wanted, and by demonstrating the benefit of training on the job.

Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies and job-specific procedures described in the Hirsch Stevedoring Safety Manual and Policies.

## Training Procedure

1. The Supervisor:
  - maintains sufficient knowledge of processes to allow realistic assessment of staff competencies
  - monitors employee competence to identify need for retraining or continuous education
  - identifies training needs related to new projects, new or revisions to procedures & processes
  - initially trains employees on how to perform assigned job tasks safely.
  - implements training
  - maintains training records
2. Training procedure is applicable to:
  - induction training for new staff
  - training related to new procedures or revisions to procedures and processes
  - retraining
3. Induction Training:
  - Induction training must be designed to ensure new staff has fundamental knowledge and skills regardless of their specific job function, including all health and safety, workplace rules and procedures, and corporate policies, including drug policy.
4. Training:
  - All staff must read and familiarize themselves with the Hirsch Stevedoring Safety Manual and Policies which is to be provided to each employee by his/her supervisor on the first day of employment or job transfer.
  - If staff members have any questions regarding the material they should seek clarification from their Supervisors.
  - Supervisors shall assess training needs on an annual basis as part of Annual Performance Review or more frequently if required
  - If deficiency in performance is observed with respect to targets & objectives Supervisor shall provide constructive feedback and additional training if required
  - Training should ensure all staff understands the procedure/ changes to procedures and effective date.
  - Proficiency may be demonstrated through self certification, classroom training, other documented learning experience, certificate, or a combination of these.
  - Changes to roles/ responsibilities may require re-training.
  - All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

- Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees performing any unsafe activity.

5. Training Frequency:

- Employees will be required to review and certify in the Training records that they have reviewed the Hirsch Stevedoring Safety Manual and Policies and Safety Training at a minimum of two times each year.
- All other training associated with job responsibilities will be repeated as deemed necessary by the Supervisor

6. Project specific training:

- Staff assigned to special projects must receive relevant training to enable them to perform duties appropriately.
- They must complete required training before starting specific project related activities

7. Training Records:

- Training records should contain at least the following
  - i. Training Requirements as per Annexure 1
  - ii. Evidence of Training as per Annexures 2 and 3







September 9, 2021

Dear Ms Osorno-Belleme,

Re: Training Procedures

This letter is to clarify the roles and responsibilities for training employees of both Hirsch Stevedoring and our third-party labor provider, Avanti Human Capital.

Avanti Human Capital is responsible for providing general safety training to their employees.

Hirsch Stevedoring is responsible for providing job-specific and operation-specific training and daily safety briefings to both Hirsch Stevedoring and Avanti Human Capital employees before the start of all operations in Port Everglades.

Sincerely,

A handwritten signature in black ink, appearing to read "Terry Hirsch", with a stylized flourish at the end.

Terry Hirsch, President



# **HUMAN CAPITAL**

## **Injury and Illness Prevention Program**



## Company Injury and Illness Prevention Program Acknowledgement

Employee Acknowledgment and Agreement to Participate in the Company Injury and Illness Prevention Program (IIPP).

Every employer is required to provide a safe and healthful workplace. The Company is committed to fulfilling this requirement. A safe and healthful workplace is one of the highest priorities of the Company.

Employees have the following obligations:

- Study the policies and rules contained in the company IIPP.
- Discuss workplace situations with your supervisor.
- Attend all company sponsored training and safety meetings.
- Read all posters and warnings.
- Listen to instructions carefully.
- Follow the employee safety rules.
- Participate in accident investigations as requested.
- Accept responsibility for the safety of others.

The signatures below, document that the above orientation was completed on the date listed. Both the employer and the employee accept responsibility for maintaining a safe and healthy work environment. If you are unclear of any of the polies within the IIPP, please ask your supervisor for clarification. Failure to follow safety policies and rules is grounds for immediate termination.

---

Employee's Signature

---

Employee's Printed Name

---

Trainers Signature

---

Trainers Printed Name

---

Date

**(Remove and retain this sheet in the Employee's Personnel File)**

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## Program Introduction

At AVANTI HUMAN CAPITAL, our most valued resources are our employees, our customers, and the communities we serve. We are dedicated to providing a safe and healthful environment for employees and customers, protecting the public, and preserving AVANTI HUMAN CAPITAL properties and assets. Injuries can be prevented. In order to achieve an accident free workplace, an organized and effective Safety Program must be adhered to throughout the entire organization to be effective.

The Injury and Illness Prevention Program will assist management and employees in controlling hazards which will minimize employee and customer injuries, damage to customer's property and damage to AVANTI HUMAN CAPITAL property.

### **ALL EMPLOYEES WILL FOLLOW THIS PROGRAM.**

Please take the time to study and understand these safety policies and procedures. It is your responsibility (and ours) to make this program work. You are a valued member of the team, and we care about your safety.

### **ZERO TOLERANCE POLICY.**

Our Commitment to provide a safe work environment sometimes requires us to take measures that may not be popular, and, in the end, they are designed with your safety in mind.

As such, we have instituted a Zero Tolerance policy with regards to wearing of PPE. If an assignment requires you, our Contributor, to wear specific PPE and, during any of our visits or inspections of the worksite, find any of our Contributors not wearing the required PPE, it will result in immediate dismissal or termination.

Our goal it to keep everyone as safe as we possibly can because injuries CAN BE PREVENTED!

## Accident Investigations and Reports

A primary tool used by AVANTI HUMAN CAPITAL, to identify the areas responsible for accidents occurring in the workplace is a thorough a properly completed accident investigation. The company safety manager and/or location managers will conduct the accident investigation and when possible, immediately correct any identified hazards associated with the accident.

Upon completion of the accident investigation, the report will be reviewed by the company safety manager and the safety committee to determine the cause and necessary corrective actions.

A satisfactory accident report will answer the following questions: What happened? The investigation report should begin by describing the accident, the injury sustained, the eyewitnesses, the date, time and location of the incident and the date and time of the report. Remember: who, what, when, where and how are the questions that the report must answer.

1. Why did the accident occur? The ultimate cause of the accident may not be known for several days after all the data is analyzed. However, if an obvious cause suggests itself, include your conclusions as a hypothesis at the time you give your information to the person in charge of the investigation.
2. What should be done? Once a report determines the cause of the accident, it should suggest a method for avoiding future accidents of a similar character. This is a decision by the Company Safety Manager and the supervisor on the project, as well as top management. Once a solution has been adopted, it is everyone's responsibility to implement it.
3. What has been done? A follow up report will be issued after a reasonable amount of time to determine if the suggested solution was implemented, and if so, whether the likelihood of accident has been reduced.

## Commitment and Responsibilities

Introduction to Our Program: State and federal law as well as company policy, make the safety and health of our employees the first consideration in operating our business. Safety and health in our business must be a part of every operation, and every employee's responsibility at all levels. It is the intent of AVANTI HUMAN CAPITAL to comply with all laws concerning the operation of the business and the health and safety of our employees and the public. To do this, we must constantly be aware of conditions in all work areas that can produce or lead to injuries. No employee is required to work at a job known to be unsafe or dangerous to their health. Cooperation in detecting hazards, reporting dangerous conditions and controlling workplace hazards is a condition of employment. Employees must inform their supervisors immediately of any situation beyond their ability or authority to correct. Employees will not be disciplined or suffer any retaliation for reporting a safety violation in good faith.

Safety First Priority: The personal safety and health of each employee of AVANTI HUMAN CAPITAL is of primary importance. Prevention of occupationally induced injuries and illnesses is of such consequence that it will be given precedence over operating productivity, whenever necessary. To the greatest degree possible, management will provide all mechanical and physical activities required for personal safety and health in keeping with the highest standards.

Individual Cooperation Necessary: AVANTI HUMAN CAPITAL maintains a safety and health program conforming to the best practices of our field. To be successful, such a program must embody proper attitudes towards injury and illness prevention on the part of supervisors and employees. It requires the cooperation in all safety and health matters, not only of the employer and employee, but between the employee and all co-workers. Only through such a cooperative effort can a safety program in the best interest of all be established and preserved. Safety is no accident; think safety and the job will be safer.

Safety Program Goals: The objective of AVANTI HUMAN CAPITAL is an Injury and Illness Prevention Program (IIPP) that will reduce the number of injuries and illnesses to an absolute minimum, not merely in keeping with, but surpassing the best experience of similar operations by others. Our goal is zero accidents and injuries.

## Safety Policy Statement

It is the policy of AVANTI HUMAN CAPITAL that accident prevention shall be considered of primary importance in all phases of operation and administration. It is the intention of AVANTI HUMAN CAPITAL's management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees.

The prevention of accidents is an objective affecting all levels of our company and its operations. It is, therefore, a basic requirement that each supervisor make the safety of all employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt about how to do a job or task safely, it is his or her duty to ask a qualified person for assistance. Employees are expected to assist management in accident prevention activities. Unsafe conditions must be reported immediately. Fellow employees that need help should be assisted. Everyone is responsible for the housekeeping duties that pertain to their jobs.

Every injury that occurs on the job, even a slight cut or strain, must be reported to management and/or the responsible Safety Officer as soon as possible. Under no circumstances, except emergency trips to the hospital, should an employee leave the work site without reporting an injury. When employees have an accident, everyone is hurt. Please work safely. Safety is everyone's business.

## Company Safety Manager

This written plan gives the identity of the person who is responsible for the safety program. This person must be someone of sufficient authority to implement the program. In addition to other titles, this person is called the Company Safety Manager.

### **Designated**

In accordance with AVANTI HUMAN CAPITAL Injury and Illness Prevention Program, the Company Safety Manager is the designated individual with responsibility and authority to do the following in the name of AVANTI HUMAN CAPITAL:

1. Develop and implement rules of safe practices.
2. Develop and implement a system to encourage employees to report unsafe conditions immediately.
3. Conduct a thorough investigation of each accident, whether or not it results in an injury, to determine the cause of the accident and to prevent recurrence.
4. Instruct supervisors in safety responsibilities.
5. Develop and implement a program of employee safety education.
6. Conduct scheduled and unscheduled inspections to identify and correct unsafe working conditions. Special attention shall be given to notice of serious concealed dangers.
7. Maintain records of training, periodic inspections, corrective actions and investigations as required by law.

The Company Safety Manager for AVANTI HUMAN CAPITAL is \_\_\_\_\_. AVANTI HUMAN CAPITAL will inform every person of the name of the Company Safety Manager and post his or her name and telephone/office number on the bulletin board where all other safety information is routinely maintained.

Duties: Overall responsibility and authority for implementing the injury and illness prevention program is vested in the Company Safety Manager. Management fully supports the Company Safety Manager. As part of the job, the Company Safety Manager will supplement this written injury and illness prevention program by: establishing workplace objectives and safety recognition programs; working with all government officials in both accident investigation and safety inspection procedures; maintaining safety and individual training records; encouraging reporting of unsafe conditions and promoting a safe workplace. Some of these responsibilities will be delegated to departmental managers and supervisors for implementation.

## Hazard Assessment and Control

The best method to establish a safer workplace is to study past accidents and worker compensation complaints. By focusing on past injuries, AVANTI HUMAN CAPITAL hopes to avoid similar problems in the future. Therefore, whenever there is an accident, and in many cases upon review of past accidents, employees may be requested to participate in a safety audit interview. During the interview, there will be questions about the nature of the investigation and the workplace safety related to the incident. Please answer these questions honestly and completely. Also, please volunteer any personal observations and/or suggestions for improved workplace safety.

Based upon the study of past accidents and industry recommendations, a safety training program has been implemented. In addition to other preventative practices, there will be a group discussion of the cause of the accident and methods to avoid the type of accidents and injury situations experienced in the past. Work rules will be reviewed and modified based upon the study of these accidents.

In addition to historical information, workplace safety depends on workplace observation. Supervisors are responsible for inspecting working areas under their control before and during the shift. Employees are responsible for inspecting the workplace also. Each day, before employees begin work, they must inspect the area for any dangerous conditions. Inform supervisors of anything significant, so other employees and guests are advised. Employees may also be given written communications regarding unsafe conditions or serious concealed dangers. Review this communication carefully and adjust workplace behavior to avoid any danger or hazards. If the significance of this written communication is unclear, contact the supervisor and review planned actions before starting to work. It is better to wait and check, then to go ahead and possibly cause an injury to yourself and others.

Managers must provide written notice to employees of any serious concealed dangers of which they have actual knowledge. In addition to providing written notice of all serious concealed dangers to employees, managers are required to report serious concealed dangers to either OSHA or an appropriate administrative agency within fifteen days, or immediately if such danger would cause imminent harm, unless the danger is abated.

Merely identifying the problem is not sufficient. The danger must be reported to the appropriate supervisor and the Company Safety Manager, who then will correct the problem. If the danger cannot be corrected, then all employees will be warned to take protective action so that the danger will not result in any injuries.

Workplace Inspections: In addition to the examination of records, work place safety inspections will occur periodically, when conditions change, or when a new process or procedure is implemented. Inspections will be conducted at various locations, based on risk exposure.



## Safety and Health Training

Training is one of the most important elements of any Injury and Illness Prevention Program. Such training is designed to enable employees to learn their jobs properly, bring new ideas to the workplace, reinforce existing safety policies and put the Injury and Illness Prevention Program into action.

Training is required for both supervisors and employees alike. The content of each training session will vary, but each session will attempt to teach the following:

1. The success of the AVANTI HUMAN CAPITAL Injury and Illness Prevention Program depends on the actions of individual employees as well as a commitment by the Company.
2. Each employee's immediate supervisor will review the safe work procedures unique to that employee's job, and how these safe work procedures protect against risk and danger.
3. Each employee will learn when personal protective equipment is required or necessary, and how to use and maintain the equipment in good condition.
4. Each employee will learn what to do in case of emergencies occurring in the workplace.

Supervisors are also vested with special duties concerning the safety of employees. The supervisors are key figures in the establishment and success of AVANTI HUMAN CAPITAL's Injury and Illness Prevention Program. They have primary responsibility for implementing the Injury and Illness Prevention Program, especially as it relates directly to the workplace. Supervisors are responsible for being familiar with safety and health hazards to which employees are exposed, how to recognize them, the potential effects of these hazards, and rules and procedures for maintaining a safe workplace. Supervisors shall convey this information to the employees at the workplace and shall investigate accidents according to the accident investigation policies contained in this manual.

Periodic Safety Training Meetings: Periodic safety meetings at various client company locations will be performed. The purpose of the meetings is to convey safety information and answer employee questions. The format of most meetings will be to review, in language understandable to every employee, the content of the injury prevention program, special work site hazards, serious concealed dangers, and safety data sheets. Whenever a new practice or procedure is introduced into the workplace, it will be thoroughly reviewed for safety. A sign-up sheet will be passed around each meeting. Employee attendance is mandatory and is compensable, unless part of an official state approved training program or pre-employment requirement.

Employee Responsibility for Training: Teaching safety is a two-way street. AVANTI HUMAN CAPITAL can preach safety, but only employees can practice safety. Safety education requires employee participation.

**Remember, the following general rules apply in all situations:**

1. No employee should undertake a job that appears to be unsafe.
2. No employee is expected to undertake a job until he/she has received adequate safety instructions, and is authorized to perform the task.
3. No employee should use chemicals without fully understanding their toxic properties and without the knowledge required to work with these chemicals safely.
4. Mechanical safeguards must be kept in place.
5. Employees must report any unsafe conditions to the job site supervisor and the Company Safety Manager.
6. Any work-related injury or illness must be reported to management at once.
7. Personal protective equipment must be used when and where required. All such equipment must be properly maintained.

Training must include AVANTI HUMAN CAPITAL's health and safety orientation for new employees, plus any additional training specific to the nature of hazards on the job; employees must complete this training before they can work unsupervised.

OSHA and other federal regulations spell out several specific health and safety training requirements for special hazards. These include, but are not limited to, hazard communication for exposure to hazardous substances, asbestos exposure, respirator use, hearing conservation, confined space hazards, and certification for using material in moving equipment such as forklifts and overhead cranes. Employees who do hazardous work, such as working with high-voltage power supplies, or who are members of building emergency teams are required to have CPR and First Aid certification.

Managers should identify training needs for the job classifications for which they are responsible. Please refer to specific chapters in this manual for further information on training requirements. Consult with the Company Safety Manager about other training needs and requirements.

Training not provided by the Company Safety Manager, such as on-the-job training, is the responsibility of the hosting employer, and/or AVANTI HUMAN CAPITAL on-site manager. This includes information on procedural changes or system modifications that impact safety. The responsible Safety Officer provides several health and safety training courses, technical assistance on training needs, and resources to help supervisors fulfill their training responsibilities.

ALL health and safety training must be documented. Supervisors must note the participants' names and employee numbers, topics discussed, instructor(s), and date. Supervisors are responsible for maintaining training records. A copy of this information should be sent to the Company Safety Manager training/education coordinator for inclusion in AVANTI HUMAN CAPITAL training data base.

## Safety & Health Requirements

All employees will comply with the provisions of the OSHA Health Act of 1970. Therefore, any employee who, knowingly commits an unsafe act or creates an unsafe condition, disregards the safety policy, or is a repeated safety or health offender, will be discharged. Grounds for immediate discharge are:

1. Drinking alcohol, and/or drug abuse prior to or during working hours
2. Fighting
3. Theft
4. Willful damage to property
5. Failure to wear Personal Protective Equipment
6. Removing and/or making inoperative safety guards on tools and equipment
7. Removing barriers and/or guardrails and not replacing them
8. Failure to follow recognized industry practices
9. Engaging in dangerous horseplay
10. Failure to notify AVANTI HUMAN CAPITAL of a hazardous situation

The following safety and accident activities will be adhered to:

1. Report all injuries immediately to your supervisor
2. Notify your supervisor should you become ill while on the job
3. Inform your supervisor if you have a disability or physical handicap
4. Never move an injured or ill person, unless to prevent further injury

## Accident & Incident Reporting

It is important that you report all accidents and incidents that result in injury, illness, or damage (however slight), to your supervisor immediately. AVANTI HUMAN CAPITAL can learn how to prevent them from occurring in the future. It is AVANTI HUMAN CAPITAL responsibility to investigate each incident, and your responsibility to report them when they occur.

First Aid and Medical Treatment: AVANTI HUMAN CAPITAL provides a First Aid Kit on the premises. It is there for your use in the treatment of minor scratches, burns, headaches, nausea, etc. Ask your supervisor to show you its location. Let your supervisor know if you need to use the First Aid Kit.

If you have a work-related injury or illness that requires professional medical assistance notify your supervisor and let him/her know before you receive this assistance. If you fail to notify your supervisor, you may be ineligible for Worker's Compensation, benefits to pay for doctor's bills, and/or lost wages.

First Aid Procedures and Instructions: In all cases requiring emergency medical treatment, immediately call, or have a co-worker call, to request emergency medical assistance.

### EMERGENCY PHONE NUMBERS

**Safety and Health Manager:** \_\_\_\_\_ **Poison Control:** \_\_\_\_\_

**First Aid:** \_\_\_\_\_ **Fire Department:** \_\_\_\_\_

**Ambulance:** \_\_\_\_\_ **Police:** \_\_\_\_\_

**Medical Clinic:** \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

### Minor First Aid Treatment

First aid kits are stored in the \_\_\_\_\_. If you sustain an injury or are involved in an accident requiring minor first aid treatment:

- Inform your supervisor.
- Administer first aid treatment to the injury or wound.
- If a first aid kit is used, indicate usage on the accident investigation report.
- Access to a first aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

### Non-Emergency Medical Treatment

For non-emergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

- Inform your supervisor.

- Proceed to the posted medical facility. Your supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.

### **Emergency Medical Treatment**

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted in your work area to request assistance and transportation to the local hospital emergency room.
- Provide details for the completion of the accident investigation report.

### **First Aid Training**

Each employee will receive training and instructions from his or her supervisor on our first aid procedures.

#### WOUNDS:

- Minor: Cuts, lacerations, abrasions, or punctures-
  - Wash the wound using soap and water; rinse it well.
  - Cover the wound using clean dressing.
- Major: Large, deep and bleeding
  - Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
  - Keep pressure on the wound until medical help arrives.

#### BROKEN BONES:

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard, or rolled newspaper as a splint.

#### BURNS:

- Thermal (Heat):
  - Rinse the burned area, without scrubbing it, and immerse it in cold water; do not use ice water.
  - Blot dries the area and covers it using sterile gauze or a clean cloth.
- Chemical:
  - Flush the exposed area with cool water immediately for 15 to 20 minutes.

#### EYE INJURY:

- Small Particles
  - Do not rub your eyes.
  - Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.
- Large or stuck particles

- If a particle is stuck in the eye, do not attempt to remove it.
- Cover both eyes with bandage.
- Chemical
  - Immediately irrigate the eyes and under the eyelids, with water, for 30 minutes.

NECK AND SPINE INJURY: If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

HEAT EXHAUSTION:

- Loosen the victim's tight clothing.
- Give the victim "sips" of cool water.
- Make the victim lie down in a cooler place with the feet raised.

## Workers' Compensation

Every state has a Workers' Compensation Law to provide benefits to employees for lost wages and medical bills resulting from a work-related injury or illness. You are covered under Workers' Compensation. You may request Workers' Compensation benefits from your supervisor. Qualification for benefits is determined by the state, not AVANTI HUMAN CAPITAL your responsibilities are to keep appointments, follow all doctors' instructions on and off the job, maintain good communication with your supervisor, and to fully cooperate with all instructions you are given.

**Workers' Compensation provides wages at a lower pay scale than what you may earn by working**

**MODIFIED WORK PROGRAM:** This program allows employees to recuperate in accordance with the nature of their injury and allows the employee to return to their job as quickly as possible and to contribute once again to the organization. The Safety Coordinator and Claims Administrator will work together to institute this modified work program within the companies.

1. All employees who have suffered an industrial injury and have been placed on a modified work status will be accommodated with a position that will not exceed the imitations set by the attending physician. when applicable

**NOTE: ANY EMPLOYEE WHO CHOOSES NOT TO TAKE THE LIGHT-DUTY POSITION OFFERED TO THEM WILL NOT BE PAID ANY WAGE COMPENSATION!!!!**

2. Injured employees are eligible for light-duty effective the first day after physician's release. Contact the office for information on beginning your modified work position.
3. Wages for modified work will be paid at the discretion of the company. Any supplemental wages will be paid out on a 30-day schedule by the Workers Compensation insurance carrier.

## Safety Rights and Responsibilities

### **Your Safety Rights**

You have several important rights concerning safety, which are protected by federal, state and local laws that you should be aware of. They are:

- The right to a safe work-place free from recognized hazards
- The right to request information on safety and health hazards in the workplace, precautions that may be taken, and procedures to be followed if an employee is injured or exposed to toxic substances.
- The right to know about the hazards associated with the chemicals you work with, and the safety procedures you need to follow to protect yourself from those hazards.
- The right to question any instruction which requires you to disobey a safety rule, which puts yourself or someone else in unnecessary danger of serious injury, or requires you to perform a task for which you have not been trained to safely perform.
- The right of freedom from retaliation for demanding your safety rights.

### **Your Safety Responsibilities**

You also have some important responsibilities concerning safety. These are:

- Reporting all injuries and illnesses to your supervisor, no matter how small.
- Always following the safety rules for every task you perform,
- Reporting any hazards you see.
- Helping your co-workers recognize unsafe actions or conditions they cause.
- Asking about the safety rules you are not sure about.



## Employee Safety Rules

It is impossible to list or include all safety rules for all the possible tasks you may have to do. The following rules have been prepared to help you avoid hazards, which may cause injury while doing some of the more common tasks you may be asked to do. You should study and follow the rules provided in this booklet, and to ask your supervisor for additional rules when asked to do a task you are not familiar with, and this booklet does not cover. Failure to follow safety rules and /or safe practices will result in disciplinary action, up to and including termination.

### GENERAL SAFETY RULES:

- Read and follow the safety notices and other information that is posted.
- Observe and follow all safety instructions, signs, and operation procedures.
- Help your fellow employee when they ask for assistance or when needed for their safety.
- Never participate in “horseplay”. Horseplay that results in injury is often not covered by Workers’ Compensation.
- Clean up spills immediately.
- Report all unsafe conditions, hazards, or equipment immediately. Make sure other people are warned of the problem so that they may avoid it.
- Wear personal protective equipment as required to reduce injury potential. Use gloves, safety glasses, back support belts, reflective vests, proper footwear, etc., as necessary.
- Never stand on chairs, furniture, or anything other than an approved ladder or step stool.
- Never use intoxicating beverages or controlled drugs before or during work. Prescription medication should only be used at work with your Doctor’s approval.

### FIRE SAFETY:

- Report all fire hazards to your supervisor immediately.
- Firefighting equipment shall be used only for firefighting purposes.
- Smoking is not permitted at any time in the areas where “No Smoking” signs are posted.
- Do not block off access to firefighting equipment.
- Keep doors, aisles, fire escapes and stairways completely unobstructed at all times.
- In the case of a fire, your first consideration must be the safety of all persons. Then attention should be directed to the protection of property.
- Change clothes immediately if they are soaked with oil, gasoline, and paint thinner or any other flammable liquid.
- Know how to report a fire and how to turn on a fire alarm if installed.
- Know the location of all fire extinguishers, and how to use them.
- Know the fire exits to be used in an emergency.

### HAND TOOL SAFETY:

- Wear protective equipment necessary for the job you are performing. Discuss any required safety equipment with your supervisor as changes occur.
- Defective tools must not be used.
- Do not carry sharp hand tools in clothing.

- Check all wiring on electric hand tools for proper insulation and 3-prong plug grounding.
- **Hammers.** Use eye protection at all times.
- **Screwdrivers.** Use the right size and type of screwdriver for the job. Do not use a screwdriver as a chisel.
- **Wrenches.** In using any wrench, it is better to pull than to push. If you have to push, use your open palm. Use the proper wrench for the job.
- **Handsaws.** Saws that are sharp and rust free are less likely to bind or jump. Insure the object being cut is secured tightly to a flat surface.

#### PROTECTIVE EQUIPMENT:

- Approved eye protection (safety glasses with side shields, goggles, etc.) must be worn at all times when the risk of eye injury is present. It is important to check with your supervisor to assure compliance.
- Proper foot wear must be worn at all times.
- Wear protective clothing and equipment as required by your job classification to protect against hazards at hand. These include, but are not limited to, dust masks, hard hats, eye protection, respirators, ear protection, reflective vests, etc.

#### MATERIAL HANDLING SAFETY RULES:

- When lifting, lift properly. Keep the back straight, stand close to the load, and use your leg muscles to do the lifting, keeping the load close to the body. Never twist your upper body while carrying a load.
- When lifting heavy objects, utilize a two-wheeled dolly, or, ask for assistance from another employee.
- Inspect the object you are going to lift for sharp corners, nails, insects, or other things that may cause injury.
- Use gloves when handling rough or sharp materials.

#### HOUSEKEEPING:

- Do not place materials in aisles, stairways, or any designated path of travel.
- Stack material at a safe height so that material will not fall if bumped. Insure heavy loads have proper support, and make sure there is no overhanging or irregular stacking of material.
- Place all trash or scrap in places provided. Clean up all spills immediately.
- Report worn or broken flooring, stair treads, handrails, furniture, or other office equipment.
- Smoking is permitted only in designated areas. Use ashtrays for disposing of butts. Do not throw butts on the floor.

## General Lockout/Tagout

The purpose of this program is to provide general information related to the control of hazardous energy (lockout/tagout), as well as precautions taken to adequately protect the employees of AVANTI HUMAN CAPITAL.

### **Primary Employer**

It is the duty and responsibility of AVANTI HUMAN CAPITAL to ensure the secondary employer has implemented and enforces a written lockout/tagout program, when applicable. AVANTI HUMAN CAPITAL will review the client's written program to ensure it is in accordance with all State and Federal regulations. Affected employees will be made aware of the specific hazards and risks associated with their duties, prior to performing assigned duties.

Authorized Employee: A person who locks out or tags out machines or equipment in order to perform servicing or maintenance on the machine or equipment. An affected employee becomes an authorized employee when the employee's duties include performing servicing or maintenance.

- All maintenance personnel are issued a suitable lock (or locks). The lock has the individual worker's name and identification on it. Each worker will have the only key to his/her assigned lock.
- Tags must be legible and understandable by all authorized employees, effected employees, and all other employees whose work operations are or may be in the area, in order to be effective.
- Tags must be securely attached to energy isolating devices so that they cannot be inadvertently or accidentally detached during use.
- The machine operator is informed before the power is turned off. The worker checks to be sure that no one is operating the machinery BEFORE turning off the power. Sudden loss of power could cause an accident.
- Steam, air and hydraulic lines should be bled, drained and cleaned out. There should be no pressure in these lines or in reservoir tanks.
- Any mechanism under load or pressure, such as springs, should be released and blocked.
- Each person performing repairs/maintenance on the machinery shall utilize lockout/tagout procedures. Each lock must remain on the machine until the work is completed. Only the worker who placed the lock should remove his/her lock.
- All energy sources which could activate the machine must be locked out.
- The main valve or main electrical disconnect must be tested to be sure that power to the machine is off.
- Electrical circuits must be checked by qualified persons with appropriate and calibrated electrical testing equipment. An electrical failure could energize the equipment, even if the switch is in the off position. Stored energy in electrical capacitors should be safely discharged.
- CAUTION: Return disconnects and operating controls to the off position after each test.
- Attach accident prevention tags which state the reason for placing the tag, date and time the tag was placed, name of the person placing the tag, how he/she may be contacted. No one removes the lock without proper authority.

Affected Employee: An employee whose job requires him/her to operate or use a machine or equipment on which servicing or maintenance is being performed under lockout or tagout, or whose job requires him/her to work in an area in which such servicing or maintenance is being performed.

- Each affected employee will be instructed in the purpose and use of the secondary employer's energy control procedures.
- Unauthorized employees are prohibited from attempting to restart/reenergize machines or equipment which are locked out or tagged out.
- When a tag is attached to an energy isolating means, it is not to be removed without authorization of the authorized person responsible for it, and it is never to be bypassed, ignored, or otherwise defeated.
- Tags may evoke a false sense of security, never assume that a tagged-out machine has been properly de-energized.

**NOTE: Additional exposure specific training will be provided by the secondary employer along with the policies and procedures regarding their lockout/tagout program, prior to performing assigned duties.**

## Hazard Prevention & Control

AVANTI HUMAN CAPITAL shall undertake efforts as outlined in this section to correct or control potential hazards in a timely manner.

AVANTI HUMAN CAPITAL will implement methods to eliminate the hazard, and will implement procedures for safe work. Safe work will be done through training, correction of unsafe performance, and compliance through the disciplinary system.

Identified Safety and Health Concerns: All identified potential workplace safety and health hazards should be reported to the Safety and Health Manager, or a member of management. Situations that are unsafe or posing as a safety and health hazard will be reviewed and reported to management for corrective action.

Newly Identified Safety and Health Concerns: Anytime a new substance, procedure, equipment, or process is introduced into the workplace, which creates or is reported to create an unsafe condition or situation, the Safety and Health Manager will evaluate the substance, procedure, equipment, or process. Employees will have an opportunity to submit their recommendations and suggestions regarding new workplace hazards at any time.

Hazards Which Create a Risk of Imminent Harm: When a hazard exists which AVANTI HUMAN CAPITAL cannot control or abate immediately without endangering employees and /or property, all exposed personnel will be removed from the immediate area of potential exposure, except those employees that are necessary to correct the hazardous condition. All employees involved in correcting the hazardous situation will receive appropriate training and/or instruction in how to do so. They will also be provided with the appropriate personal protective equipment.

Hazards Which Do Not Create a Risk of Imminent Harm: Unless there are factors beyond AVANTI HUMAN CAPITAL reasonable control, such hazards are to be abated within 5 days or less.

Housekeeping: Good housekeeping is an integral part of any effective safety program. Keeping work areas neat and clean reduces the potential for accidents and injuries. Each employee is responsible for keeping his or her work area neat, orderly, and free of any hazardous condition.

## Emergency Action Plan

Purpose: The purpose of this section is to establish the policy and procedures regarding management's, and employee's response to various emergency situations. Examples of an emergency are fire, tornado, earthquake, and bomb threat.

Overview: The procedures cover the following topics:

1. **Fire Reporting and Response**
2. **Evacuation**
3. **Tornado Preparation and Emergency**
4. **Bomb Threat**
5. **First Aid**
6. **Hazardous Material Spill**
7. **Earthquake**
8. **Robbery**

Policy: AVANTI HUMAN CAPITAL has developed plans that address emergency situations that may arise in AVANTI HUMAN CAPITAL locations and which may threaten human health and safety, and damages AVANTI HUMAN CAPITAL assets. Management is responsible for implementing the Emergency Action Plans. These Emergency Action Plans will meet the following objectives:

1. Provide a means of notifying employees, customers and local authorities of an emergency situation
2. Provide for a safe and orderly method of evacuation of employees and customers from AVANTI HUMAN CAPITAL premises
3. Account for all employees who occupied AVANTI HUMAN CAPITAL premises at the time of evacuation, should one occur
4. Provide emergency first aid treatment or summon emergency medical assistance for injured individuals
5. Provide training and needed information to those employees responsible for taking action in the event of an emergency

Signs as required by ordinance, regulation, or law will identify emergency exits. Employees are required to be familiar with the location(s) of alarm pull stations and emergency exits.

Training on Emergency Action Plans will take place during new employee orientation, when changes occur in the action plans, and periodically as coordinated by the Safety and Health Manager.

**Smoking is never allowed anywhere on AVANTI HUMAN CAPITAL premises during an emergency**

If hazardous materials are involved, disposal must be done in compliance with federal, state, and local environmental laws.

## Procedure

I. Fire Reporting and Procedure: If a fire alarm or alert is sounded or a fire is reported by an employee, regardless of the reason for the alarm or the severity of the fire, the following action must be taken immediately:

- Senior Management
  1. Immediately notifies the Fire Department by dialing 911.
  2. Gives AVANTI HUMAN CAPITAL name, address, and area where the fire is located
  3. Assigns an employee to wait for the fire department outside AVANTI HUMAN CAPITAL and direct them to the fire's location.
  4. Announces evacuation instructions to everyone occupying the building.
  5. Once outside AVANTI HUMAN CAPITAL, takes a head count of employees to insure all were safely evacuated. Double checks that all individuals are out of AVANTI HUMAN CAPITAL premises. **Note:** When one or more employees are unaccounted for, employees are not to re-enter the building to conduct a search. Notify the ranking fire or other emergency response official on the scene and their approximate location.
  6. Immediately after the fire, notify the President of AVANTI HUMAN CAPITAL and all other management individuals. Coordinate any salvage and repair operations.
  
- Employee
  1. If trained in the use of fire extinguishers, may attempt to suppress a small fire, until relieved by the Fire Department or until it becomes apparent that the fire cannot be controlled by fire extinguishers. **Note:** Employees should never attempt to control a fire, which endangers their health. They must immediately evacuate the area when it becomes apparent that the fire cannot be controlled or when conditions become more hazardous.

II. Evacuation:

- Senior Management
  1. Telephones the local emergency agency (for example, fire, police, hazardous materials team, etc.).
  2. Makes the following announcement on the public-address system, "Ladies and Gentlemen. AVANTI HUMAN CAPITAL is being temporarily closed. Please leave by the nearest exit immediately. Thank you." Make this announcement twice, and repeats it every minute or more frequently if needed.
  3. Checks all areas of their respective departments, restrooms, and public areas to verify that employees and individuals are evacuated.
  4. Secures all cash, checks, and charge documents in the safe if time permits.
  5. Designates a safe area outside AVANTI HUMAN CAPITAL as a gathering point for all employees. Takes a head count of employees to insure all were safely evacuated. **Note:**

6. Employees are not to re-enter the building. Management will notify the ranking fire or other emergency response official on the scene of a potentially trapped person and their approximate whereabouts.
7. Dismisses all non-essential employees.
8. Telephones the President of AVANTI HUMAN CAPITAL and all other management personnel.

III. Tornado Preparation and Emergency: Prior to any tornado emergency, Management will designate safe shelter areas within the building for employees and individuals. There are some general guidelines that may be used to aid in the selection of such spaces. When selecting a safe shelter, consider:

- The lowest floor, preferably a basement
- Interior spaces- rooms with no walls on the exterior
- Areas supported by secure, rigid structural frame members
- Short roof spans

AVANTI HUMAN CAPITAL safe shelter area is located \_\_\_\_\_. It will be stocked with a first aid kit or medical supplies and several flashlights.

Tornado Watch Procedures:

- Senior Management
  1. A Tornado Watch means that conditions are right for severe thunderstorms and possible tornadoes to develop. When notified of a tornado watch in the area, Senior Management will tune the radio to the National Weather Service channel to stay current on the storm progress.
  2. Checks to ensure that all safe shelter areas are unlocked and accessible.
  3. Checks to be sure that medical supplies and flashlights are stored in the safe shelter area.
  4. If time permits, "X" the windows with tape or secure plywood to the outside of windows.

Tornado Warning Procedures

- Senior Management
  1. A Tornado Warning means a tornado has been seen or detected by radar. Senior Management will inform all employees and individuals to take cover in shelter areas immediately.
  2. Makes the following announcement on the P.A. System: "Ladies and Gentlemen. The National Weather Service has issued a Tornado Warning for this area. Due to this warning, AVANTI HUMAN CAPITAL is being temporarily closed. **Please do not leave the**



3. **building.** We request that you proceed to the shelter area(s) located in the **name of location(s)**.”
4. Assigns someone to shut off the main gas and electrical system.
5. Afterwards, coordinates first aid assistance to individuals.

IV. Bomb Threat: When someone calls, and says there is a bomb in the building, the following steps will be performed:

- Employee (Receiving Threat)
  1. Keeps the caller on the line as long as possible. Asks them to repeat the message. Tries to write down every word spoken by the caller.
  2. Asks the caller where the bomb is located and when it will go off.
  3. Tells the caller that the building is occupied and detonation of a bomb could result in the death and injury to innocent people.
  4. Pays particular attention to background noises, such as music playing, engine noises, etc.
  5. Listens to the voice, male, female, voice quality, accent, and speech impediments.
  6. When the caller hangs up, **do not hang up the phone!** Sometimes, phones can be traced back to the source. Immediately notify management and describe the threat.
- Senior Management
  1. Calls the local Police or Fire Department to report the Incident. Follows all recommendations and instructions provided by either department.
  2. If the Police or Fire Department declines to give instructions to evacuate the building, search the premises (if time permits) for any suspicious looking device or package. If one is found, follow the Evacuation Plan. **Do not touch any suspicious device or package.**

V. First Aid: If an employee / individual is injured, the initial responsibility of management is to provide the needed first aid or arrange for emergency medical response or professional medical care.

- Senior Management
  1. Treats the injured individual using the supplies from AVANTI HUMAN CAPITAL first aid kit.
  2. In the event an employee is seriously injured and requires professional medical care, drive the employee to a medical provider. If any individual is not mobile or has a life-threatening injury or illness, arrange for emergency care and transportation (call 911).

VI. Hazardous Material Spill: Management will respond to incidental releases of hazardous substances when the substance can be absorbed, neutralized, or otherwise controlled at the time of release by employees in the immediate area or by maintenance personnel. If a large spill

VII. or fire occurs that is not controllable, Management will contact the appropriate local authorities, such as the Fire Department.

VIII. Earthquake: All employees must be aware of the potential for earthquakes and the resulting damage to buildings and facilities.

A. During an Earthquake:

- Employee

1. If indoors, stay indoors; if outdoors, stay outdoors. In earthquakes, most injuries occur as people are entering or leaving buildings.

- i. If indoors:

- 1) Take cover beneath a desk, table, and bench or in doorways, halls or against an interior wall.
    - 2) Stay away from glass windows and glass doors, and away from containers having Hazardous material stored.

- ii. If outdoors:

- 1) Move away from buildings and all structures, and all overhead electrical wires.
    - 2) If operating a vehicle, stop as soon as possible, but stay inside the vehicle.

B. After an Earthquake:

- Senior Management

1. Coordinates first aid efforts.
2. Turns on the radio to get emergency information from local authorities.
3. Check natural gas lines for leaks. If a leak is detected, shuts down the system, and notifies the local gas service company.
4. Shuts off the electrical current at the main breaker box if Power has been interrupted.
5. Directs employees and individuals to a safe assembly area outside the building.
6. Takes a head count to insure all employees were safely Evacuated.
7. Does not permit individuals to enter the building again until cleared by authorities.
8. Assigns duties to clean up damage and resume business as soon as possible.

IX. Robbery: In the event a robbery occurs; the main objective is to reduce the risk of injury to employees and individuals and to get the robber out of the building as soon as possible.

- Employee

1. Be attentive and calm. Listen to the robber and do exactly what he/she asks you to do.
  2. Do give up money as demanded.
  3. Remain alert. Try to remember details of the robber's appearance, clothing, speech, etc.
  4. If possible, watch the robber's method and direction of escape.
  5. Expect foul/strong language. Expect to lie on the floor.
  6. Do not make any sudden movements.
  7. Don't overreact. Do not grab for the weapon or call for help.
  8. Do not argue.
  9. After the robbery, write everything down.
- Senior Management
    1. Call the Police.
    2. Call the President of AVANTI HUMAN CAPITAL
    3. Have all witnesses write everything they can recall.

## Progressive Discipline Program

In order for AVANTI HUMAN CAPITAL to function efficiently, we have established rules which govern how the employees, managers and all other agents of AVANTI HUMAN CAPITAL are to behave on the job, and how they are to perform their official duties. When people disobey these rules, or behaves in a manner that is not acceptable to AVANTI HUMAN CAPITAL, it is necessary to discipline them. Maintaining discipline and good order is an essential element in making AVANTI HUMAN CAPITAL profitable and successful.

AVANTI HUMAN CAPITAL has adopted a progressive discipline plan. That means that repeated violations of the same rules will result in increasingly harsh disciplines and finally, punishment.

Verbal Warning: The first violation of a policy or rule will result in a Verbal Warning. Verbal Warnings will be given by an employee's immediate supervisor. The warning will be given to the employee verbally as soon as possible following a transgression of rules or policies. Supervisors will document the following information about the incident:

- Name of the employee being reprimanded
- Time, date, location of the offense
- What happened
- Which policies or rules were not followed and the results
- Time and date supervisor gave the employee the Verbal Warning

After this documentation has been signed and dated by the supervisor, it will be forwarded to the Personnel Department for inclusion in the employee's personnel record. If no further violations of the same type are recorded in the employee's personnel file, records of verbal warnings will be removed from the file after 3 years.

Written Warning: The second violation of a policy or rule will result in a Written Warning. Written Warnings will be prepared by immediate supervisors within 24 hours following a transgression of rules or policies. Supervisors will document the following information about the incident:

- Name of the employee being reprimanded
- Time, date, location of the offense
- What happened
- Which policies or rules were not followed and the results
- Time and date supervisor gave the employee the verbal warning
- Employee's rebuttal or explanation of extenuating circumstances
- Goals for changing employee's behavior and a time frame in which to complete those goals

After this documentation has been signed and dated by the supervisor and the employee, a copy will be forwarded to the Personnel Department for inclusion in the employee's personnel record. The employee will also be given a copy of this documentation. If no further violations of the same type are recorded in the employee's personnel file, records of Written Warnings will be removed from the file after 5 years.

Suspension: The third violation of a policy or rule will result in a Suspension. Suspensions will last three working days, and time will be unpaid. The suspension will begin on the first working day following the initiation of the suspension. Suspensions will be prepared by immediate supervisors within 24 hours following a transgression of rules or policies. Supervisors will document the following information about the incident:

- Name of the employee being reprimanded
- Time, date, location of the offense
- What happened
- Which policies or rules were not followed and the results
- Time and date supervisor notified the employee of the suspension
- Start and end dates of the suspension
- Employee's rebuttal or explanation of extenuating circumstances
- Goals for changing employee's behavior and a time frame in which to complete those goals

After this documentation has been signed and dated by the supervisor and the employee, a copy will be forwarded to the Personnel Department for inclusion in the employee's personnel record. A copy will be forwarded to the Payroll Department by Personnel. The employee will also be given a copy of this documentation. Because of the serious nature of Suspensions, they will become permanent records in the employee's personnel file, and will never be removed.

Termination: The fourth violation of a policy or rule will result in Termination. Terminations will be effective upon notification of the employee involved. Terminations will be prepared by immediate supervisors within 24 hours following fourth transgression of rules or policies. Supervisors will document the following information about the incident:

- Name of the employee being reprimanded
- Time, date, location of the offense
- What happened
- Which policies or rules were not followed and the results
- Time and date supervisor notified the employee of the termination
- Employee's rebuttal or explanation of extenuating circumstances

When it is possible, employees who are to be terminated will be informed in person. The Personnel Manager or his designated representative will be present when notifying an employee that he has been terminated. If an employee cannot be informed in person, the Personnel Manager will ensure that the employee is notified via Certified Mail. After appropriate documentation has been signed and dated by the supervisor and the employee, a copy will be forwarded to the Personnel Department for inclusion in the employee's personnel record. A copy will be forwarded to the Payroll Department by Personnel. The employee will also be given a copy of this documentation. Notices of termination will become permanent records in the employee's personnel file, and will never be removed. Employees who are terminated from AVANTI HUMAN CAPITAL under the Progressive Discipline Program are not eligible for re-hire.

**Please note that these provisions do not supersede our ZERO Tolerance policy for PPE stated in page four(4). This policy is for the protection of our Contributors and as such, firm.**

## Heat Awareness

General information: This section is an excerpt from the California Code of Regulation Title 8, Subchapter 7. General Industry Safety Orders, Group 2. Safe Practices and Personal Protection, Article 10. Personal Safety Devices and Safeguards §3395. Heat Illness Prevention. It has been developed to raise awareness and provide all workers with basic knowledge of the dangers related when working in areas with higher than usual temperatures. As the primary employer, AVANTI HUMAN CAPITAL will ensure the secondary or host employer has taken the appropriate steps, in accordance with state and federal OSHA regulations, to implement and manage a heat awareness or heat injury prevention program. **Additional exposure specific training will be provided by the secondary or host employer, along with the enforcement of a Heat Awareness or Heat Illness Prevention Program, prior to performing assigned duties.** This written program will be available in the office for review by any interested employee.

### Primary Employer:

(1) It is the duty and responsibility of AVANTI HUMAN CAPITAL to ensure clients, if required, are implementing a written Heat Illness Prevention Program. A copy of the clients Heat Illness Prevention Program will be obtained as part of the application process and maintained on file. Affected employees for those locations will be made aware of the hazards and risks associated to heat related illness prior to being placed to work.

(2) When the ambient temperature exceeds 95 degrees or higher, the primary employer will conduct spot checks to ensure there is adequate amounts of water per employee as well as accessible shade. During these spot checks AVANTI HUMAN CAPITAL will ensure the job the Forman will increase the number of water breaks and provide a 10-minute cool-down rest period every 2 hours. The Forman shall also remind workers throughout the shift to drink water and remain properly hydrated.

### Host Employer:

(1) Shade shall be present when the temperature exceeds 80 degrees Fahrenheit. When the outdoor temperature in the work area exceeds 80 degrees Fahrenheit, the employer shall have and maintain one or more areas with shade at all times while employees are present that are either open to the air or provided with ventilation or cooling. The amount of shade present shall be at least enough to accommodate the number of employees on recovery or rest periods, so that they can sit in a normal posture fully in the shade without having to be in physical contact with each other. The shade shall be located as close as practicable to the areas where employees are working. In addition to shade, it is the responsibility of the host employer to provide ample amount of potable drinking water per employee i.e. water bottles, igloo container with ice cold water, paper cups, etc.

(2) Employees shall be allowed and encouraged to take a preventative cool-down rest in the shade when they feel the need to do so to protect themselves from overheating. Such access to shade shall be permitted at all times. An individual employee who takes a preventative cool-down rest

- (a) shall be monitored and asked if he or she is experiencing symptoms of heat illness
- (b) shall be encouraged to remain in the shade

c) shall not be ordered back to work until any signs or symptoms of heat illness have abated, but in no event less than 5 minutes in addition to the time needed to access the shade

(3) If an employee exhibits signs or reports symptoms of heat illness while taking a preventative cool-down rest or during a preventative cool-down rest period, the employer shall provide appropriate first aid or emergency response according to subsection (3) of this section.

(4) High-heat procedures. The employer shall implement high-heat procedures when the temperature equals or exceeds 95 degrees Fahrenheit. These procedures shall include the following to the extent practicable:

(a) Ensuring that effective communication by voice, observation, or electronic means is maintained so that employees at the work site can contact a supervisor when necessary. An electronic device, such as a cell phone or text messaging device, may be used for this purpose only if reception in the area is reliable.

(b) Observing employees for alertness and signs or symptoms of heat illness. The employer shall ensure effective employee observation/monitoring by implementing one or more of the following:

- (i) Supervisor or designee observation of 20 or fewer employees
- (ii) Mandatory buddy system
- (iii) Regular communication with sole employee such as by radio or cellular phone
- (iv) Other effective means of observation

(c) Designating one or more employees on each worksite as authorized to call for emergency medical services, and allowing other employees to call for emergency services when no designated employee is available.

(d) Reminding employees throughout the work shift to drink plenty of water.

(e) Pre-shift meetings before the commencement of work to review the high heat procedures, encourage employees to drink plenty of water, and remind employees of their right to take a cool-down rest when necessary.

(f) Supervisors or designee will also conduct periodic checks, at least once every hour, to ensure ample amount of water is available whether it is restocking water bottles in a cooler, restocking of ice, or refilling igloo containers with cold water to ensure everyone is properly hydrated.

Emergency Response Procedures:

(1) Ensuring that effective communication by voice, observation, or electronic means is maintained so that employees at the work site can contact a supervisor or emergency medical services when necessary. An electronic device, such as a cell phone or text messaging device, may be used for this purpose only if reception in the area is reliable. If an electronic device will not furnish reliable communication in the work area, the employer will ensure a means of summoning emergency medical services is available.

(2) Responding to signs and symptoms of possible heat illness, including but not limited to first aid measures and how emergency medical services will be provided.

(a) If a supervisor observes, or any employee reports, any signs or symptoms of heat illness in any employee, the supervisor shall take immediate action commensurate with the severity of the illness

(b) If the signs or symptoms are indicators of severe heat illness (such as, but not limited to, decreased level of consciousness, staggering, vomiting, disorientation, irrational behavior or convulsions), the employer must implement emergency response procedures

(c) An employee exhibiting signs or symptoms of heat illness shall be monitored and shall not be left alone or sent home without being offered onsite first aid and/or being provided with emergency medical services in accordance with the employer's procedures

(3) Contacting emergency medical services and, if necessary, transporting employees to a place where they can be reached by an emergency medical provider.

(4) Ensuring that, in the event of an emergency, clear and precise directions to the work site can and will be provided as needed to emergency responders.

(5) In addition to contacting the proper medical response services, the secondary or host employer will also contact AVANTI HUMAN CAPITAL to inform us of any employee/personnel that has been subject of a heat related injury i.e. heat exhaustion, heat stroke. Working with the secondary or host employer, AVANTI HUMAN CAPITAL will take the appropriate steps and reporting procedures as mandated by local, state, and federal regulations.

Acclimatization:

(1) All employees shall be closely observed by a supervisor or designee during a heat wave. For purposes of this section only, "heat wave" means any day in which the predicted high temperature for the day will be at least 80 degrees Fahrenheit and at least ten degrees Fahrenheit higher than the average high daily temperature in the preceding five days.

(2) An employee who has been newly assigned to a high heat area shall be closely observed by a supervisor or designee for the first 14 days of the employee's employment.

Training:

(1) Employee training. Effective training in the following topics shall be provided to each supervisory and non-supervisory employee by the host employer before the employee begins work that should reasonably be anticipated to result in exposure to the risk of heat illness:

(a) The environmental and personal risk factors for heat illness, as well as the added burden of heat load on the body caused by exertion, clothing, and personal protective equipment

(b) The employer's procedures for complying with the requirements of this standard, including, but not limited to, the employer's responsibility to provide water, shade, cool-down rests, and access to first aid as well as the employees' right to exercise their rights under this standard without retaliation



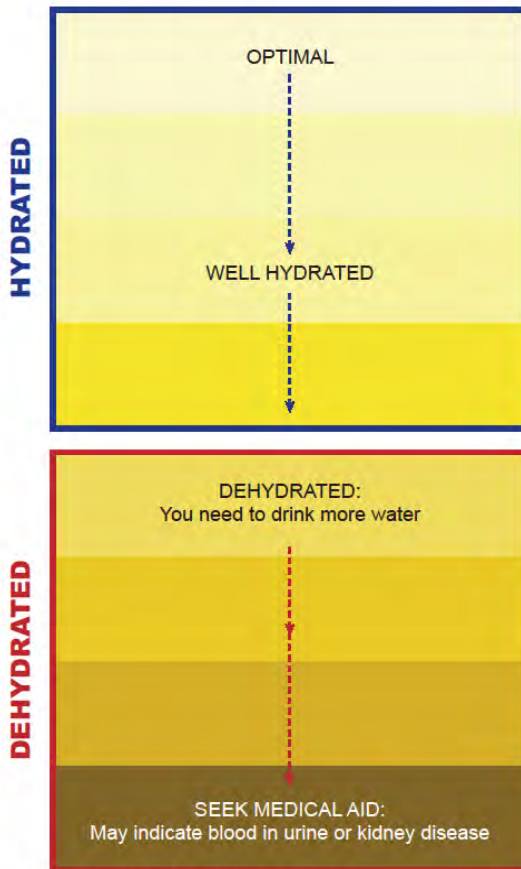
- (c) The importance of frequent consumption of small quantities of water, up to 4 cups per hour, when the work environment is hot and employees are likely to be sweating more than usual in the performance of their duties
- (d) The concept, importance, and methods of acclimatization pursuant to the employer's procedures
- (e) The different types of heat illness, the common signs and symptoms of heat illness, and appropriate first aid and/or emergency responses to the different types of heat illness, and in addition, that heat illness may progress quickly from mild symptoms and signs to serious and life threatening illness
- (f) The importance to employees of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves, or in co-workers
- (g) The employer's procedures for responding to signs or symptoms of possible heat illness, including how emergency medical services will be provided should they become necessary
- (h) The employer's procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider
- (i) The employer's procedures for ensuring that, in the event of an emergency, clear and precise directions to the work site can and will be provided as needed to emergency responders. These procedures shall include designating a person to be available to ensure that emergency procedures are invoked when appropriate

(2) Supervisor training. Prior to supervising employees performing work that should reasonably be anticipated to result in exposure to the risk of heat illness effective training on the following topics shall be provided to the supervisor:

- (a) The information required to be provided by section (1)(a) above
- (b) The procedures the supervisor is to follow to implement the applicable provisions in this section
- (c) The procedures the supervisor is to follow when an employee exhibits signs or reports symptoms consistent with possible heat illness, including emergency response procedures
- (d) How to monitor weather reports and how to respond to hot weather advisories

# Are You Hydrated? Take the Urine Color Test

## Urine Color Chart



\*This color chart is not for clinical use.

## Water Consumption Table

Heat Category	WBGT Index, °F	Easy Work	Moderate Work	Hard Work
		Water Intake (Quart/Hour)	Water Intake (Quart/Hour)	Water Intake (Quart/Hour)
1	78° - 81.9°	½	¾	¾
2	82° - 84.9°	¾	1	1
3	85° - 87.9°	1	1	1
4	88° - 89.9°	1	1	1
5	> 90°	1	1	1
Body Armor - +5°		Easy Work - walking on a hard surface at less than 2 mph with less than a 30 pound load, weapon maintenance, marksmanship training, drill and ceremony	Moderate Work - patrolling, walking in the sand at 2.5 mph with no load, calisthenics, patrolling, individual movement techniques (i.e., high/low crawl)	Hard Work - walking in the sand at 2.5 MPH with a load, field assault
MOPOP 4 - +10°		Rest - sitting or standing in the shade if possible		
<small>The fluid replacement volumes will sustain performance and hydration for at least 4 HOURS of work in the specified heat category. Fluid needs can vary based on individual differences and exposure to full sun or full shade.</small>				
<small>CAUTION: Hourly fluid intake should not exceed 1.5 quarts. Daily fluid intake should not exceed 12 quarts.</small>				

## Purpose

- With normal kidney function, your level of hydration is indicated by the color of your urine. Some vitamins and supplements may cause a darkening of the urine unrelated to dehydration.
- Since heat-related illness often follows dehydration, this simple test will help protect your health.
- Dehydration also increases your risk for kidney stones.

## How does it work?

- Match your urine color to closest color in the chart and read the hydration level on the chart.
- Watch the urine stream not the toilet water, as the water in the toilet will dilute your urine color.
- In response to dehydration, the kidneys conserve water and excrete more concentrated urine; the more concentrated the urine the darker the color.

## Prevent Dehydration

- No amount of training or acclimatization can reduce the body's requirement for water.
- Follow the water consumption guidelines in the water consumption table.

## Hazard Communication Program

General Information: In order to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200, the following *Written Hazard Communication Program* has been established for Avanti Human Capital. The purpose of this program is to provide employees with basic knowledge, prior to assignment. Additional exposure specific training will be provided by the host employer, prior to performing assigned duties. This written program will be available in the office for review by any interested employee.

Container Labeling: The host employer will verify all containers received for use will:

- Be clearly labeled as to the contents;
- Note the appropriate hazard warning;
- List the name and address of the manufacturer.

The host employer will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with the generic labels, which have a block for identity and blocks for the hazard warning. For help with labeling, please see the safety/health officer.

The following is a recommended generic label format:

**WARNING or CAUTION or DANGER**  
**Substance Classification (caustic, oxidizer, cancer-causing, etc.)**  
**Chemical and/or Product Name (must be same as name on MSDS/SDS)**  
**In-house Part Number (if applicable)**  
**Hazardous Components**  
**Warning Signs of Over-Exposure (e.g., nausea, headache, dizziness, etc.)**  
**First Aid Information and Phone Number**  
**SEE SAFETY DATA SHEET FOR MORE INFORMATION**

All information for labels should come from the supplier's original label and/or from the MSDS/SDS. The host employer will review the company's labeling system and update as required.

Material Safety Data Sheets (MSDS)/Safety Data Sheets (SDS): The host employer is responsible for obtaining and maintaining the data sheet system for the company or workplace. The host employer will review incoming data sheets for new and significant health/safety information. When a new hazardous substance is to be brought into the worksite, the host employer will review the toxicity information before the final decision is made to acquire the substance and determine whether a less toxic substance can be used and whether additional engineering controls and personal protective equipment will be needed.

Copies of MSDS's/SDS's for all hazardous chemicals to which employees may be exposed will be kept at the work-site location. MSDS's/SDS's will be available to all employees in their work areas, for review during each work shift. If MSDS's/SDS's are not available, or new chemicals in use do not have MSDS's/SDS's, immediately contact the Company Safety Manager

Employee Training and Information: The host employer is responsible for exposure specific employee training. Brother and Sister Staffing will ensure that all elements specified below are carried out.

Prior to starting work, each new employee will attend a health and safety orientation and will receive information and training on the following:

- An overview of the requirements contained in the Law
- Chemicals present in their workplace operations
- Location and availability of the written hazard program; MSDS's/SDS's, and Labels
- Physical and health effects of the hazardous chemical
- Methods of detecting an employee's exposure, such as air sampling, biological monitoring, visual or odor identification, warning properties of the hazardous chemicals, and any necessary standard industrial hygiene techniques
- Employee rights
- How to read labels and review MSDS's/SDS's, to obtain Appropriate hazard information
- Emergency procedures such as first aid, evacuation, or 911
- How employees can protect themselves by preventing or reducing exposure to hazardous chemicals through the use of control or work practices and personal protective equipment
- Training records should be kept for 30 years after employee termination, to protect the company, if questions arise in the future about possible health effects from employee exposure to hazardous chemicals

After attending the training class, each employee will sign a form to verify that they attended the training, received the written materials, and understood Company policies on Hazard Communication.

Prior to a new chemical hazard being introduced into any section of this workplace, each employee of that section will be given information as outlined above. Also, if any employee is transferred into a new area where exposures to hazardous chemicals can occur, that employee will receive additional training.

The host employer is responsible for ensuring that MSDS's/SDS's on the new chemicals are available.

Hazardous Chemicals Inventory: The host employer is responsible for implementing this section. A list of all known Hazardous Chemicals used by employees. Further information on each noted chemical can be obtained by reviewing Safety Data Sheets located at the work-site location.

## Employee Training on GHS

### What is GHS?

GHS is a system that's been created by the United Nations for standardizing the classification and labeling of chemicals throughout the world.

### Why GHS?

To have a worldwide approach to classifying and communicating chemical hazards.

- Definitions of hazards
- Specific criteria for labels
- Same format for safety data sheets

### Overview - Training will cover

- Hazard Classification Process
- Defining Hazards
- Physical, Health, Mixtures
  
- Label Elements**
  - Pictograms
  - Signal Words
  - Product identifier
  - Supplier Identification
  - Hazard Statements
  - Precautionary Statements
  
- New SDS Format**

### What is MSDS?

A Material Safety Data Sheet (MSDS) is a document that contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with the chemical product. It is an essential starting point for the development of a complete health and safety program.

### What is SDS?

A Safety Data Sheet (SDS) is a document that contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with the chemical product. It is an essential starting point for the development of a complete health and safety program.

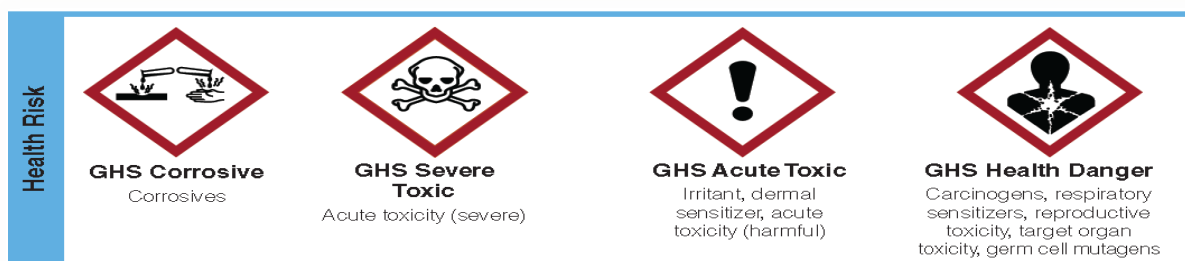
### **Hazard Classification Process**

- **“Identify”** relevant data regarding the hazards of a substance/mixture;
- **“Review”** the data to determine the hazards associated with the substance /mixture
- **“Decide”** whether to classify as a hazardous substance/mixture and the degree of hazard.

### **Defining Hazard Classification**

- **Chemical/Physical**
- **Health**
- **Mixtures**
- **Environmental (hazards Not OSHA Mandatory)**

## Pictograms



## Signal Words

Alert the user of potential hazard(s) and is determined by the hazard class and category of the chemical.

- “Danger”**
  - for the more severe hazards
- “Warning”**
  - for the less severe hazards

## Product identifier

Name/number used for a hazardous chemical on a label or in the SDS, which allows you to locate it quickly.

- chemical name.
- a product name.

- other unique identifier

### **Supplier Identification**

The chemical manufacturer, importer or other responsible party's

- Name
- Address
- Telephone Number

### **Hazard Statement**

Describes the nature of a chemical's hazard(s) and the degree of the hazard(s).

- Example for Flammable liquids
  - Extremely flammable liquid and vapor
  - Highly flammable liquid and vapor
  - Flammable liquid and vapor
  - Combustible liquid

### **Precautionary Statements**

- Provides measures to be taken in order to minimize or prevent adverse effects from physical, health or environmental hazards.
- First aid is included in precautionary information
- Prevention, Response, Storage, Disposal
- Examples:
  - Only use non-sparking tools
  - Keep container tightly closed
  - Use with explosion-proof equipment
  - Wear splash protection for face
  - Wash hands after handling



## What 6 elements must shipped container labels have?

**CHEMICAL NAME**  
The scientific designation of a chemical in accordance with the nomenclature system developed by the International Union of Pure and Applied Chemistry (IUPAC) or the Chemical Abstracts Service (CAS) rules of nomenclature, or a name that will clearly identify the chemical for the purpose of conducting a hazard classification.  
GHS 1.4.10.5.2 (d) (29 CFR 1910.1200(c))

**PRODUCT IDENTIFIER**  
The name or number used for a hazardous chemical on a label or in the SDS. It provides a unique means by which the user can identify the chemical. The product identifier used shall permit cross-references to be made among the list of hazardous chemicals required in the written hazard communication program, the label and the SDS.  
GHS 1.4.10.5.2 (d) (29 CFR 1910.1200(c))

**SIGNAL WORD**  
A word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used in this section are "danger" and "warning". "Danger" is used for more severe hazards, while "warning" is used for the less severe.  
GHS 1.4.10.5.2 (a) (29 CFR 1910.1200(c))

**HAZARD STATEMENT**  
A statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.  
Example: Fatal if swallowed.  
GHS 1.4.10.5.2 (b) (29 CFR 1910.1200(c))

**PRECAUTIONARY STATEMENT**  
A phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.  
Example: Do not eat, drink, or smoke when using this product.  
GHS 1.4.10.5.2 (c) (29 CFR 1910.1200(c))

**PICTOGRAMS**  
A composition that may include a symbol plus other graphic elements, such as a border, background pattern, or color, that is intended to convey specific information about the hazards of a chemical. Eight pictograms are designated under HCS and nine pictograms are designated under GHS for application to a hazard category.  
GHS 1.4.10.4 (29 CFR 1910.1200(c))

**FIRST AID STATEMENT**  
There are four types of precautionary statements presented, "prevention," "response," "storage," and "disposal."  
GHS 1.4.10.5.2 (c) (29 CFR Appendix C to 1910.1200-C.2.4.1)

**SUPPLIER IDENTIFICATION**  
The name, address, and telephone number of the manufacturer, importer, or other responsible party.  
GHS 1.4.10.5.2 (e) (29 CFR 1910.1200(f) (1) (vi))

**Label Content:**  
PAINT (METHYL FLAMMALINE, LEAD CHROMIUM)  
UN1263  
CAS# XXXX-XX-X  
**DANGER**  
Causes damage to the liver and kidneys through prolonged or repeated exposure to the skin.  
Highly flammable liquid and vapour.  
Wash hands thoroughly after use and before eating.  
Keep away from food and drink.  
Keep away from heat and ignition sources.  
**FIRST AID**  
Call emergency medical care.  
Wash affected area of body thoroughly with soap and fresh water.  
GHIS Paint Company, Chicago, IL, USA Telephone 999 999 9999  
GHISTRNWC1 LABELMASTER® (800) 621-5808 www.labelmaster.com

© LABELMASTER® (800) 621-5808 www.labelmaster.com

## New Safety Data Sheet (SDS) Format



1. Identification
2. Hazard(s) Identification
3. Composition/information in ingredients
4. First-aid measures
5. Fire-fighting measures
6. Accidental release measures
7. Handling and storage
8. Exposure controls/personal protection (PEL, TVL, OEL)

9. Physical and chemical properties
10. Stability and reactivity
11. Toxicological information
12. Ecological information
13. Disposal considerations
14. Transport information
15. Regulatory information
16. Other information

**You will have a mix of MSDS and SDS formats for some time. Manufacturer deadline to update to SDSs is June 1, 2015. Many will likely miss the deadline.**

## Hazard Communication Training Certificate

I have received Hazard Communication Training as described in OSHA's Hazard Communication Standard (29 CFR 1910. 1200). The training was conducted on \_\_\_\_\_ and covered the following topics.

Prior to starting work, each new employee will attend a health and safety orientation and will receive information and training on the following:

- An overview of the requirements contained in the Law
- Chemicals present in their workplace operations
- Location and availability of our written hazard program, MSDS's/SDS's, and Labels
- Physical and health effects of the hazardous chemicals
- Methods of detecting an employee's exposure such as air sampling, biological monitoring, visual or odor identification, warning properties of the hazardous chemicals, and any necessary standard industrial hygiene techniques
- Employee rights
- Location of MSDS's/SDS's and list of hazardous chemicals
- Refresher training must be given at least once each year
- How to read labels and review MSDS's/SDS's to obtain appropriate hazard information
- Emergency procedures such as first aid, evacuation, or 911
- How employees can protect themselves by preventing or reducing exposure to hazardous chemicals through the use of control or work practices and personal protective equipment
- Steps the company has taken to prevent or reduce exposure to hazardous chemicals by employees
- Training records should be kept for 30 years after termination to protect the company if questions arise in the future about possible health effects from employee exposure to hazardous chemicals

---

Employee Name

---

Employee Signature

---

Trainer Signature

**(Remove and retain this sheet in the Employee's Personnel File)**

**(Put this as the last page in your manual)**  
**Injury and Illness Prevention Program**  
**Review & Updates**

.

**DATE:**

**DESCRIPTION:** Manual review

**SIGNATURE:**

**DATE:**

**DESCRIPTION:**

**SIGNATURE:**

**DATE:**

**DESCRIPTION:**

**SIGNATURE:**

**DATE:**

**DESCRIPTION:**

**SIGNATURE:**

**DATE:**

**DESCRIPTION:**

**SIGNATURE:**



ENVIROS

Enforcement Action Advanced Search

Search Reset

**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: 23473



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# Florida Hazardous Waste Handler Search Results



Florida Department of Environmental Protection

## Hazardous Waste Facilities Search Results

### Selection Criteria for This Handler Search:

EPAID: % ; Name: **HIRSCH STEVEDORING, LLC** ; Address: % ; City: % ; County: %

#### For Facility Data Links:

**A**ctivities -- provides a list of RCRA compliance activities and violations.

**M**apping in GIS -- this opens a **[NEW IMPROVED]** GIS mapping tool focused on the facility.

**D**ocuments -- this provides a list of electronic documents available online.

**E**rror Reporting -- send us feedback to address data errors.

**C**ounty Verification -- County or RPC verification of Facility and Waste for this site.

#### For a Generator Status History:

click on the **Status**. - **NNOT** indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - **Check with DEP before using that EPAID!**

[Legend of Status Types](#)

EPA ID	Name	County	Address	Contact	Status	As of	Data Links
<b>Search has retrieved 0 Facilities</b>							

### Legend of Status Types:

- LQG - Large Quantity Generator
- SQG - Small Quantity Generator
- CES - Conditionally Exempt Small Quantity Generator
- UOT - Used Oil Transporter
- TRA - Hazardous Waste Transporter
- TSD - Treatment/Storage/Disposal Facility
- CLO - Closed
- NHR - Non-Handler of Hazardous Waste

## Occupational Safety and Health Administration

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### Establishment Search

#### Reflects inspection data through 07/29/2021

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

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

Search By:

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

Establishment   
*(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

OSHA Office

Site Zip Code

Case Status  All  Closed  Open

Violation Status  All  With Violations  Without Violations

Inspection Date

Start Date

End Date

#### Can't find it?

[Wildcard use %](#)  
[Basic Establishment Search Instructions](#)  
[Advanced Search Syntax](#)

#### NOTE TO USERS

# Establishment Search Page | Occupational Safety and Health Administration Page 2 of 2

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

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

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

## UNITED STATES DEPARTMENT OF LABOR

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

### FEDERAL GOVERNMENT

White House  
Severe Storm and Flood Recovery Assistance  
Disaster Recovery Assistance  
DisasterAssistance.gov  
USA.gov  
No Fear Act Data  
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### OCCUPATIONAL SAFETY AND HEALTH

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